Assessing and Supporting Social Connection and Healthy Relationships in Patient Care

A Practical Guide for Clinicians

SECTION I

Human relationships are among the most powerful influences on health. Research consistently demonstrates that the quality of our relationships affects physical health, mental health, longevity, immune functioning, cardiovascular risk, and recovery from illness. Just as clinicians assess nutrition, sleep, stress, physical activity, and use of harmful substances; **social connection and relationships can also be assessed and supported within clinical care.**

Patients often carry significant relational stress into the exam room. In many cases, chronic illness, anxiety, depression, sleep disturbance, substance use, and stress-related conditions are intertwined with the state of a patient's relationships.

This guide provides clinicians with practical ways to recognize, explore, and support relational health in patient care. **The goal is to help clinicians:**

1) recognize social connection and relationships as a determinant of health
2) ask thoughtful questions about connection and support
3) identify relational strains that may affect health
4) guide patients toward reflection and resources when appropriate

PART 1

Relational Health as a Clinical Vital Sign

Healthy relationships are not simply social experiences. They influence biological processes including:

• stress hormone regulation

• inflammatory response

• immune function

• cardiovascular health

• sleep quality

• mental health stability

Patients experiencing chronic relational stress may present with:

• anxiety or depression

• sleep disturbance

• chronic stress symptoms

• hypertension

• gastrointestinal symptoms

• fatigue

• somatic complaints

Conversely, strong relational support is associated with:

• improved resilience

• better treatment adherence and a desire to commit to wellbeing

• improved recovery

• reduced mortality risk

For this reason, **relational health can be viewed as a critical component of whole-person care.**

PART 2

A Simple Framework for Clinicians

The Social Connection and Healthy Relationships content presented as part of the Lifestyle Medicine website can be translated clinically into four areas of assessment.

As clinicians, we might listen for signals related to:

1. Relationship Building

Does the patient have meaningful connections?

2. Relationship Maintenance

Are relationships stable and supportive?

3. Relationship Strain or Rupture

Is conflict, misunderstanding, or hurt affecting health?

4. Relationship Transformation or Loss

Has the patient experienced major relational change?

These areas can help us understand how relationships may be affecting health outcomes.

PART 3

Quick Relational Health Screening Questions

We might gently explore relational health using a few open-ended questions. These questions can be integrated naturally into a patient visit.

Basic Relational Health Questions

• “Who are the people you feel closest to in your life?”

• “When you’re going through something difficult, who do you tend to talk with?”

• “Would you say your close relationships are mostly supportive, stressful, or a mix of both?”

• “Do you generally feel connected to others in your daily life?”

• “Has anything changed recently in your relationships that has affected you?”

These questions often reveal whether relational health is a protective, health enhancing factor or a stressor.

PART 4

Listening for Relational Health Signals

Patients may not always directly say that relationship stress is affecting them. In fact, many patients may not realize the impact that their social connection have on their overall wellbeing. As such, we may want to begin “listening” for indirect signals.

Signals of Strong Relational Health

Patients may say things like:

• “My partner has been incredibly supportive.”

• “My family checks in on me regularly.”

• “I have a few close friends I can talk to about anything.”

• “My spouse and I work through things together.”

These responses often reflect **protective relational support.**

Signals of Relational Strain

Patients may say:

• “Things at home have been tense.”

• “We’re not really talking right now.”

• “I feel like I’m carrying everything myself.”

• “I don’t feel understood.”

• “It’s exhausting dealing with conflict.”

These statements suggest **relational stress that may impact health.**

Signals of Social Isolation

Patients may express:

• “I don’t really have anyone to talk to.”

• “I try not to burden people.”

• “I mostly handle things on my own.”

• “My family isn’t very close.”

This may indicate **social isolation or loneliness**, both of which carry health risks.

PART 5

Exploring Relational Stress When It Appears

When relational strain emerges in conversation, we can gently explore further.

Helpful Follow-Up Questions

• “How long has that been going on?”

• “How has that been affecting you emotionally or physically?”

• “Do you feel supported in that situation, or mostly on your own?”

• “What tends to happen when you and that person disagree?”

• “Is this something you’ve been able to talk through together?”

These questions allow us to understand whether the patient is experiencing:

• misunderstanding

• conflict

• chronic stress

• emotional hurt

• trust issues

PART 6

Common Relational Challenges Affecting Health

As clinicians, we may also listen for indicators of relational rupture.

1. Interpersonal Hurt

Patients may describe experiences of feeling:

• dismissed

• invalidated

• criticized

• ignored

• emotionally unsupported

These experiences may lead to emotional withdrawal, anger, anxiety, or sadness.

Patients sometimes express hurt indirectly through:

• irritability

• chronic stress

• emotional exhaustion

2. Misunderstanding

Misunderstanding is extremely common in relationships and can lead to ongoing stress.

Patients may say:

• “We keep having the same argument.”

• “They completely misunderstood what I meant.”

• “I don’t think they understand how I feel.”

Helping patients slow down and reflect on communication patterns can sometimes reduce relational tension.

3. Unhealthy Communication Patterns

Certain communication patterns are particularly damaging to relationships.

Examples include:

• persistent criticism

• defensiveness

• contempt or disrespect

• emotional withdrawal

These patterns can create environments that feel emotionally unsafe. Patients experiencing these dynamics often report chronic stress, anxiety, or emotional exhaustion.

4. Conflict

Conflict itself is not unhealthy. However, many people were never taught how to navigate conflict constructively. Patients may report:

• frequent unresolved arguments

• avoidance of difficult conversations

• escalating disagreements

• communication breakdowns

When conflict becomes chronic, relational stress often spills into other areas of health.

5. Trust Ruptures

Trust ruptures can deeply affect emotional and physical well-being.

Examples include:

• dishonesty

• betrayal

• infidelity

• broken promises

• emotional abandonment

These experiences can lead to prolonged stress, grief, and uncertainty.

PART 7

Brief Clinical Interventions

As clinicians, we do not need to solve relational problems during visits. However, brief interventions can help patients gain insight.

Intervention 1

Normalize relational challenges.

Example:

"Most relationships go through periods of strain. It's very common, and it doesn't mean something is permanently broken."

Intervention 2

Encourage reflection.

Example:

"It might be helpful to think about what you most need in that relationship right now."

Intervention 3

Highlight emotional needs.

Example:

"Sometimes when people feel unheard or unsupported for a long time, it can affect their stress levels quite a bit."

Intervention 4

Encourage communication.

Example:

“Have you been able to talk openly with them about how this has been affecting you?”

Intervention 5

Encourage curiosity rather than assumption.

Example:

“Sometimes asking someone about their experience can reveal things we didn’t realize were happening.”

PART 8

When to Consider Referral

Some relational challenges require additional support. Referral may be appropriate when patients describe:

• persistent relational conflict

• major trust ruptures

• infidelity

• chronic emotional distress related to relationships

• trauma linked to relationships

• domestic or dating violence

Potential referrals include:

• couples therapy

• family therapy

• individual therapy

• trauma-informed counseling

• domestic violence support services

Given the critical importance of healthy social connections to patient health, it is recommended that clinicians have established a list of well vetted referrals to share when the need arises.

PART 9

Recognizing Interpersonal Violence

Interpersonal violence may occur in:

• intimate partnerships

• dating relationships

• families

• workplaces

Forms of violence may include:

• physical abuse

• emotional abuse

• verbal intimidation

• coercive control

• threats or intimidation

Patients experiencing interpersonal violence may feel:

• fearful

• trapped

• isolated

• ashamed to disclose

As clinicians, we should prioritize **safety, validation, and referral to appropriate support services.**

PART 10

Encouraging Relational Health as Prevention

We can also support relational well-being proactively. Simple encouragements may include:

• making time for meaningful conversations

• nurturing supportive friendships

• addressing tension early in relationships

• practicing appreciation and gratitude

• seeking help when relationships become strained

Healthy relationships function as **protective factors for long-term health.**

A Closing Perspective

Social connection and healthy relationships shape health in ways that medicine is only beginning to fully recognize. For many patients, emotional stress arising from relationships may be one of the most significant influences on their well-being. When we ask thoughtful questions about connection, support, and relational stress, patients often feel deeply seen and understood. **Even brief conversations about relational health can open important pathways toward healing.** Supporting relational health is not separate from medicine. It is part of caring for the whole person.

SECTION II

Social Connection and Relational Health Quick Assessment Tool

A Brief Screening Tool for Clinical Practice

This brief assessment helps clinicians understand whether a patient's relationships are functioning as **protective factors or sources of stress.** These questions can be integrated naturally into a visit and typically take **1–2 minutes**.

Step 1: Assess Connection

Begin by understanding whether the patient has meaningful social support.

Suggested question: "Who are the people you feel closest to or most supported by in your life?"

Follow-up prompts if needed: “Do you feel you have people you can rely on?” Or, “When something difficult happens, who do you tend to talk to?”

What clinicians are listening for:

Protective signals:

- supportive partner
- trusted friends
- close family
- community connection

Risk signals:

- isolation
- minimal support
- strained family dynamics
- reluctance to rely on others

Step 2: Assess Relational Impact on Health

Explore whether relationships are supportive or stressful.

Suggested question: “Would you say your close relationships are mostly a source of support right now, or a source of stress?”

Possible follow-up: “How have your relationships been affecting your stress levels lately?”

What clinicians are listening for:

Supportive relationships can buffer stress. Relational strain may contribute to:

- anxiety
- depression
- sleep disruption

- chronic stress
- emotional exhaustion

Step 3: Assess Emotional Safety

This question begins to explore whether the patient feels emotionally safe within their relationships.

Suggested question: “In your close relationships, do you generally feel heard, respected, and supported?”

Follow-up if hesitation appears: “Are there relationships that feel particularly difficult right now?”

What clinicians are listening for:

Signals of relational safety:

- feeling valued
- mutual respect
- open communication

Signals of relational strain:

- feeling dismissed
- feeling unseen
- frequent conflict
- emotional distance

Step 4: Assess Relational Strain or Conflict

Many patients carry relational stress that affects their well-being.

Suggested question: “Are there any ongoing relationship stresses that have been weighing on you lately?”

Follow-up prompts: “How long has that been going on?” Or, “How has that been affecting you emotionally or physically?”

What clinicians are listening for:

Common relational stress themes:

- ongoing conflict
- misunderstanding
- emotional hurt
- betrayal or broken trust
- communication breakdown

Step 5: Assess Change or Loss

Relational changes often affect health significantly.

Suggested question: “Have there been any major changes in your relationships recently?”

Examples patients may share:

- separation or divorce
- death of a loved one or animal companion
- family conflict
- friendship loss
- caregiving strain

These events may significantly impact emotional and physical health.

Optional Quick Rating (if clinician prefers a scale)

Clinicians may ask:

“On a scale from 1–10, how supported do you feel in your relationships right now?”

This helps identify whether relational health is:

- strong (7–10)
- moderate (4–6)
- strained (1–3)

When to Explore Further

Further conversation may be helpful when patients indicate:

• chronic relationship conflict

• feeling unsupported or alone

• relational stress affecting sleep, mood, or health

• trust ruptures or betrayal

• family or caregiver strain

When to Consider Referral

Referral may be appropriate when patients describe:

- persistent relational distress
- major trust ruptures (infidelity, betrayal)
- trauma linked to relationships
- domestic or dating violence
- emotional abuse or coercive control

Possible referral options:

- couples therapy
- family therapy
- trauma-informed counseling
- domestic violence support resources

Clinician Reflection

A simple question clinicians can ask themselves after relational health screening:

"Is this patient's relationship functioning as a source of support or a source of stress?"

The answer may reveal important contributors to the patient's overall health.

Clinical Reminder

Even brief relational health conversations can have a meaningful impact. Patients often report that **being asked about their relationships helps them feel seen as a whole people**, not just a set of symptoms. Supporting relational health should not be viewed as separate from medical care, but as part of whole-person health.

SECTION III: Relational Health Red Flag Checklist

Signals That Relationships May Be Affecting Patient Health

Clinicians often hear relational distress indirectly. These signals may indicate that a patient's relationships are contributing to stress, emotional strain, or physical health concerns.

Emotional and Psychological Signals:

- Persistent anxiety or sadness tied to relationship issues
- Emotional exhaustion related to family, partner, or work relationships
- Feeling unsupported, dismissed, or misunderstood
- Withdrawal from social connections
- Repeated statements of feeling alone or isolated
- Loss of confidence or self-worth connected to relational dynamics

Behavioral Signals:

- Avoidance of home or specific people
- Excessive caregiving burden

- Difficulty concentrating due to relationship stress
- Escalating conflict in close relationships
- Withdrawal from previously meaningful relationships

Physical Health Signals:

- Stress-related sleep disruption
- Chronic fatigue
- Elevated stress or blood pressure linked to relational strain
- Gastrointestinal symptoms linked to stress
- Headaches or chronic pain exacerbated by relational stress

Relational Warning Signals:

- Reports of persistent criticism or hostility in relationships
- Ongoing unresolved conflict
- Feelings of emotional abandonment or neglect
- Trust ruptures (betrayal, dishonesty)
- Fear of upsetting or disagreeing with a partner or family member

Safety Red Flags:

These require careful clinical attention:

- Fear of a partner or family member
- Controlling behaviors (monitoring, isolation)
- Threats, intimidation, or coercion
- Physical, emotional, or verbal abuse

When safety concerns arise, clinicians should prioritize **patient safety and appropriate referral resources**.

The 60-Second Relational Health Script: A Simple Way to Introduce the Topic

Many clinicians worry that asking about relationships will take too long. Realistically, it can be done quickly and naturally. Here is a short script clinicians can adapt:

"One thing we know in medicine is that our relationships can have a powerful impact on health—sometimes just as much as sleep, stress, exercise, or nutrition. I like to check in with patients about how things are going in their relationships. Would you say your close relationships are mostly a source of support right now, or a source of stress?"

Follow-up options:

If supportive:

"That's great to hear. Strong relationships can be a real protective factor for health."

If stressful:

"Thank you for sharing that. Relationship stress can take a real toll on well-being. Would you like to talk a little about what's been going on?"

This approach:

- normalizes the conversation
- connects relational health to medical care
- allows patients to share more if they choose

Why This Matters

Lifestyle medicine emphasizes whole-person care. Relationships shape:

- emotional regulation
- stress response
- resilience
- long-term health outcomes

When clinicians include relational health in their assessments, they often uncover critical insights into what patients are experiencing. Even brief relational health conversations can help patients feel **seen, supported, and understood**. This alone can be the catalyst for better health and healing.

SECTION IV

The Relational Health Continuum: A Framework for Understanding the Health Impact of Relationships

Relationships exist on a continuum. At different points in life, patients may move along this spectrum depending on life circumstances, stressors, and relational dynamics. Understanding where a patient may fall on this continuum can help clinicians recognize whether relationships are functioning as **protective health factors or contributors to stress and illness.**

Social Isolation

At this end of the continuum, individuals experience little meaningful connection. Common indicators may include:

• Limited social contact

• Feeling alone or unsupported

• Lack of trusted relationships

• Withdrawal from community or family

• Reluctance to share personal struggles

Isolation is associated with increased risk for:

• depression and anxiety

• cardiovascular disease

• weakened immune function

• higher mortality risk

Clinicians may gently explore opportunities to increase supportive connections.

Relational Strain

Here, relationships exist but are characterized by ongoing tension or stress. Patients may report:

• frequent conflict

• emotional distance

• feeling misunderstood or unsupported

• chronic criticism or tension

• unresolved disagreements

Relational strain can contribute to:

• chronic stress activation

• sleep disruption

• emotional distress

• physical health symptoms linked to stress

This stage often benefits from increased awareness, communication skills, and supportive interventions.

Relational Rupture

At this point, the relationship has experienced a significant breakdown. Examples include:

• betrayal or broken trust

• prolonged conflict

• emotional abandonment or neglect

• serious misunderstandings

• harmful communication patterns

Rupture does not necessarily mean a relationship must end. Many relationships can move toward **repair and healing** if individuals are willing to address what has occurred.

Relational Repair

Repair occurs when individuals intentionally work to restore connection. Repair may involve:

• acknowledging hurt

• improving communication

• rebuilding trust

• clarifying misunderstandings

• developing healthier relational patterns

When repair is successful, relationships often become **more resilient and honest** than before the rupture.

Healthy Connection

In healthy relational environments, individuals generally experience:

• emotional safety

• mutual respect

• supportive communication

• reliability and trust

• shared care and appreciation

These relationships serve as powerful buffers against stress and contribute positively to health and well-being.

Relational Flourishing

At the most positive end of the continuum, relationships actively contribute to thriving.

Flourishing relationships often include:

• deep mutual trust

• emotional openness

• shared growth and encouragement

• the ability to navigate conflict constructively

• strong feelings of belonging and significance

These relationships not only support health but often enhance resilience, purpose, and life satisfaction.

SECTION V

The Relational Health Quick Assessment (6 Questions)

Clinicians can quickly assess relational health using these six questions during a visit. These questions help identify whether relationships are functioning as **sources of support or stress.**

1. Connection

“Who are the people you feel closest to or most supported by in your life?”

2. Support

“When life becomes stressful, do you feel you have people you can turn to for support?”

3. Emotional Safety

“In your close relationships, do you generally feel heard, respected, and valued?”

4. Relational Stress

“Are there any ongoing relationship stresses that have been weighing on you lately?”

5. Change or Loss

“Have there been any significant changes in your relationships recently?”

Examples may include separation, conflict, loss, or caregiving strain.

6. Overall Relational Well-Being

“On a scale from 1–10, how supported do you feel in your relationships right now?”

Interpreting the Conversation

These questions are not meant to diagnose relational problems. Instead, they help clinicians understand whether relational dynamics may be affecting a patient’s health.

Possible outcomes:

• Strong support → protective health factor

• Moderate strain → opportunity for reflection and communication

• Significant distress → possible referral for supportive resources

Clinician Takeaway

Relationships shape emotional, psychological, and physical health in profound ways. Remember: even brief conversations about relational well-being can help patients feel better. In many cases, asking a simple question about relationships may reveal an important factor influencing a patient’s health journey. Clinicians support of and interest in their patient’s relational lives is an essential part of caring for the whole person