



A Veteran's Journey to Social Support: Bridging Connection through Community-Based Veterans Socials

VOICE

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ABSTRACT

Jess, a US Air Force Veteran, shares her journey from active duty to the civilian sector. She discusses her challenges, including loneliness and isolation, and how she applies what she experienced to help other veterans. As a certified peer specialist in the Veterans Health Administration (VHA), she is part of an innovative program to support social engagement with other veterans. The program, referred to as Veterans Socials, supports community-based, veteran-driven events that focus on social connection.

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Since 2003, the US population has undergone a substantial decrease in engagement with friends, family, feelings of companionship, and an increase in social isolation, which has been labeled an epidemic of loneliness and isolation by the US Surgeon General (Office of the Surgeon General, 2023). This decrease is particularly salient for veterans transitioning from military service, frequently experiencing feelings of disconnection and loneliness (Demers, 2011). When transitioning from the military, veterans often describe the military as family, the civilian normal as alien, and frequently must search for a new normal that lacks the comradery and social connection experienced as a US service member (Ahern et al., 2015). Social connection, the structure (e.g., frequency of social contact), function (e.g., perceived social support), and quality (e.g., relationship satisfaction) of social relationships, is similar to other biological needs; without enough health deteriorates (Holt-Lunstad, 2021a). Social connection has been shown to bolster immune functioning and physical health (Holt-Lunstad, 2021b), as well as protect against posttraumatic stress disorder (PTSD; Kintzle et al., 2018), depression, and suicide (Adams, 2017). A decline in social connection poses a potentially deadly threat to veterans transitioning out of military service, increasing their already elevated risk for suicide and mental health challenges (Bond et al., 2022; Sokol et al., 2021).

Jess served in the United States Air Force for 6 years and separated in 2013 at age 25. Like many other veterans, Jess felt disconnected and disengaged from her community. She wanted supportive friendships but did not know how to find healthy ones. During this phase, Jess discovered Veterans Socials. Veterans Socials are weekly, 90-minute peer-led engagements that allow veterans to build community with each other (Gorman et al., 2018; 2022). Here, Jess shares her story about her transition from active duty to civilian life and the challenges she encountered during this critical phase. She then shares how she discovered Veterans Socials and how she is now actively involved in helping other veterans who are traversing a similar journey.

JESS'S STRUGGLES WITH SOCIAL DISCONNECTION

My story starts in South Korea. Alcohol was part of our culture, and I developed an alcohol use disorder. Recognizing that I had an issue, I turned to Alcoholics Anonymous (AA) for help. But as time passed, I began to feel isolated from my peers. They bullied me for not drinking. Thankfully, I found a new community in a church that accepted me for who I was. For a while, I was connected with others and was happy. However, feelings of isolation returned when I

separated from active duty and returned to my hometown. I tried to resume my pre-military life but could not. I felt alone in a room full of people. I continued attending AA meetings as a civilian, but I felt too out of place, and the older AA members discriminated against me because of my age. My problems were perceived as not real. I was not one of them. The church outside of the military did not understand me, and I felt more shame than acceptance. I was 25 and a woman. Those around me belittled my experiences during service. They believed that only men could experience difficulties while serving.

One Sunday, I was told, "You don't look like anything happened to you." Church leaders, members, and the bishop suggested I pray more and work harder to get over my feelings. I tried attending other churches but found a similar sentiment. All the while, I was also dealing with undiagnosed PTSD. I coped by working 12–16 hours a day, sometimes tipping the scales with over 90 hours on the clock. I earned a year's salary in 6 months at the cost of my mental health.

After I went through three jobs in under 15 months, I knew I needed change, so I stopped working and went to school. I thought becoming a student would help me by giving me something to focus on and to start my career; I wanted a fresh start in a new career. My PTSD symptoms followed me to school. I was always on high alert and could not focus on my classes. The problems compounded as time went on. One day I met a veteran peer specialist in the school's veteran office who recognized that I was struggling. They introduced me to mental health services at the US Department of Veterans Affairs (VA) and provided me with a walk-in appointment with the psychologist on staff. The psychologist encouraged me to start attending Veterans Socials. I did not want to and declined the offer. However, several weeks later, I saw a VA peer specialist, a fellow veteran with a lived mental health experience and certified to support others toward recovery. The VA peer specialist personally invited me to a Veterans Social held on a Saturday at a veteran-serving organization. We agreed to meet there, and he assured me that he would attend. He essentially walked me across a metaphorical bridge from isolation and exclusion to what became my new veteran community, the Veterans Socials. I went because I knew I would know one person there, and they were expecting me to attend.

JESS'S VETERANS SOCIAL EXPERIENCE

When I attended, the peer specialist who invited me was warm and welcoming. They introduced me to five other veterans who were of different age ranges and served in

different military eras than mine. They did not pressure me to contribute. My presence was enough. I could sit at the corner of the table and just listen. Further, they respected my boundaries. I remember feeling that I was accepted here. I did not have to adjust to them or feel like they were adjusting to me. We were all just present, sitting at a table and talking, being social. Each week we had coffee, I became more comfortable with them, and they accepted me for who I was. Eventually, I did participate and was again accepted for who I was, a first since leaving the military. After 6 months of attending, I began attending other Veterans Socials in the area and making more connections and friends. I was enjoying social settings and feeling more comfortable interacting with others. I was no longer alone.

Age, service era, and rank were suspended in the Veterans Socials. Friendships formed naturally through our shared veteran status. At first, I only met and spoke with other veterans, and it took time to expand my social network. When I was invited to attend other events in the community, I would turn them down. A few of the veterans who understood my experience helped me to say yes to some events and assisted me with making a safety plan around my sobriety and reasonable accommodations for me to attend events with them. They identified with my hesitation to attend and provided a safe bubble at certain events, so I felt comfortable going and staying.

JESS' TRANSITION FROM ATTENDEE TO FACILITATOR

As time went on, I became more involved. I started taking on more roles and co-hosting Veterans Socials with a VA peer specialist. I recognized the importance of Veterans Socials and identified areas of need for Veterans Socials in special populations (e.g., older veterans, women veterans). I also jumped at the chance to volunteer to attend new Veterans Socials. They were a place to just be and be understood without explaining my needs to feel comfortable. I met friends, we did activities outside of the weekly meet-up, and I helped others who attended. This was my Veterans Social. I went with others for Saturday morning walks, fundraisers, and other events. I learned what was happening in my local community and became more involved. I soon wanted to be a peer specialist to help others as I was helped. To provide empathy for what veterans need—not from education but from lived experience.

I am now a VA peer specialist and worked with the Veteran Outreach Into the Community to Expand Social Support (VOICES) team to create a guidebook to help others start their own Veterans Socials. We began as one social started by one peer specialist in Massachusetts, but as of August 2023, we have 100 Veterans Socials across 17 states and one US territory, and we are still growing.

CONCLUSION

This was written for researchers, program implementers, health providers, and other veterans to help guide and understand my journey in acquiring a social support system outside the military. This is an example of how the creation and spread of a social intervention led by the same people it serves contributes to its success.

It is also worth noting how I came to join a Veterans Social: I needed more than a suggestion; I needed to be personally invited and trust that a fellow veteran would meet me there. In a sense, this was a socially prescribed meeting with a familiar veteran that bridged me to a social event and helped me to take the first step to attend. They didn't just tell me to go; they met me there. This first experience guided me on how I share information with other veterans. When I socially prescribe Veterans Socials, I follow this strategy, "If you are interested, let me know, and I'll meet you there. Is there a day or location that works best for you?"

The other reason I wrote this was to explain how social support can bolster recovery. A significant portion of my mental health recovery happened through mental health services (i.e., therapy), but the pace and strength of my recovery were bolstered by participating in Veterans Socials. The veteran experience came alive for me, and I identified for the first time that being a veteran is an identity that needs nurturing. When I left the military, I was so excited. I thought leaving the military was a way to escape my challenges, particularly around neglecting my physical and emotional health. Then I arrived home and missed the good things: the community and comradery. At the Veterans Socials, I learned that a veteran is more than "someone who was in the military." A veteran is someone who also knows what it is like to have your entire world altered by wearing a uniform, volunteering for an unknown future in unknown countries each holiday season for years, as well as navigating circumstances that a young person never thought they would need to manage. The process of joining the military, completing training, and starting at my first duty location changed me and my thoughts about myself. After leaving, I was unaware of how challenging the loss of community was for me; the true changes were not revealed until I was home and looking for the community I had left. Veterans Socials helped me fill that gap, and I hope it does for others. Information about how to start Veterans

Socials where you live can be found by visiting the website below. The site includes a "Quick Start Guide" and several downloadable documents for staring a Veterans Social.

US Department of Veterans Affairs. (2022, February 10). *Veterans coffee socials*. Mental health. https://www.mentalhealth.va.gov/socials/index.asp

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The authors have no competing interests to declare.

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REFERENCES

- Adams, R. E., Urosevich, T. G., Hoffman, S. N., Kirchner, H. L., Hyacinthe, J. C., Figley, C. R., Boscarino, J. J., & Boscarino, J. A. (2017). Social support, help-seeking, and mental health outcomes among veterans in non-VA facilities: Results from the Veterans' Health Study. *Military Behavioral Health*, 5(4), 393– 405. DOI: https://doi.org/10.1080/21635781.2017.1333067
- Ahern, J., Worthen, M., Masters, J., Lippman, S. A., Ozer, E. J., & Moos, R. (2015). The challenges of Afghanistan and

- Iraq veterans' transition from military to civilian life and approaches to reconnection. *PloS one*, *10*(7), e0128599. DOI: https://doi.org/10.1371/journal.pone.0128599
- Bond, G. R., Al-Abdulmunem, M., Drake, R. E., Davis, L. L., Meyer, T., Gade, D. M., Frueh, B. C., Dickman, R. B., & Ressler, D. R. (2022). Transition from military service: Mental health and well-being among service members and veterans with service-connected disabilities. *The Journal of Behavioral Health Services & Research*, 49(3), 282–298. DOI: https://doi.org/10.1007/s11414-021-09778-w
- **Demers, A.** (2011). When veterans return: The role of community in reintegration. *Journal of Loss and Trauma, 16*(2), 160–179. DOI: https://doi.org/10.1080/15325024.2010.519281
- Holt-Lunstad, J. (2021a). Loneliness and social isolation as risk factors: The power of social connection in prevention. American Journal of Lifestyle Medicine, 15(5), 567–573. DOI: https://doi.org/10.1177/15598276211009454
- **Holt-Lunstad, J.** (2021b). The major health implications of social connection. *Current Directions in Psychological Science*, 30(3), 251–259. DOI: https://doi.org/10.1177/0963721421999630
- Gorman, J. A., Chamberlin, E. S., Stevenson, B. J., Calixte, R., Crossman, D. M., Ahern, M. E., Mack, J., Russo, A., & Federman, E. J. (2022). Using veterans' socials to build a community: feasibility of the VOICES intervention. *Community Mental Health Journal*, *58*(8), 1544–1553. DOI: https://doi.org/10.1007/s10597-022-00969-z
- Gorman, J. A., Scoglio, A. A., Smolinsky, J., Russo, A., & Drebing, C. E. (2018). Veteran coffee socials: A community-building strategy for enhancing community reintegration of veterans. *Community Mental Health Journal*, 54, 1189–1197. DOI: https://doi.org/10.1007/s10597-018-0288-y
- Kintzle, S., Barr, N., Corletto, G., & Castro, C. A. (2018, August).

 PTSD in US veterans: The role of social connectedness, combat experience and discharge. *Healthcare*, *6*(3), Article 102. DOI: https://doi.org/10.3390/healthcare6030102
- Office of the Surgeon General. (2023). Our epidemic of loneliness and isolation: the US Surgeon General's advisory on the healing effects of social connection and community.

 US Department of Health and Human Services. https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf
- Sokol, Y., Gromatsky, M., Edwards, E. R., Greene, A. L., Geraci, J. C., Harris, R. E., & Goodman, M. (2021). The deadly gap: Understanding suicide among veterans transitioning out of the military. *Psychiatry Research*, 300, Article 113875. DOI: https://doi.org/10.1016/j.psychres.2021.113875

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