

RELATIONAL SELF-CARE: EXPANDING THE SELF-CARE PARADIGM

SHAZIA AKHTARULLAH¹, FARIHA NIAZI²

1. Director, Health and Wellness Coaching Program and Assistant Professor, Department of Psychiatry and Behavioral Medicine
2. Chair, Department of Couple and Family Therapy, Dr. Kiran C. Patel College of Osteopathic Medicine

Key words: relational self-care; relationships; interpersonal connections; relational context; social networks; co-regulation; well-being; health behaviors; health and wellness; chronic conditions

ABSTRACT

Relational self-care reframes well-being as a process that is co-created within relationships rather than solely managed by individuals. Popular self-care discourse often emphasises individual responsibility and personal coping strategies, overlooking the relational dimensions that shape health and well-being. In this manuscript, we review the phenomenon of relational self-care that situates care within interpersonal connections and social networks. By shifting the focus of care from the individual to the relational system, relational self-care positions connection as a resource that is protective and generative. Relational self-care expands the paradigm of self-care by acknowledging that relationships do not merely contribute to well-being, but are central to how self-care is defined, practiced, and sustained. This framework has implications for educators, and policymakers to design environments that support relational self-care and well-being. Relational self-care invites a reorientation from 'How do individuals take care of themselves?' to 'How do we co-create environments in which people can care for one another and thrive together?'

In today's times, when stress can be unpredictable and heightened, self-care has become crucial. Everyone is encouraged to take care of their health across all dimensions of wellness: physical, emotional, spiritual, social, intellectual, occupational, and environmental¹. Health and wellness behaviours such as exercise, healthy eating, stress management, and adequate sleep are promoted in clinical practices, public health messages, and popular culture. These practices are important and much needed. However, the way self-care is usually discussed remains very individualistic. It focuses on selecting one's own activities, identifying coping skills, taking personal responsibility, and exercising self-control (mainly within the individual context). This perspective, though useful, offers an incomplete picture of how self-care is actually practiced in everyday life.

Human beings are fundamentally relational. Health behaviors, including self-care, seldom occur in a vacuum; they unfold within family systems, workplace settings, and communities. Shared routines, social norms, and how people interact with each other all influence choices about exercise, food, rest, relaxation, and emotional regulation. Relational self-care broadens the idea of self-care by recognising that relationships are not just part of well-being; they are also central to how self-care is understood, practiced, and sustained.

In this paper, we look at relational self-care as a broader way to think about health and well-being. We argue that self-care is best understood as a relational practice that is co-created and supported in interpersonal relationships. With this view, we can move toward more realistic, practical, and empathetic ways of caring for our health and well-being, as well as for those we care for.

LIMITS OF INDIVIDUALLY FOCUSED SELF-CARE

The individualistic frameworks have influenced mainstream understandings of self-care². This suggests that learning, motivation, goal-setting, and self-belief are important factors that affect self-care. Based on this logic, individuals are often asked to ‘make better choices’ or ‘take control’ of their health and well-being (mainly as an individual pursuit). This logic may have helped make strides in disease management and prevention. However, it presents only a partial perspective (that of the individual). Focusing solely on the individual can sometimes make it harder to see the limitations that people face in their lives. Time constraints, caregiving duties, financial stress, and relationship obligations can all make it harder to practice self-care. When individuals have difficulty following suggestions or advice, the problem is often seen as noncompliance or a lack of motivation. This framing could put too much pressure on people, especially those already dealing with difficult life situations. Individualistic self-care practices also often align with socio-cultural values of independence, which may differ across cultures and social settings. Health and well-being may be viewed as shared responsibilities in many communities, not just goals each person should work on alone. Relational self-care challenges the assumption that care of the self can or should be separated from care of others.

EXISTING SELF-CARE FRAMEWORKS

Self-care frameworks have been well documented²⁻⁷. These frameworks include health and illness perspectives⁸⁻¹¹. The importance of social connections in supporting self-care has also been identified^{2,12,13}. Some frameworks, while acknowledging existing self-care theories and models, offer a comprehensive view of self-care, moving beyond fragmented or purely individual conceptualisations. For example, the Self-Care Matrix (SCM) outlines four interrelated dimensions: activities; behaviours; context; and environment, allowing self-care to be understood holistically rather than as isolated actions¹⁴. Such frameworks include social networks and social support for self-care^{2,4,15,16}.

WHAT IS RELATIONAL SELF-CARE?

Consistent with some of the frameworks mentioned above, we recognise the importance of relationships in self-care^{2,4,12-16}. Self-care is a relational process. Relational self-care is how relationships shape, support, and limit self-care practices. It is important to recognise that people live in interconnected social and relational systems. Social relationships and interactions with others often influence health and health behaviours¹³. Relational self-care does not take away an individual's personal responsibility to care for self, it just places it within the context of relationships (shared responsibility). Giving and receiving care are reciprocal processes. Viewing self-care as relational is much needed, as it can give us a more complete picture of health and well-being grounded in real life, rather than an idealised sense of independence.

DAILY LIFE AND SHARED ROUTINES

Shared routines are among the most obvious ways relationships affect self-care. People often plan their meals, sleep, exercise, and free time within relational systems. What self-care looks like in practice depends on variables, such as how often a family eats together, how often a partner is home, and what chores one has to do around the house. For instance, a person may want to eat healthily, but find it hard to do so in a home where quick meals or irregular schedules are more common. In the same way, chances of being active may depend on how one shares caregiving duties, or on what is expected of them at work by their team. Relational self-care focuses on these shared situations and encourages people to work together to make routines that support their well-being. Relational self-care does not place all the responsibility on one person; instead, it supports people in discussions about how routines can be co-created, negotiated, and adjusted together. Walking together after dinner, planning meals together, or talking about how to get some quiet time to rest are all examples of relational self-care practices that make health a part of everyday life.

EMOTIONAL SUPPORT AND CO-REGULATION

Emotional health, well-being, and regulation can be deeply relational. Not only outside demands, but also the quality of our relationships can affect our levels of stress and emotional fatigue. Social connections are known to impact health and wellness¹⁷. In supportive relationships, people often feel a sense of belonging, affirmation, and encouragement, all of which can protect emotional health. On the other hand, relationships that are conflict-prone or lack emotional closeness can worsen stress and make self-care more difficult.

Relational self-care includes being emotionally present and co-regulating, which are ways people can help each other deal with their feelings. Listening without judging, showing empathy, and offering reassurance are not always recognised as self-care behaviours, but these behaviours can be very important for staying healthy and enhancing well-being. In this way, relational self-

care broadens the definition of care to include relational processes that can support emotional resilience.

IDENTITY, ROLES, AND SELF-CARE

Relational identities can affect how people care for themselves and their loved ones. Individuals often see themselves through their roles, such as caregiver, partner, or parent. These roles may influence how they prioritise their own needs, care, and relationships. For instance, caregivers may put their own health and self-care needs aside to care for their loved ones, leaving them tired and burned out. Similarly, parents often give up sleep or free time to meet their children's needs.

Relational self-care encourages people to reflect on how their roles and identities shape their self-care decisions. It supports them in seeing that everyone is responsible for their own health, and challenges the idea that taking care of oneself is selfish. Viewing self-care relationally can help people feel less guilty and less resistant to taking care of themselves by framing self-care as a process that supports relationships rather than harms them.

RELATIONAL SELF-CARE IN CHRONIC CONDITIONS

Approximately 76.4% of U.S. adults, about 194 million people, have one or more chronic conditions¹⁸. Chronic conditions are costly, and an estimated \$4.9 trillion is spent each year on health care for people living with chronic health conditions¹⁹. In the presence of one or more chronic conditions, relational self-care becomes even more important. People with chronic health conditions are likely to need ongoing care in addition to treatment. This care often happens in homes and close relationships. Family and friends may help each other with tasks such as managing medications, making lifestyle changes, scheduling appointments, and offering emotional support. Self-care is relational in these situations. Not only do people need to keep their commitments, but within relationships, they also need to communicate, work together, and adapt. Relational self-care stresses the importance of working together and making sense of processes together for the long-term well-being of everyone involved.

HEALTH IN RELATIONAL CONTEXT

Relational self-care is important for health. Not everyone has relationships that offer support. Being alone or lacking a support system can make it harder to get help, which in turn makes it harder to take care of self. On the other hand, strong social networks can help people cope with stress and become more resilient²⁰. Relational self-care emphasises helping people connect with others, getting support from peers, and engaging with their communities. Group-based programs, family-centred interventions, and community networks can support people in taking better care of themselves by establishing, maintaining, engaging in, and improving their relationships.

RETHINKING SELF-CARE

Incorporating relational self-care into health promotion requires a shift in how self-care is communicated and practiced. Messages that focus on working together and helping each other may be more effective than those that focus only on the individual. Encouraging families to cook together, workplaces to support shared wellness initiatives, and communities to create spaces for connection, can make self-care more accessible and sustainable. Health professionals and educators can also use ideas related to relational self-care in their work by asking about social contexts, relationships, and shared routines. Instead of focusing only on individual goals, practitioners can examine how relationships affect health behaviors, including self-care and *vice versa*, while finding ways to co-create change.

POTENTIAL CHALLENGES

While relational self-care is a useful addition to self-care models, there may be some challenges in implementing it. For example, all relationships may not be helpful; some may even negatively affect health and well-being due to their conflictual nature. Supporting relational approaches to self-care requires acknowledging when individuals need space, protection, or external assistance (including professional support for emotional health). In some cases, relational self-care may involve an emphasis on restructuring harmful relationship patterns before any efforts to strengthen the relationship can be made.

CONCLUSION

Self-care is often conceptualised as an individual endeavour. Relational self-care broadens the idea of self-care by recognising that relationships shape health behaviours. It offers a more practical and empathetic perspective on self-care by situating it in a relational context. This point of view invites health professionals, educators, policymakers, and individuals to consider not only what people do to take care of themselves, but also how their relationships help or hinder those efforts. Ultimately, relational self-care reminds us that well-being is not solely an individual achievement but a shared, ongoing practice.

Correspondence to: Fariha Niazi, Chair, Department of Couple and Family Therapy, Dr. Kiran C. Patel College of Osteopathic Medicine, Nova Southeastern University (NSU), 3300 S. University Drive, Fort Lauderdale, FL 33328, U.S.A. Email: niazi@nova.edu.

Authors' declarations of personal interests: The authors declare that they have no known personal interests that could have appeared to influence the work noted in this manuscript. Authors are employed by Nova Southeastern University.

Declaration of funding interests: The authors declare that they have no known financial interests that could have appeared to influence the work noted in this manuscript. No funding was received for the development of this conceptual manuscript.

REFERENCES

1. Swarbrick M. A wellness approach. *Psychiatr Rehabil J*. 2006;29(4):311–314.
2. Kim SA. On “Self” care. *Conn Law Rev*. 2025;627(2): 317-362.
3. Gantz SB. Self-care: Perspectives from six disciplines. *Holist Nurs Pract*. 1990;4(2):1-12.
4. Orem DE. A concept of self-care for the rehabilitation client. *Rehabil Nurs*. 1985;10(3):33-6.
5. Riegel B, Jaarsma T, Strömberg A. A middle-range theory of self-care of chronic illness. *ANS Adv Nurs Sci*. 2012;35(3):194-204.
6. Simmons SJ. The health-promoting self-care system model: Directions for nursing research and practice. *J Adv Nurs*. 1990;15(10):1162-6.
7. Sorofman B, Tripp-Reimer T, Lauer GM, Martin ME. Symptom self-care. *Holist Nurs Pract*. 1990;4(2):45-55.
8. Russell EM, Iljon-Foreman EL. Self-care in illness: A review. *Fam Pract*. 1985;2(2):108-21.
9. Connelly CE. Self-care and the chronically ill patient. *Nurs Clin North Am*. 1987;22(3):621-9.
10. Levin LS, Idler EL. Self-care in health. *Annu Rev Public Health*. 1983;4(1):181-201.
11. Narasimhan M, de Iongh A, Askew I, Simpson PJ. It’s time to recognise self care as an integral component of health systems. *BMJ*. 2019;365:11403. doi:10.1136/bmj.11403.
12. Letak AM. From self-care to social-self care: toward a sociology of wellbeing. *Sociol Spectrum*. 2025;45(1):53–71. doi:10.1080/02732173.2024.2429499.
13. Jordan MA. The power of connection: Self-care strategies of social wellbeing. *J Interprof Educ Pract*. 2023;31:100586. Available from: <https://www.sciencedirect.com/science/article/pii/S2405452622000933>
14. El-Osta A, Webber D, Gnani S, Banarsee R, Mummery D, Majeed A, Smith P. The self-care matrix: A unifying framework for self-care. *SelfCare*. 2019;10(3):38-56.
15. Leenerts MH, Teel CS, Pendleton MK. Building a model of self-care for health promotion in aging. *J Nurs Scholarsh*. 2002;34(4):355-61.
16. Riski M, Puspitasari IM, Rahayu C, Alfian SD. Factors associated with self-care behavior in patients with chronic kidney disease: a systematic review. *BMC Nephrol*. 2025;26(210). doi:10.1186/s12882-025-04137-9.
17. Martino J, Pegg J, Pegg Frates E. The Connection Prescription: using the power of social interactions and the deep desire for connectedness to empower health and wellness. *Am J Lifestyle Med*. 2015;11(6):466–475. doi:10.1177/1559827615608788.
18. Watson KB, Wiltz JL, Nhim K, Kaufmann RB, Thomas CW, Greenlund KJ. Trends in multiple chronic conditions among US adults, by life stage, Behavioral Risk Factor Surveillance System, 2013–2023. *Prev Chronic Dis*. 2025;22:240539. doi:10.5888/pcd22.240539
19. Centers for Disease Control and Prevention. Fast facts: Health and economic costs of chronic conditions. CDC Chronic Disease. Updated Aug 8, 2025. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>.
20. Delgado MR, Fareri DS, Chang LJ. Characterizing the mechanisms of social connection. *Neuron*. 2023;111(24):3911–3925. doi:10.1016/j.neuron.2023.09.012.