

Family, Friends, & Co-Workers, Part I

An essential aspect of creating an Integrative Health plan is to focus on what really matters. Equally important is to ask a person, “*Who* really matters?” Family, Friends, & Co-Workers focuses on all the ways a person might answer this important question. This overview, which builds on the materials featured in Chapter 10 of the [Passport to Whole Health](#), reviews research related to relationships and health and highlights some ways that people can focus on this essential aspect of well-being.

Key Points

- While focusing on relationships may feel intimidating to some, it is vitally important. Decreased loneliness correlates with increased health, and people do better with many health problems if they have people who can support them.
- Unfortunately, the average number of people a person is connected to has been decreasing in recent decades.
- There are many forms of social support, such as financial support, mentoring, and emotional support. All of them are important.
- Relationships affect us at the level of our physiology, as studies linking relationships and mirror neuron activity, oxytocin levels, and inflammatory markers have shown.
- Therapeutic relationships between clinicians and patient have a significant impact on outcomes.
- Examples of ways to enhance connections include practicing compassion, getting support from social workers, volunteering, joining support groups, and becoming more involved in one’s community.

Meet the Patient: Michelle

Replace ‘I’ with ‘We’ and illness becomes wellness.

—Swami Satchidananda

Michelle is a 70-year-old who, until last year, worked ever since graduating from high school. She was adopted and did not have strong relationships with her adoptive parents.

Michelle married her high school sweetheart, and they had a daughter when they were 19 years old. She felt a strong sense of responsibility for her new family and, because her husband was on disability due to chronic back pain, she focused on being a good provider. She worked as a custodian for 12 years before getting a diploma in Business Management at the community college in her hometown. She retired from a management position at a car dealership in 2019. Michelle’s husband died five years ago. Her daughter, Joan, is now in her 50’s. Joan is married with two teenaged children and lives on the other side of the country.

Michelle recently had a heart attack and is going through the hospital’s cardiac rehabilitation program for the next 12 weeks. While recovering in the hospital, she started to reflect on her life

more, and she noticed that she has felt disconnected from her family and friends ever since she retired.

During her intake for the cardiac rehabilitation program, Michelle was asked to complete a Personal Health Inventory (PHI). A cardiac nurse practitioner reviewed it. Her vitality signs varied a bit, and she explained that she rated herself lower on “Physical Well-Being” because of her heart attack. She gave herself a 2 on “Mental/Emotional Well-Being” because she feels “so antisocial”:

Physical Well-Being				
1	2	3	4	5
Miserable				Great
Mental/Emotional Well-Being				
1	2	3	4	5
Miserable				Great
Life: How is it to live your day-to-day life?				
1	2	3	4	5
Miserable				Great

Her answer to the next questions “What do you live for? What matters to you? Why do you want to be healthy?” gave the nurse practitioner a good sense of what was on Michelle’s mind. She answered,

Family always comes first. I love my daughter and her family. I miss my husband. I am proud that I worked so hard over the years to support everyone. I would like to give back, especially to kids who were orphaned and put into foster care like I was.” :

When asked about focusing on an area of self-care, there was no question for Michelle that she wanted to start with Family, Friends, & Co-Workers. She gave herself a rating of a 1 on “Where I am Now” and a 5 on “Where I want to be.”

For the last two questions, she was pretty general with her answers. Later, she told her nurse practitioner she felt a little uncomfortable with being asked to set some goals.



Now that you have thought about what matters to you in all of these areas, what is your vision of your best possible self? What would your life look like? What kind of activities would you be doing?

I don't know. I need help figuring that out.

Are there any areas you would like to work on? Where might you start?

Family, Friends, & Co-workers.

Relationships and Health

Figure 1 offers some suggestions for how a person might draw in topics related to Family, Friends, & Co-Workers into their Integrative Health plan. Various “subtopic” circles are featured, and each of them offers a way a person might bring relationships more fully into focus. Each of these areas is discussed in this overview.

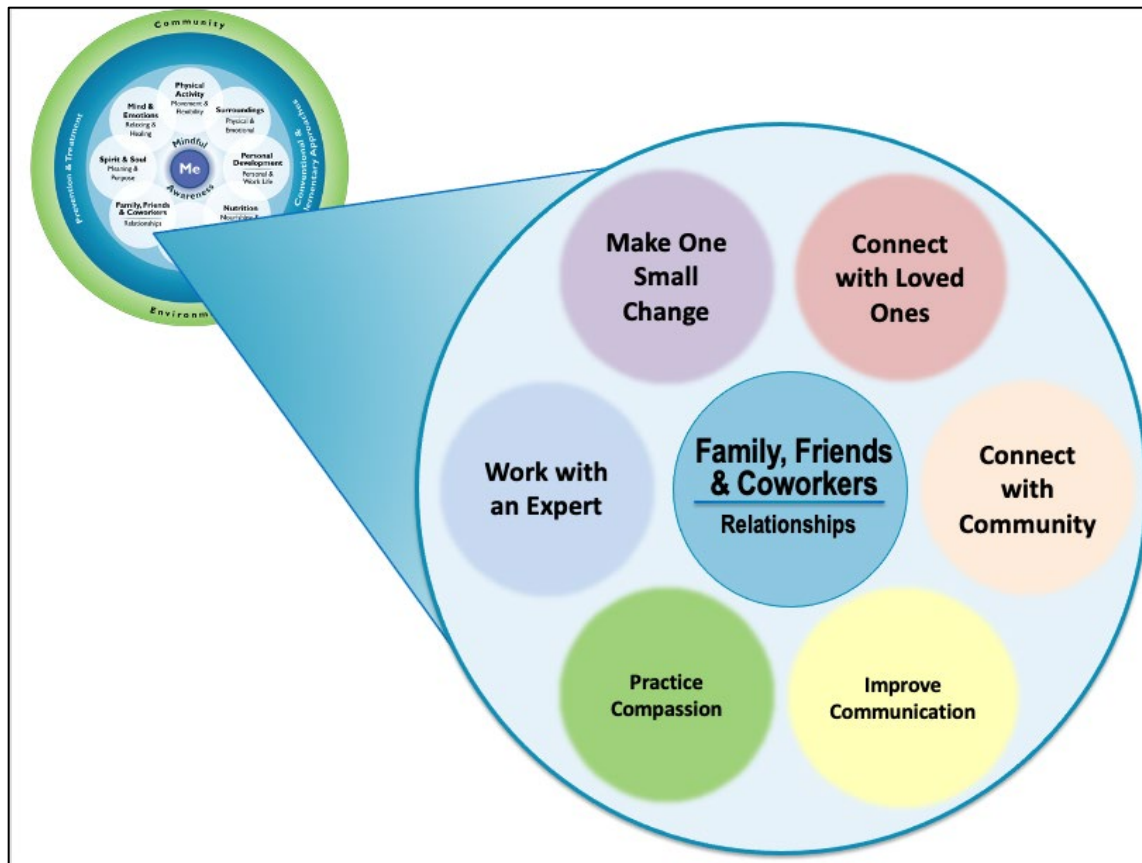


Figure 1. Zooming in on Topics Related to Family, Friends, & Co-Workers

In 2014, researchers summarized findings from 23 interviews of veterans with serious mental illness who had attempted suicide.¹ What did they describe as the main feelings preceding their suicide attempts? In addition to depression and hopelessness, they described that feelings of *loneliness and isolation* played a significant role. When asked what could be done to help people like them to be at lower risk of committing suicide, they emphasized two key changes that they felt would be most helpful:

1. Clinicians should work to increase their empathy, compassion, and listening skills.
2. More efforts should be made to bolster social support.

The purpose of this overview is to review key research regarding connections and health and to explore what clinicians can do to help people relate better to others as they tune in to this important aspect of self-care. Of course, we know from firsthand experience that connection matters; it is really no surprise that research confirms that positive relationships decrease morbidity and mortality. The Harvard Women's Health Watch summarized it nicely, reporting that, "People with satisfying relationships have been shown to be happier, have fewer health problems, and live longer. In contrast, having few social ties is associated with depression,

cognitive decline, and premature death.”² Some of the specific studies leading to this conclusion will be discussed below.

Some Definitions

Social support has three dimensions.

1. **Source of support.** Where is the support coming from (family, friends, or programs in the community)?
3. **Satisfaction with support.** It is important to consider how satisfied a person is with a given source of support. Not all social contact, as has been noted in the research, is actually supportive. Some relationships can lead to negative health outcomes. It is important to keep in mind that social support is in the eye of the recipient; if individuals are not satisfied with a source of support, they are not likely to receive health benefits.
4. **Type of support.** Social support comes in a variety of types:³
 - *Emotional support*—the person receives empathy, caring, love, trust, concern, and listening.
 - *Instrumental support*—a person benefits from help in the form of time, labor, money, and direct help.
 - *Appraisal support*—a person gets affirmation, evaluation, and feedback.
 - *Informational support*—a person receives advice, guidance, suggestions, and information that can help her/him cope.



MINDFUL AWARENESS MOMENT

YOUR SOCIAL SUPPORT

Take a moment to consider your sources of social support, referring to the four types of social support listed above.

- Who are the 10 people in your life who matter the most to you? Who are you closest to in your family? Who is your best friend? Who is your most trusted colleague?
- Who provides you with emotional support?
- Who gives you instrumental support in the form of time, money, and other types of help?
- What about your sources of appraisal support? Who gives you affirmation, evaluation, and feedback?
- Where do you get informational support? Who offers you advice, guidance, and helpful suggestions?
- Who receives support from you? Which types of support—instrumental, appraisal, informational, emotional—do you offer them?
- How can you strengthen the supportive relationships in your life?

Relationships are Changing and Evolving With Our Culture

A **relationship** may be defined as “the way in which two or more people...talk to, behave toward, or deal with each other.”⁴ In reviewing the research below, keep in mind that, especially in modern times, there are a vast number of possible relationships that people can have. People may be much more connected to their “family of choice” than they are to their “family of origin.” Life partnerships can take many forms. The Internet and other forms of technology have led to multiple new ways to meet and interact with others.

It is not just the number of relationships people have, but the *quality* of their relationships that impacts health.⁵ Health is influenced by the number of close confidants a person has —*not* only the number of people they know or the number of friends they have in general.⁶ A confidant is someone with whom a person could discuss personal health matters. In a study of older women, having no confidant was linked to a reduction in physical functioning and vitality that was as strong as the effect of being a heavy smoker or being overweight.⁷ Social isolation (few social ties, infrequent social contacts), loneliness (a more subjective emotional state), and living alone all result in similarly increased mortality irrespective of gender, length of follow-up, and geographical location.⁸

It would seem, despite some controversy around research data,⁹ [9] that the average number of confidants per person has been declining significantly.⁶ Data comparing average numbers of confidants per person between 1985 and 2004 reported a drop by one-third, from an average of 2.94 confidants down to 2.08.⁶

Participation in the community has decreased as well. Robert Putnam, author of *Bowling Alone: America's Declining Social Capital*, noted in 1995 that the number of Americans reporting that they had “attended a public meeting on town or school affairs” fell from 22% in 1973 to 13% in 1993.¹⁰ People participate less in voting, labor unions, parent-teacher associations, and community groups.

Advances in technology—namely via mobile phones and online social networks—are also changing how people relate to each other. A 2009 report by the Pew Internet and American Life Project concluded the following:¹¹

- Compared to 1985, there has actually been minimal change (as opposed to what was suggested by the McPherson study cited above) in some measures of social isolation. Twelve percent of Americans have no confidants. Six percent of the adult population report that they have no one who is “especially significant” in their lives.
- The Pew report agrees that the average *size* of Americans’ core discussion networks (discussion networks are a measure of meaningful social connections) has decreased by one-third.
- However, owners of mobile phones and those who are active on the Internet have larger and more diverse discussion networks. They do not seem to frequent public places less; in fact, many people use the Internet in public places. They also tend to be just as likely to talk to their neighbors in person or to be involved in civic activities as non-Internet users.



The use of social media stands at approximately 8.9 billion active accounts between the 6 most popular sites, topped by Facebook with 2.2 billion active users.¹² The impact on wellness and connection of the use of these websites is not easily discernable. Their impact on depression and well-being for a given user is greatly influenced by psychological, social, behavioral, and individual factors.¹³ Only time will tell if these sites become tools to maintain meaningful relationships, if they will increase superficial interaction that inhibits deeper connection, or something between.

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