
VITAL Definition of Relational Health

There is no one definition of relational health, but one of the goals of VITAL is to communicate to providers a definition that is representative of the varied work in the field and that encompasses key approaches that can all be considered and incorporated into practice.

The following definition is an attempt to do that. It was developed after extensive study and review of up to date research in relational health, safe, stable and nurturing relationships, the science of connectedness, and other relevant fields. This definition attempts to specifically describe relational health, which is only one factor of positive childhood experiences and protective factors that mitigate toxic stress. Immediately following is a list of sources used to support this definition.

Definition of Relational Health

A developed state of health, well being, and connectedness in which a person has the opportunity and capacity to

1. develop, maintain, receive and perceive safe, stable, and nurturing relationships with other individuals and
2. participate in a broad range of social relationships including active engagement in a variety of social activities and social support. ¹⁻⁹

Background

(The terms bolded below were incorporated into the definition.)

- Essentials of Childhood, CD¹:
 - “Safety, stability, and nurturing are three critical qualities of relationships and environments that make a difference for children as they grow and develop. They can be defined as follows:
 - **Safety**: The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment.
 - **Stability**: The degree of predictability and consistency in a child’s social, emotional, and physical environment.
 - **Nurturing**: The extent to which children’s physical, emotional, and developmental needs are sensitively and consistently met.”

-
- Willis/CSSP:
 - “Early relational health describes the positive, stimulating, and nurturing early relationships that ensure the emotional security and **connection** that advance physical health and development, social well-being, and resilience.²
 - Hambrick/Perry:
 - Relational health as “**Connectedness**; Essentially the presence of attuned caregivers, family members, mentors, teachers, and community members.³
 - Garner/AAP⁸:
 - “Relational health refers to the capacity to develop and sustain safe, stable and nurturing relationships, which in turn prevent the extreme or prolonged activation of the body’s stress response systems.” Garner 2021
 - “The **capacity to develop and maintain SSNRs with others**; relational health is an important predictor of wellness across the life span.” Garner 2021
 - Cohen:
 - **Social support:** to refer to a social network of people who can offer psychological or material resources.
 - Social Integration: “participation in a **broad range of social relationships** (Brissette et al., 2000). It is a multidimensional construct thought to include a behavioral component—**active engagement in a wide range of social activities or relationships**—and a cognitive component—a sense of communality and identification with one’s social roles (Brissette et al., 2000).”^{4,5}
 - Holt-Lunstad:^{6,7}
 - “Social **Connection**: The extent to which an individual is socially connected takes a multifactorial approach including
 - (1) connections to others via the existence of relationships and their roles;
 - (2) a sense of connection that results from actual or perceived support or inclusion; and
 - (3) the sense of connection to others that is based on positive and negative qualities.
 - Functional: Functions provided by or perceived to be available because of social relationships.
 - **Received** support:
 - Self-reported receipt of emotional, informational, tangible, or belonging support.
 - **Perceived** support:

-
- Perception of availability of emotional, informational, tangible, or belonging support if needed.
 - Perceived loneliness:
 - Feelings of isolation, disconnectedness, and not belonging.
 - Structural: The existence of and interconnection among different social relationship and roles.
 - Marital status
 - Social networks: network density or size, number of social contacts
 - Social integration: **participation in a broad range of social relationships including active engagement in a wide range of social activities or relationships**, and a sense of communality and identification with one's social roles
 - Living alone
 - Social isolation: Pervasive lack of social contact or communication, participation in social activities, or confidant
 - Quality: The positive and negative aspects of social relationships.
 - Marital quality
 - Relationship strain
 - Social inclusion or exclusion
 - Bethell:
 - Flourishing: "A recent systematic review of human flourishing models identified six overlapping positive attributes used to define flourishing: meaning, engagement, positive relationships, competence (or accomplishment), positive emotion, and self-esteem (or self-worth)."⁹

Definition highlights

- Importance of reciprocity
 - that relationships are about giving and receiving – about participating and being actively engaged in relationships.
- Importance of perception
 - how we feel about our relationships (perceived support) is just as important as what we actually receive from our relationships (such as a car ride to the clinic) and both – perceived and received support - have both independently been shown to improve health . This is similar to the research on trauma and the "3E" definition of trauma - how we experience an event is critical to the effect the event has on our health and well-being.
- A definition that can be used for all ages

-
- For pediatrics this includes helping both the children and parents develop their relational health.
 - Sets the stage for a framework that providers can use in clinical practice that includes a focus on
 - The Individual:
 - Focusing on an individual's capacity, ability and skill set in forming, receiving and perceiving healthy relationships – such that we can teach these skills
 - Close relationships:
 - We can also look at supporting specific close relationships – such as the parent-child relationship, or romantic relationships or even our own relationships with our patients
 - Community
 - And we can help people become more involved in larger networks of relationships

References

1. Essentials for Childhood - Creating Safe, Stable, Nurturing Relationships and Environments for All Children. :36.
2. Willis DW, Chavez S, Lee J, Hampton P, Fine A. *Early Relational Health National Survey: What We're Learning From the Field*. Washington DC: The Center for the Study of Social Policy; 2020.
3. Hambrick EP, Brawner TW, Perry BD, Brandt K, Hofmeister C, Collins JO. Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. *Arch Psychiatr Nurs*. 2019;33(3):238-247. doi:10.1016/j.apnu.2018.11.001
4. Cohen S. Social relationships and health. *Am Psychol*. 2004;59(8):676-684. doi:10.1037/0003-066X.59.8.676
5. Brissette I, Cohen S, Seeman TE. Measuring social integration and social networks. In: *Social Support Measurement and Intervention: A Guide for Health and Social Scientists*. Oxford University Press; 2000:53-85. doi:10.1093/med:psych/9780195126709.003.0003
6. Holt-Lunstad J. Why Social Relationships Are Important for Physical Health: A Systems Approach to Understanding and Modifying Risk and Protection. *Annu Rev Psychol*. 2018;69(1):437-458. doi:10.1146/annurev-psych-122216-011902
7. Holt-Lunstad J, Smith TB, Layton JB. Social Relationships and Mortality Risk: A Meta-analytic Review. *PLOS Med*. 2010;7(7):e1000316. doi:10.1371/journal.pmed.1000316
8. Garner A, Yogman M. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics*. 2021;148(2). doi:10.1542/peds.2021-052582
9. Bethell CD, Gombojav N, Whitaker RC. Family Resilience And Connection Promote Flourishing Among US Children, Even Amid Adversity. *Health Aff (Millwood)*. 2019;38(5):729-737. doi:10.1377/hlthaff.2018.05425