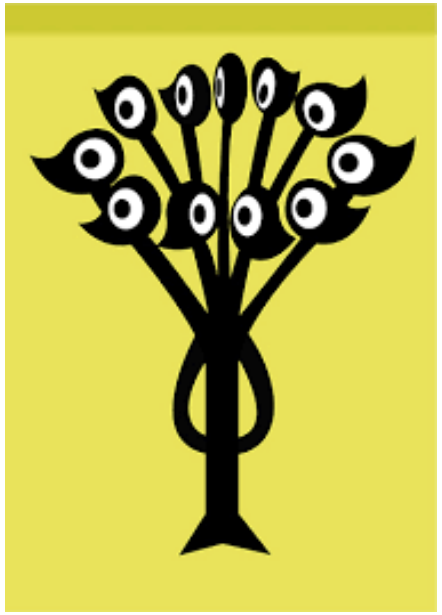
La soledad vista desde la salud biopsicosocial: ¿oportunidades peligrosas?

Laura Coll-Planas.
Profesora de la Facultad de Ciencias de la Salud y el Bienestar de la UVic-UCC



Fecha y lugar: **Viernes 21 de junio de 2024, Palacio Euskalduna (Bilbao)**

Entidad organizadora: Diputación Foral de Bizkaia **(Departamento de Empleo, Cohesión Social e Igualdad)**

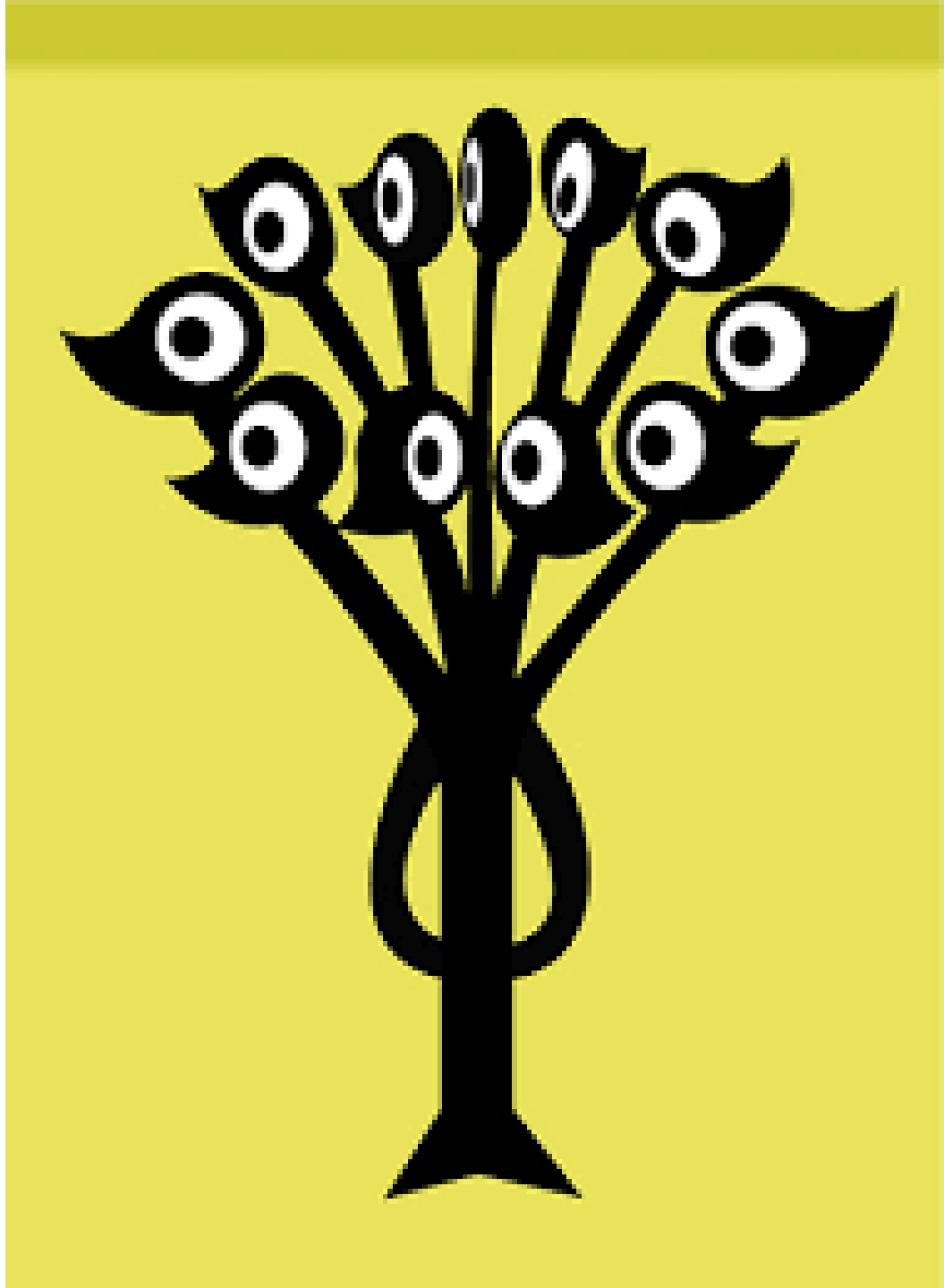
Bizkaia
foru aldundia
diputación foral

BizkaiSare
Gizartea ehuntzen / Tejiendo la sociedad

El porqué del título…

Aprovechando que…

- *Me siento “poco” médica y no soy psicóloga*
- *La **salud** es un estado de completo bienestar físico, mental y social … (según la OMS)*



Soledad y salud

- La soledad mata
- La soledad es una epidemia
- La soledad es un problema de salud pública
- Tenemos que acabar con la soledad

- La soledad mata según la evidencia científica
- La soledad es una pandemia porque está aumentando

por esto

- La soledad es un problema de salud pública y social y político

por lo tanto

- Tenemos que acabar con la soledad no deseada

¿Implicaciones en la ciudadanía?

¿Implicaciones en la ciudadanía?

- La soledad mata

(según la evidencia científica)

La pobreza también mata!!!!

Social Relationships and Health

JAMES S. HOUSE, KARL R. LANDIS, DEBRA UMBERSON

SCIENCE, VOL. 241

Recent scientific work has established both a theoretical basis and strong empirical evidence for a causal impact of social relationships on health. Prospective studies, which control for baseline health status, consistently show increased risk of death among persons with a low quantity, and sometimes low quality, of social relationships. Experimental and quasi-experimental studies of humans and animals also suggest that social isolation is a major risk factor for mortality from widely varying causes. The mechanisms through which social relationships affect health and the factors that promote or inhibit the development and maintenance of social relationships remain to be explored.

less socially integrated people were more likely to commit suicide than the most integrated

La evidencia viene de lejos…

. . . my father told me of a careful observer, who certainly had heart-disease and died from it, and who positively stated that his pulse was habitually irregular to an extreme degree; yet to his great disappointment it invariably became regular as soon as my father entered the room.—Charles Darwin (*1*)

1. C. Darwin, *Expression of the Emotions in Man and Animals* (Univ. of Chicago Press, Chicago, 1965 [1872]).

The first major work of empirical sociology found that **less socially integrated people were more likely to commit suicide** than the most integrated (2)

(2) E. Durkheim, Suicide (Free Press, New York, 1951 [1897]).

SCIENCE, VOL. 241

29 JULY 1988

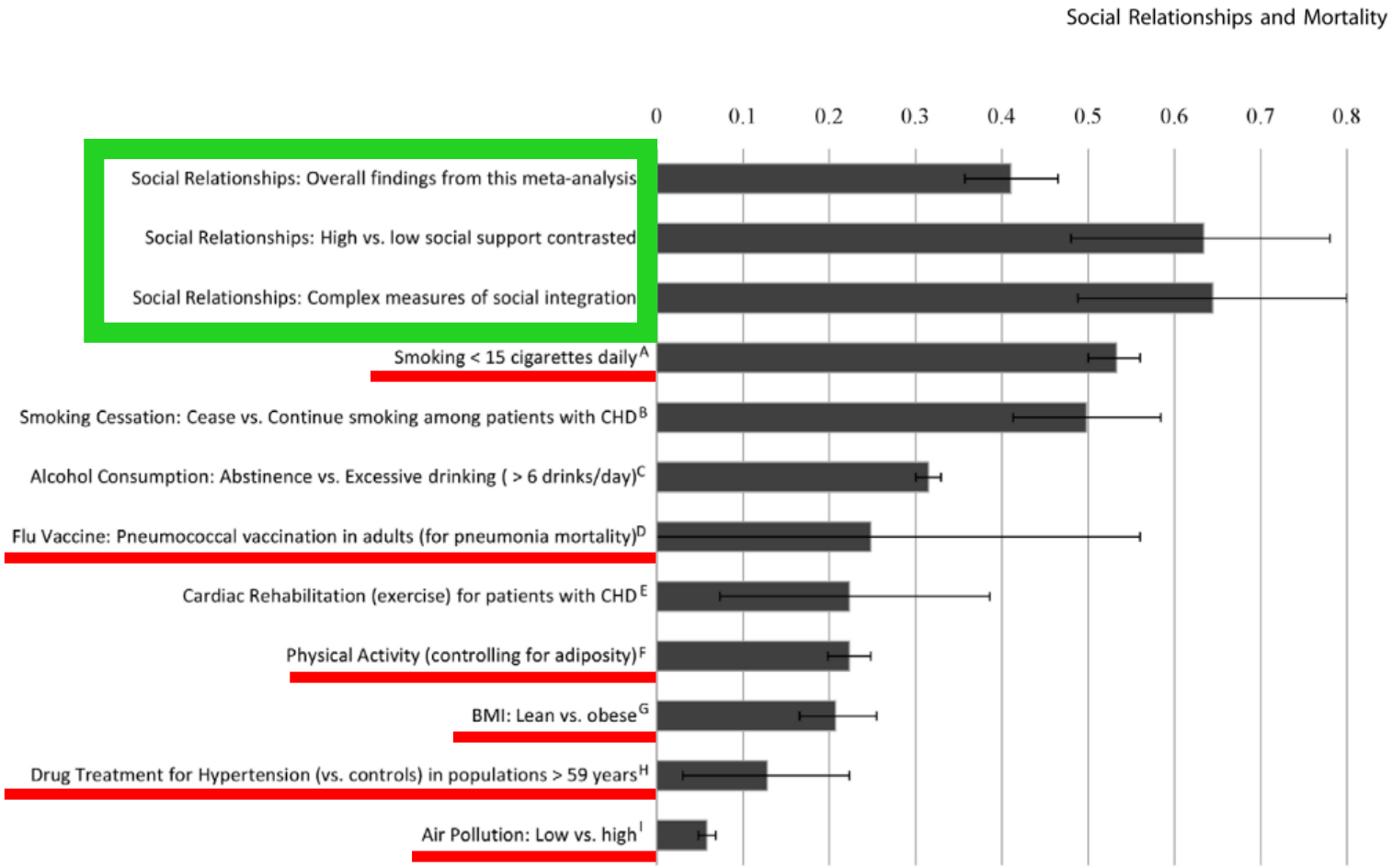


Figure 6. Comparison of odds (lnOR) of decreased mortality across several conditions associated with mortality. Note: Effect size of zero indicates no effect. The effect sizes were estimated from meta analyses: ; A = Shavelle, Paculdo, Strauss, and Kush, 2008 [205]; B = Critchley and Capewell, 2003 [206]; C = Holman, English, Milne, and Winter, 1996 [207]; D = Fine, Smith, Carson, Meffe, Sankey, Weissfeld, Detsky, and Kapoor, 1994 [208]; E = Taylor, Brown, Ebrahim, Jollife, Noorani, Rees et al., 2004 [209]; F, G = Katzmarzyk, Janssen, and Ardern, 2003 [210]; H = Insua, Sacks, Lau, Lau, Reitman, Pagano, and Chalmers, 1994 [211]; I = Schwartz, 1994 [212].
doi:10.1371/journal.pmed.1000316.g006

2010

OPEN ACCESS Freely available online

PLoS MEDICINE

Social Relationships and Mortality Risk: A Meta-analytic Review

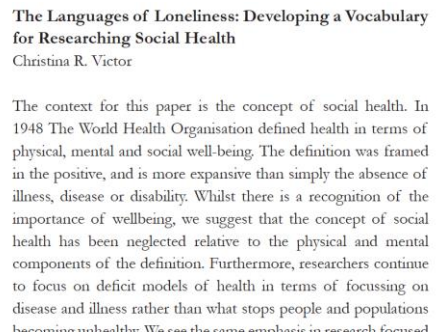
Julianne Holt-Lunstad[1]*, Timothy B. Smith[2], J. Bradley Layton[3]

1 Department of Psychology, Brigham Young University, Provo, Utah, United States of America, **2** Department of Counseling Psychology, Brigham Young University, Provo, Utah, United States of America, **3** Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States of America

¿Implicaciones en la ciudadanía?

- La soledad es una epidemia y problema de salud pública

(y social y político… o un problema social conceptualizado desde la salud)



The Languages of Loneliness: Developing a Vocabulary for Researching Social Health

Christina R. Victor

The context for this paper is the concept of social health. In 1948 The World Health Organisation defined health in terms of physical, mental and social well-being. The definition was framed in the positive, and is more expansive than simply the absence of illness, disease or disability. Whilst there is a recognition of the importance of wellbeing, we suggest that the concept of social health has been neglected relative to the physical and mental components of the definition. Furthermore, researchers continue to focus on deficit models of health in terms of focussing on disease and illness rather than what stops people and populations

Werner Schirmer and Dimitris Michailakis, **Loneliness among older people as a social problem: the perspectives of medicine, religion and economy**, Ageing & Society, 2016. 36(8), pp.1559-1579.

por lo tanto

- Tenemos que acabar con la soledad no deseada o **la que nos hace sufrir**

SALUD BIO: la neurobiología de la soledad

American College *of* Neuropsychopharmacology

ARTICLE

Neurobiology of loneliness: a systematic review

Jeffrey A. Lam[1], Emily R. Murray[2,3], Kasey E. Yu[3], Marina Ramsey[3], Tanya T. Nguyen[3,4,5], Jyoti Mishra[4],

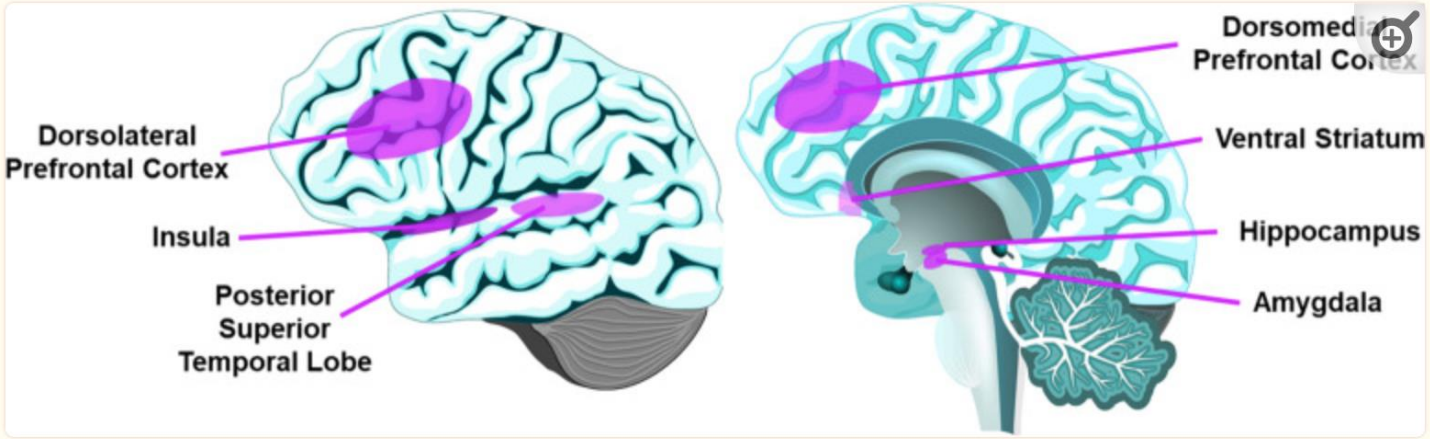


Fig. 2

Summary of the brain structures consistently implicated in loneliness.

Left panel shows the lateral view of the brain with the relevant brain regions highlighted and labeled, while the right panel shows the sagittal view of the brain regions.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8258736/pdf/41386_2021_Article_1058.pdf

Intervenciones farmacológicas en soledad

EVIDENCIA DESDE PSICOBIOLOGÍA

LONELINESS

?

WORSE HEALTH

Restructuración cognitiva para combatir la soledad como a trastorno maladaptativo

Published in final edited form as:
Perspect Psychol Sci. 2015 March ; 10(2): 238–249. doi:10.1177/1745691615570616.

Loneliness: Clinical Import and Interventions

Stephanie Cacioppo[1,2], **Angela J. Grippo**[3], **Sarah London**[2,4], **Luc Goossens**[5], and **John T. Cacioppo**[2,4]

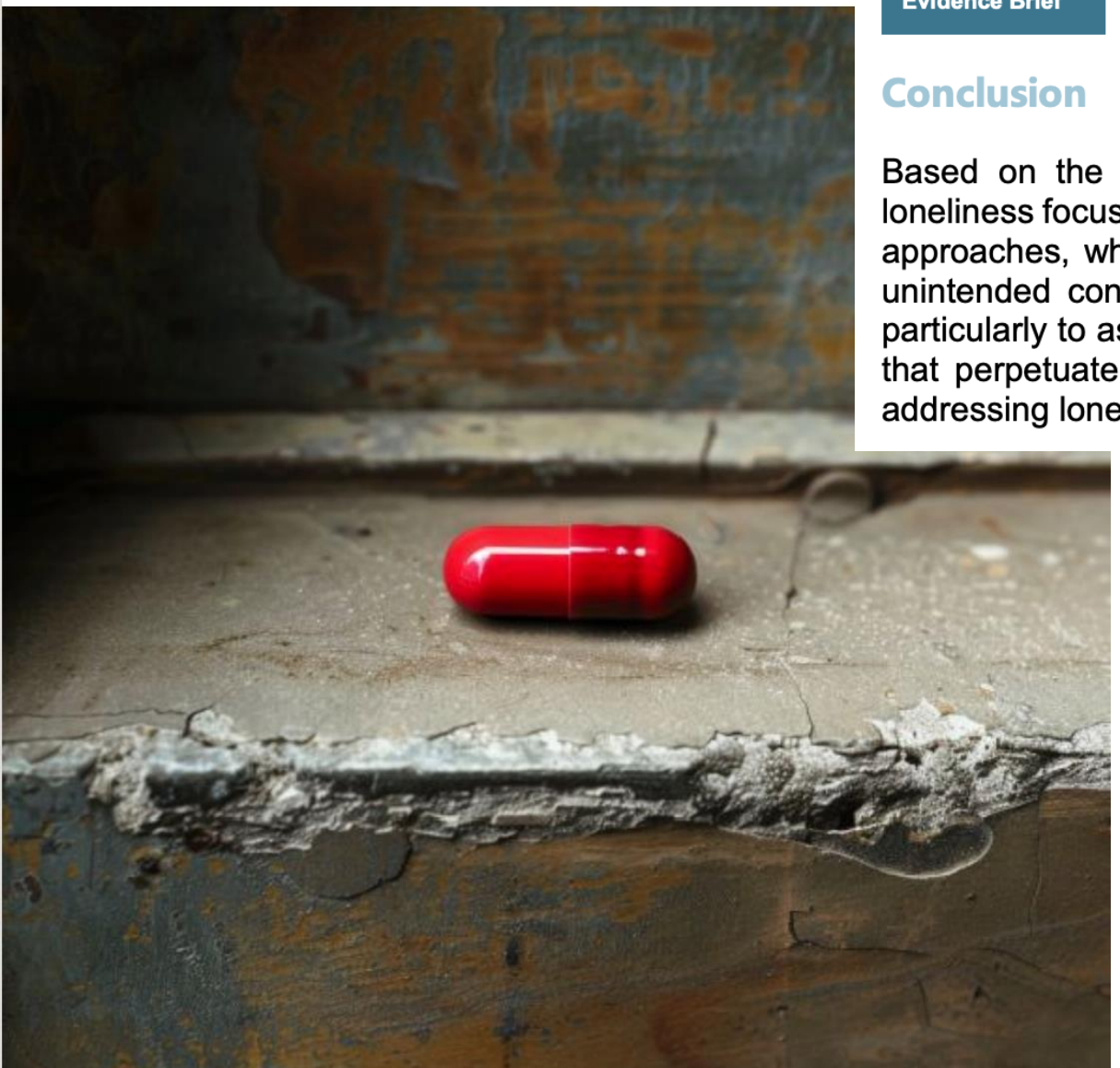
2017 impact factor 9.305

Masi, C. M. (2011)

instance, pharmacological help includes administration of: 1) antidepressants of the selective serotonin reuptake inhibitors (SSRIs) class that have a broad range of effects including (but not restricted to) improving anxiety-like behavior and fear responses (fluoxetine; Pinna, 2010); 2) neurosteroids (such as allopregnanolone, ALLO) that activate the hypothalamic pituitary adrenocortical (HPA) axis, thereby facilitate the recovery of physiological homeostasis following stressful stimuli (e.g., Evans, Sun, McGregor, & Connor, 2012; cf. S. Cacioppo, Capitanio, & Cacioppo, 2014); or 3) oxytocin, a neuropeptide.

Prof. Kiffer G. Card • 2nd
Assistant Professor at Simon Fraser University leading globally i
1d •

📣 New Evidence Brief Released: "Can Medications be Used to S
Loneliness?" 🌟



CASCH
Canadian Alliance for Social Connection and Health

GENWELL PROJECT
Human Connection Movement

Evidence Brief

Can medications be used to solve loneliness?

Conclusion

Based on the available evidence, we recommend that medical interventions to address loneliness focus on addressing immediate barriers to participation. At this time, pharmaceutical approaches, while potentially promising, lack sufficient supporting evidence and may cause unintended consequences and harms. Further research into these approaches is needed, particularly to assess whether they can be leveraged to disrupt harmful and reinforcing cycles that perpetuate loneliness. Until such evidence is ready, established clinical guidelines for addressing loneliness should be followed (See CCSMH, 2024).

Intervenciones robóticas en soledad

Are robots the solution to the crisis in older-person care?

Social robots that promise companionship and stimulation for older people and those with dementia are attracting investment, but some question their benefits.

By Tammy Worth

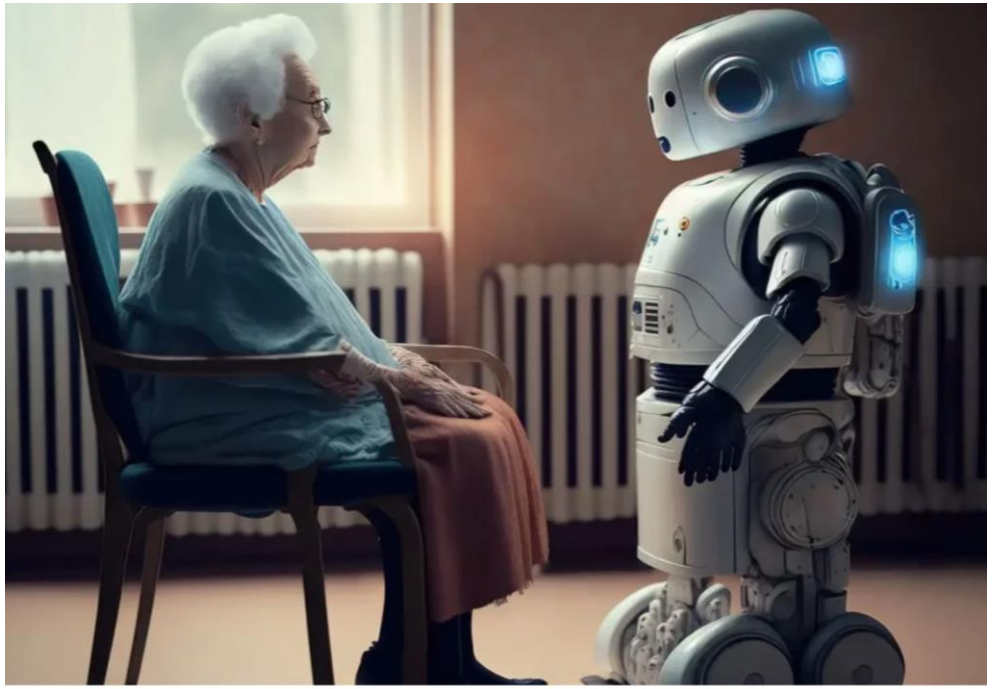
nature

“If we’re going to invest resources in elder care, I want more staff in the facility so they don’t die alone”

doi: https://doi.org/10.1038/d41586-024-01184-4

La salud como justificación …

¿para usar robots sociales?



Los robots mostrarán sus capacidades para la extinción de incendios, la distribución de ayuda, la prestación de asistencia sanitaria o la agricult

Desde la salud pública

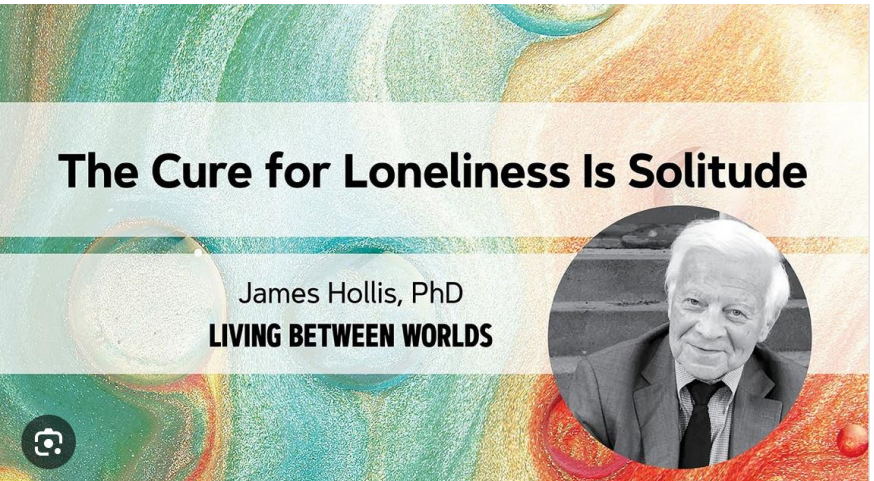
Intervenciones en soledad: ¿para qué?

Intervenciones en soledad: ¿para qué?

De la erradicación a la paliación de la soledad pasando por la prevención y el alivio.

prevenir, reducir, tratar, curar, aliviar, paliar

--> NO SON SINÓNIMOS, TIENEN GRANDES DIFERENCIAS E IMPLICACIONES CONCEPTUALES



--> en términos de salud pública sería sinónimo de *erradicarla*

Campaign to EndLoneliness

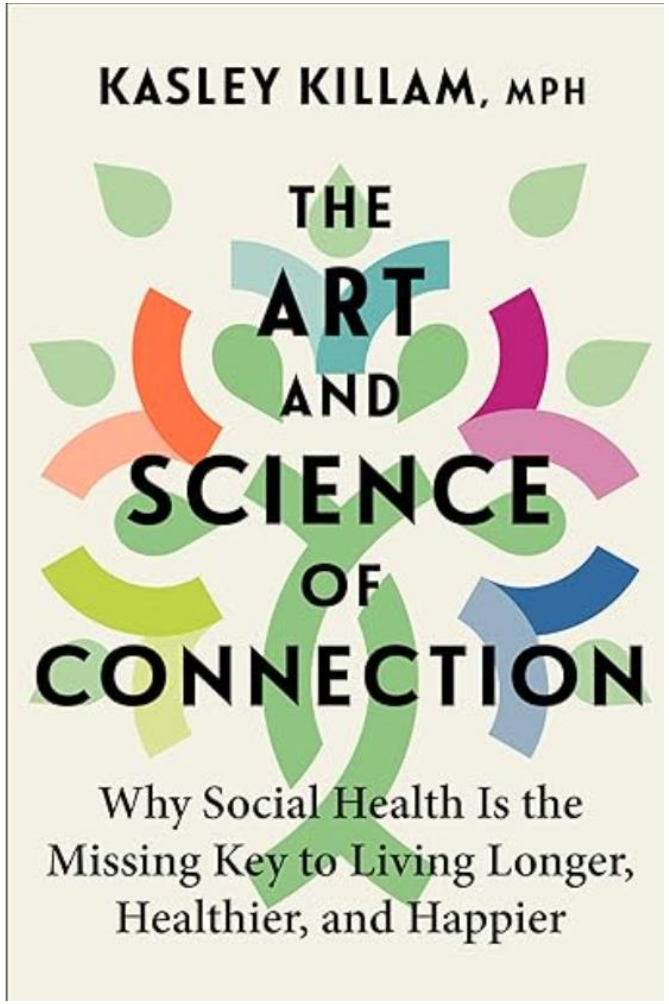
¿Por qué intervenimos en soledad?

- Prevenir los efectos negativos de la soledad en la salud
- Evitar o aliviar el sufrimiento
- Promover conexión social
- Cubrir necesidades sociales no cubiertas….
- Dar sentido a la vida
- Garantizar el derecho al acompañamiento afectivo

- **Intervenciones en soledad: ¿para qué?**

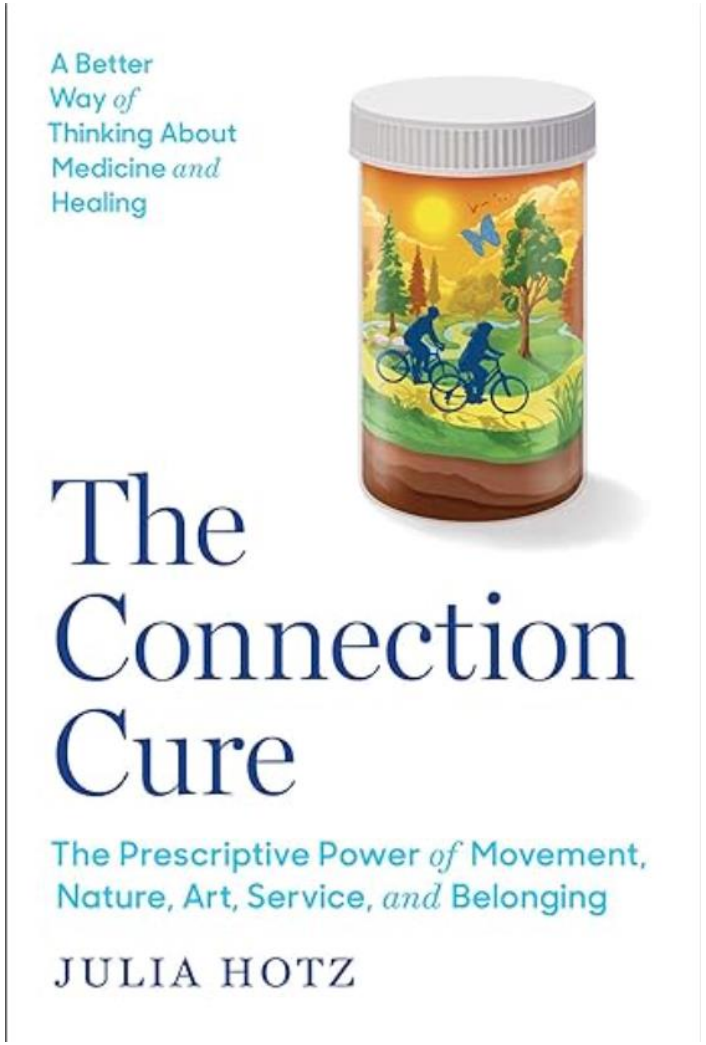
La soledad no necesita soluciones ni un combate

Salud social



- 2 SIGNIFICADOS DE SOCIAL:
  - relativo a la sociedad.
  - relativo al ámbito relacional.

- *Pendiente*



"SOCIAL Framework: The Systemic Framework of Cross-Sector Integration and Action Across the Life Span"

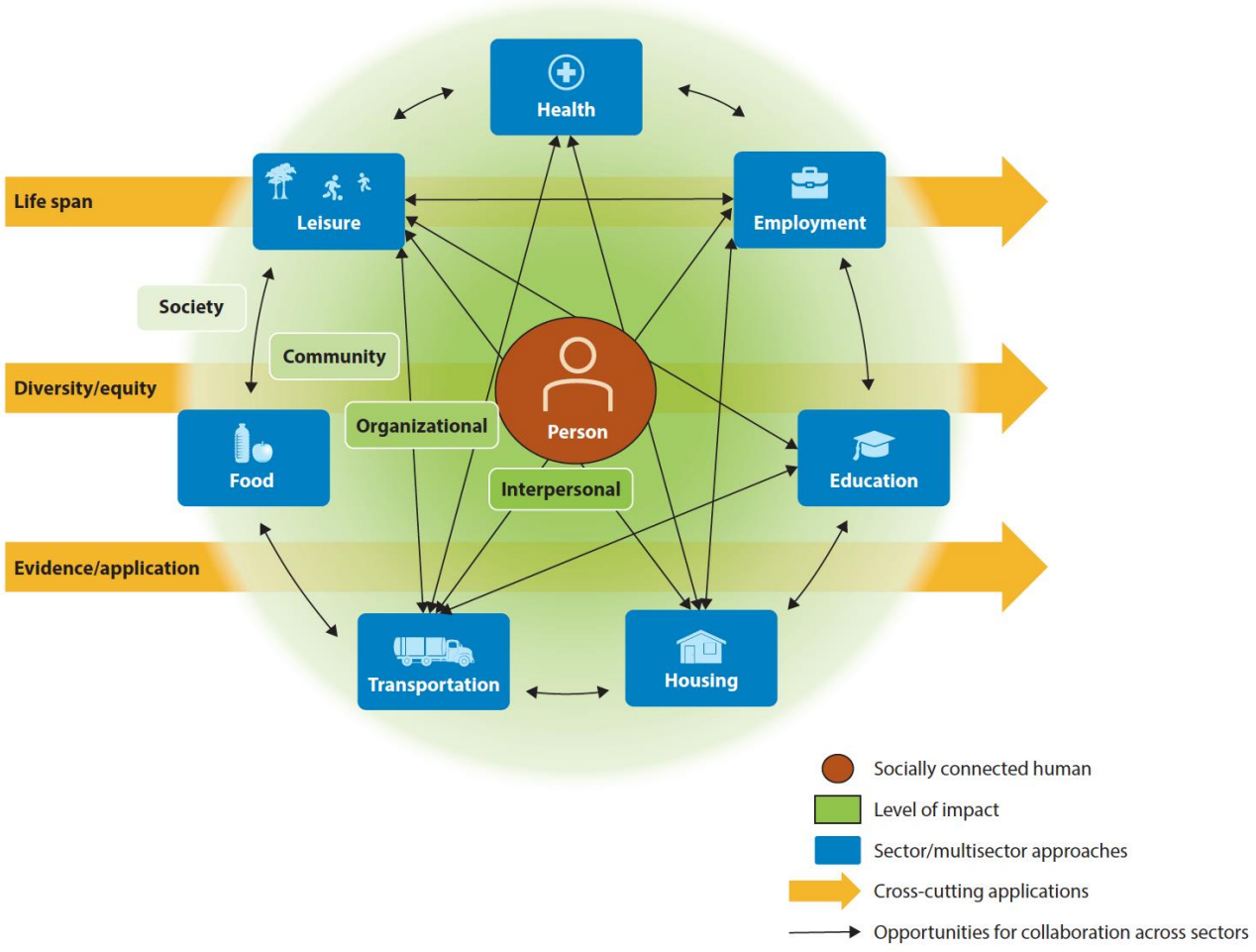


Figure 3

The **S**ystemic Framework **o**f **C**ross-Sector **I**ntegration and **A**ction Across the **L**ife Span (SOCIAL) is a conceptual model that combines and extends traditional public health models to more holistically guide public health.

Annual Review of Public Health

Social Connection as a Public Health Issue: The Evidence and a Systemic Framework for Prioritizing the "Social" in Social Determinants of Health

Julianne Holt-Lunstad

Department of Psychology, Brigham Young University, Provo, Utah, USA;
email: julianne_holt-lunstad@byu.edu

Annu. Rev. Public Health
2022. 43:193–213

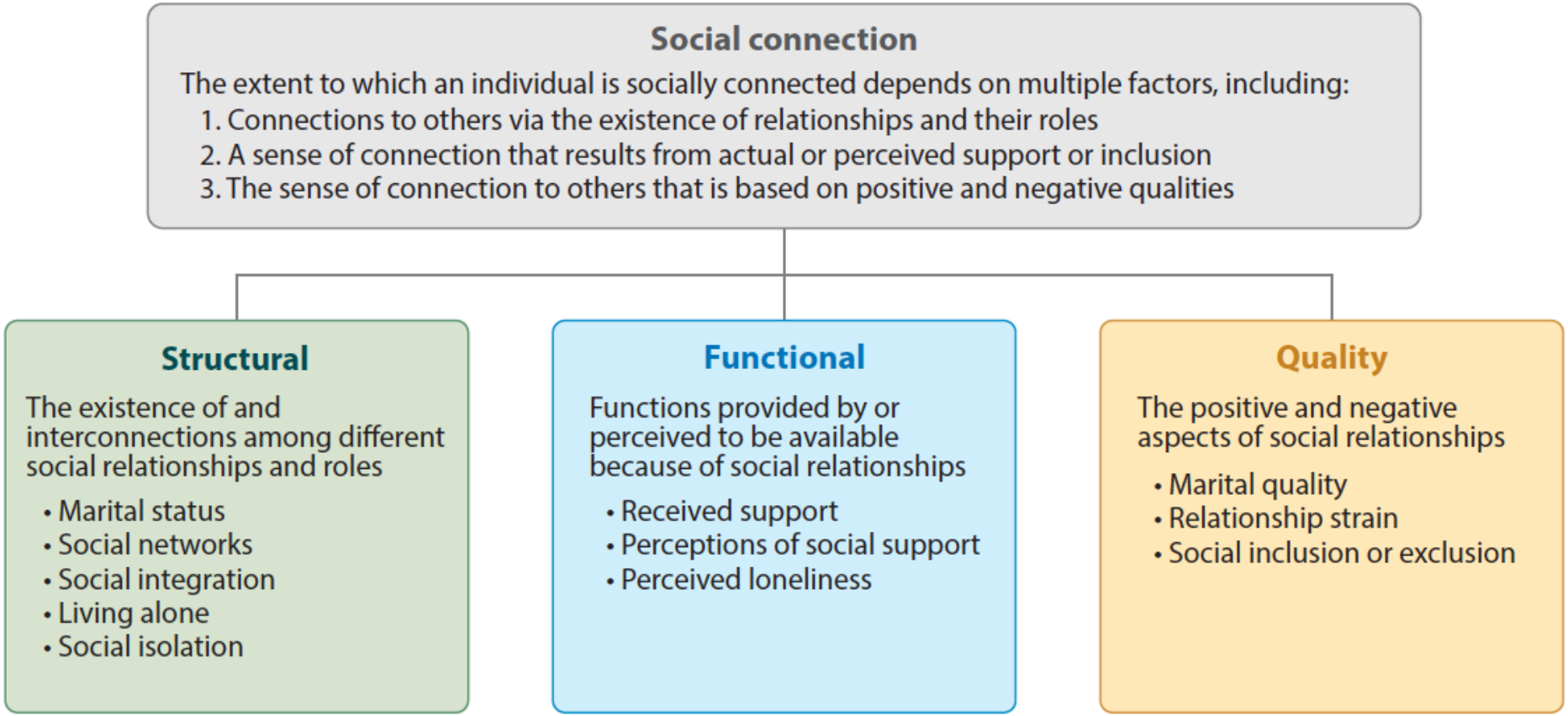
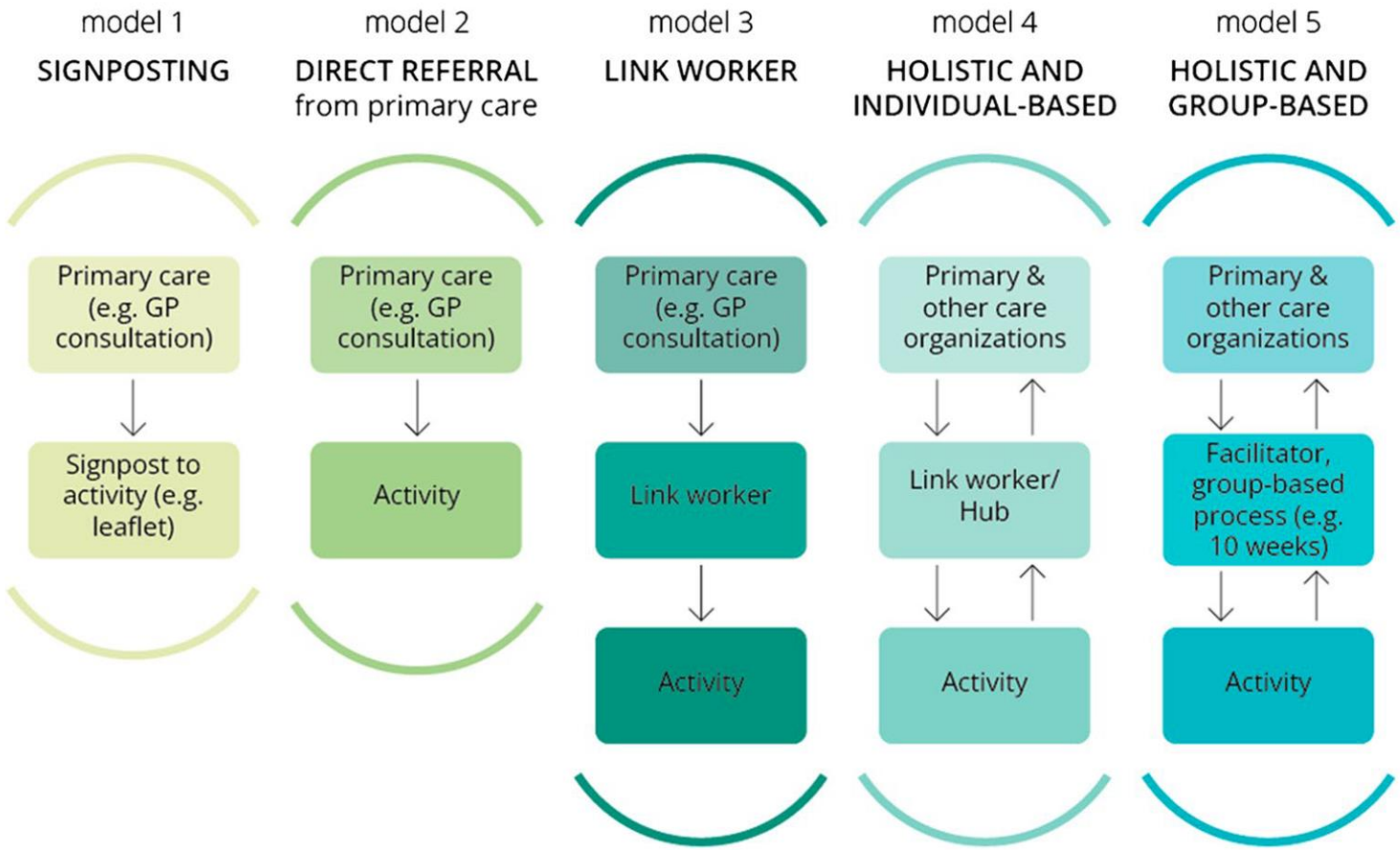


Figure 1

Conceptual model of social connection as a continuous multifactorial construct based on cumulative evidence across disciplines. Figure reprinted from Reference 37.

PRESCRIPCIÓN SOCIAL

Diferentes estrategias para vincular las personas con actividades de su entorno para generar bienestar



https://pubmed.ncbi.nlm.nih.gov/38087048/

Litt JS, Coll-Planas L, Sachs AL, Masó Aguado M, Howarth M. Current Trends and Future Directions in Urban Social Prescribing. Curr Environ Health Rep. 2023 Dec;10(4):383-393. doi: 10.1007/s40572-023-00419-2. Epub 2023 Dec 13. PMID: 38087048.

MEMBER OF THE:

Urban Health

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement

https://www.recetasproject.eu/

Principal idea del proyecto europeo H2020 RECETAS:

Si...

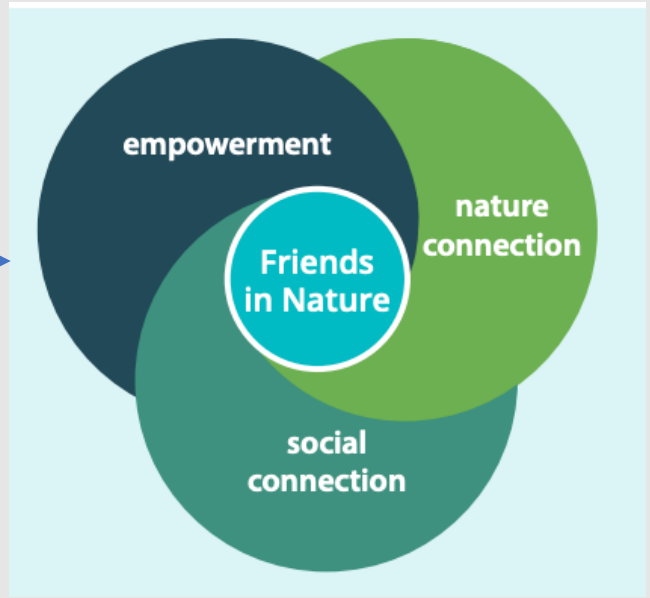
FRIENDS IN NATURE

Circle of Friends® methodology modified/ adapted to:

- other populations
- cultural contexts

+

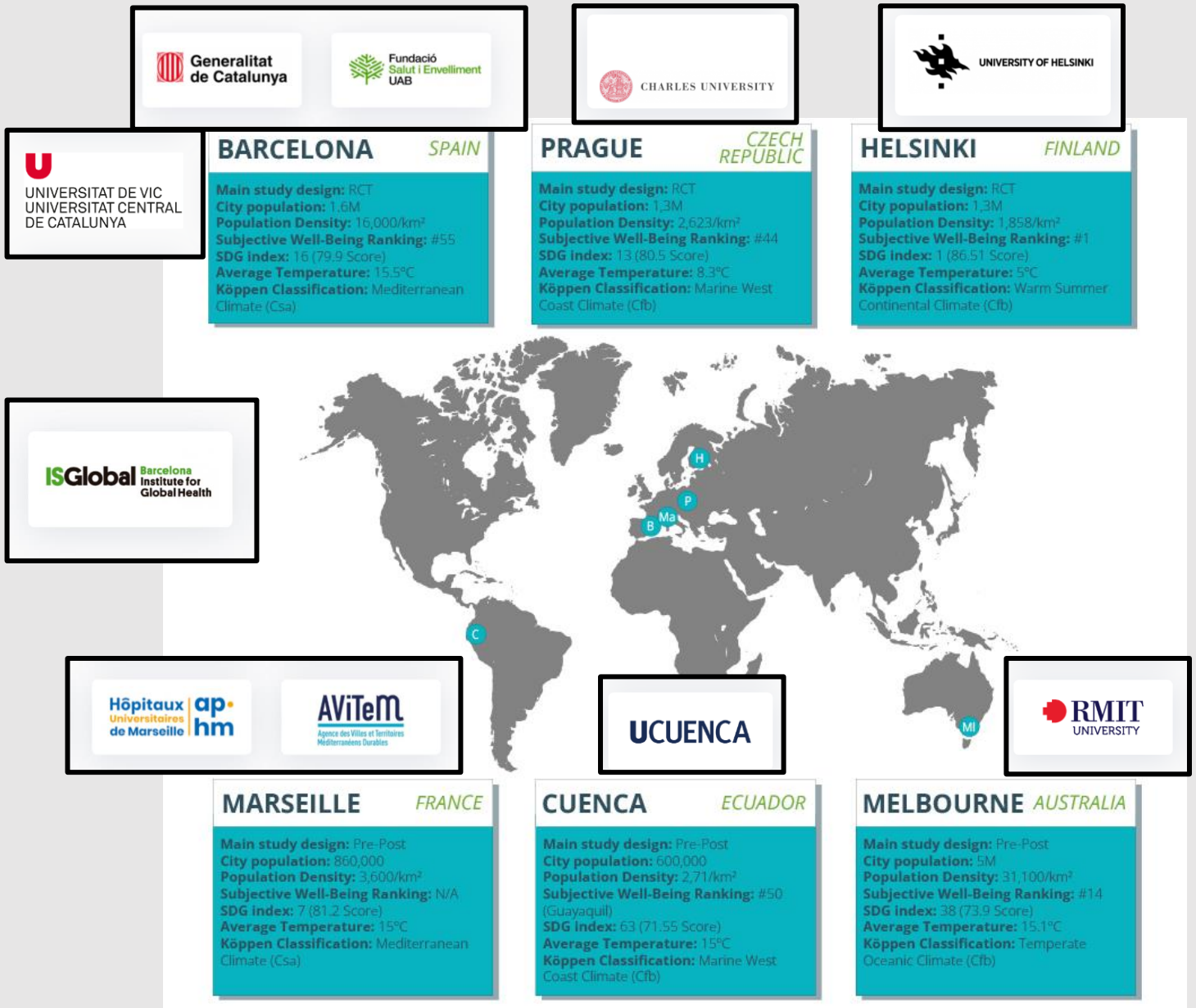
Focused on nature-based activities



... alivia la soledad y mejora la calidad de vida

Implementación y evaluación en 6 países

- **Estudios diferentes pero relacionados**
- **Distintas poblaciones, todas vulnerables que sufren soledad**
- **Misma intervención, mismas medidas de resultado y de proceso**



Coll-Planas *et al. BMC Public Health* (2024) 24:172
https://doi.org/10.1186/s12889-023-17547-x

BMC Public Health

STUDY PROTOCOL **Open Access**

Nature-based social interventions to address loneliness among vulnerable populations: a common study protocol for three related randomized controlled trials in Barcelona, Helsinki, and Prague within the RECETAS European project

Laura Coll-Planas[1], Aina Carbó-Cardeña[1], Anu Jansson[2], Vladimira Dostálová[4], Alzbeta Bartova[4], Laura Rautiainen[2], Annika Kolster[2,12], Montse Masó-Aguado[1], Laia Briones-Buixassa[5], Sergi Blancafort-Alias[6], Marta Roqué-Figuls[6], Ashby Lavelle Sachs[7,8,9], Cristina Casajuana[10], Uwe Siebert[11,13,14], Ursula Rochau[11], Sibylle Puntscher[11], Iva Holmerová[4], Kaisu H. Pitkala[2,3] and Jill S. Litt[6,7,8*]

DINÀMICA

Cerrad los ojos…

No te despierta nadie por la mañana, nadie te espera por la noche, puedes hacer lo que quieras.

¿Cómo te sientes?

Age and Ageing 2023; **52:** 1–10
https://doi.org/10.1093/ageing/afad033

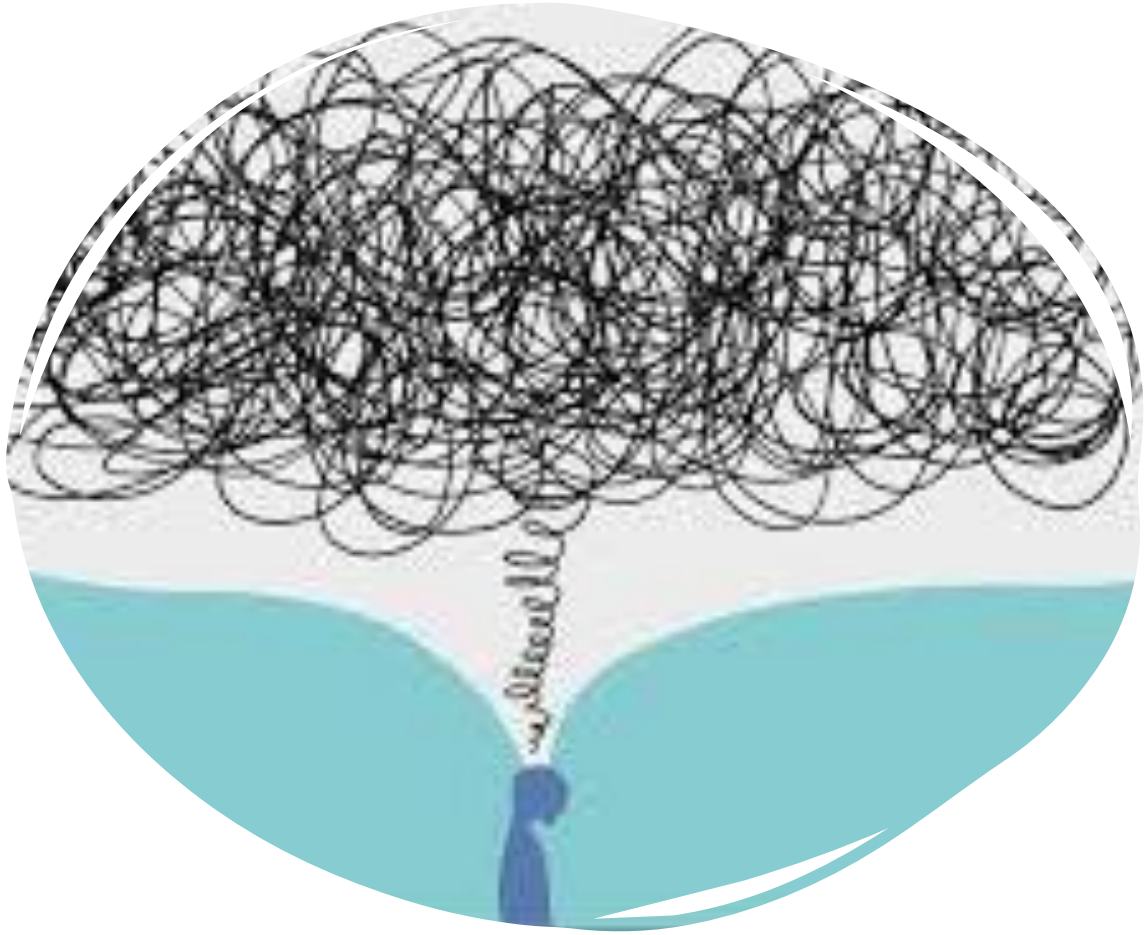
QUALITATIVE PAPER

Freedom and loneliness: dementia caregiver experiences of the nursing home transition

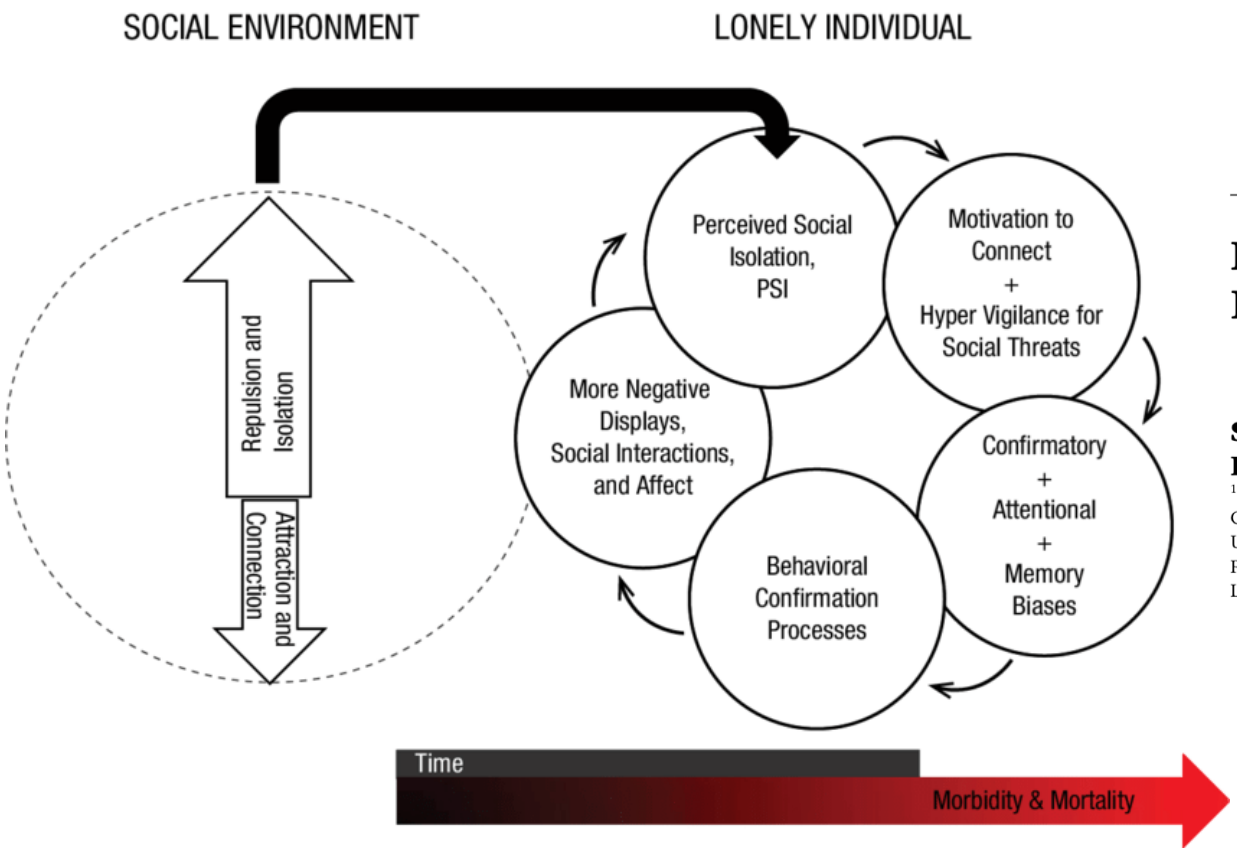
Eimile Holton[1], Neasa Bernadette Boyle[1], Rachel Simons[2], Austin Warters[3], Laura O'Philbin[4], Brian Lawlor[5], Matthew Gibb[6], Roger O'Sullivan[7], Maria Pertl[8], Kevin Quaid[9], Ruth Forrest[9], Joanna McHugh Power[1]

La soledad se da en un contexto
--> *naturaleza situacional*
La soledad puede aparecer en situaciones ambivalentes


el reto de identificar las personas en (riesgo de) soledad



Algunas APORTACIONES desde la PSICOLOGÍA



aps ASSOCIATION FOR PSYCHOLOGICAL SCIENCE

Perspectives on Psychological Science
2015, Vol. 10(2) 238–249

DOI: 10.1177/1745691615570616
pps.sagepub.com
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Loneliness: Clinical Import and Interventions

Stephanie Cacioppo[1,2], Angela J. Grippo[3], Sarah London[2,4], Luc Goossens[5], and John T. Cacioppo[2,4]

[1]Department of Psychiatry and Behavioral Neuroscience, Division of Biological Sciences, University of Chicago Pritzker School of Medicine; [2]HPEN Laboratory, Center for Cognitive and Social Neuroscience, University of Chicago; [3]Department of Psychology, Northern Illinois University; [4]Department of Psychology, University of Chicago; and [5]School Psychology and Child and Adolescent Development, KU Leuven – University of Leuven

Hawkley, L.C.; Cacioppo, J.T. Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms. *Ann. Behav. Med.* **2010**, *40*, 218–27, doi:10.1007/s12160-010-9210-8.

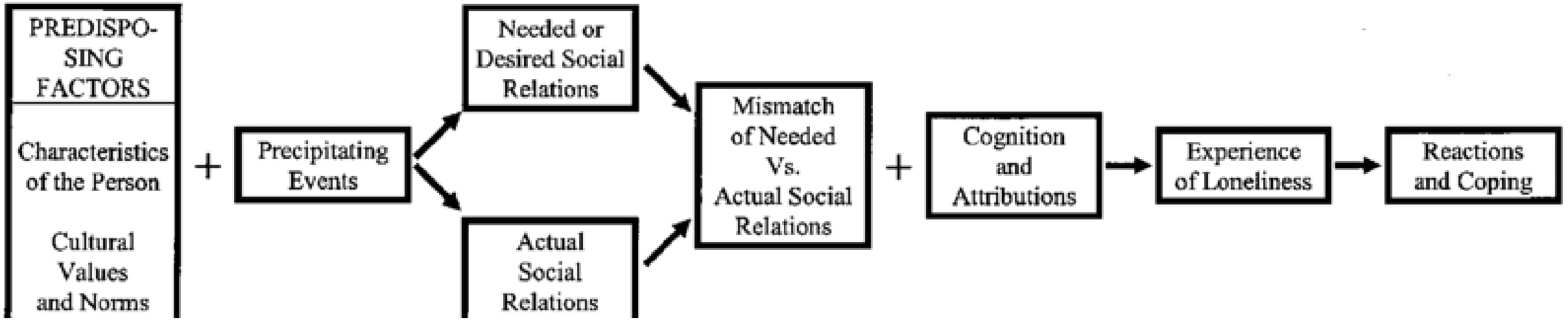
participants were released from it at least during the programme. Indeed, social relationships and participation seemed to create a positive self-reinforcing loop; opening participants up to others and to new experiences, relativizing their situations and encouraging them to get out of an introspective state, and thus involving more social relationships, and more participation that brought more meaning to their life. Accordingly, the empowerment process observed confirms the suitability of the empowerment model informing a successful design of the intervention.

Coll-Planas L, Rodríguez-Arjona D, Pons-Vigués M, Nyqvist F, Puig T, Monteserín R. "Not Alone in Loneliness": A Qualitative Evaluation of a Program Promoting Social Capital among Lonely Older People in Primary Health Care. Int J Environ Res Public Health. 2021 May 23;18(11):5580. doi: 10.3390/ijerph18115580. PMID: 34071146; PMCID: PMC8197143.

Volviendo a la definición de soledad

- ***Discrepancia*** entre las necesidades sociales y su disponibilidad en el entorno de la persona.

Peplau and Perlman's discrepancy model of loneliness:



European and Canadian Studies of Loneliness among Seniors, February 2004
Canadian journal on aging = La revue canadienne du vieillissement 23(2):181-8. DOI:10.1353/cja.2004.0025

Expectativas relacionales de las personas mayores

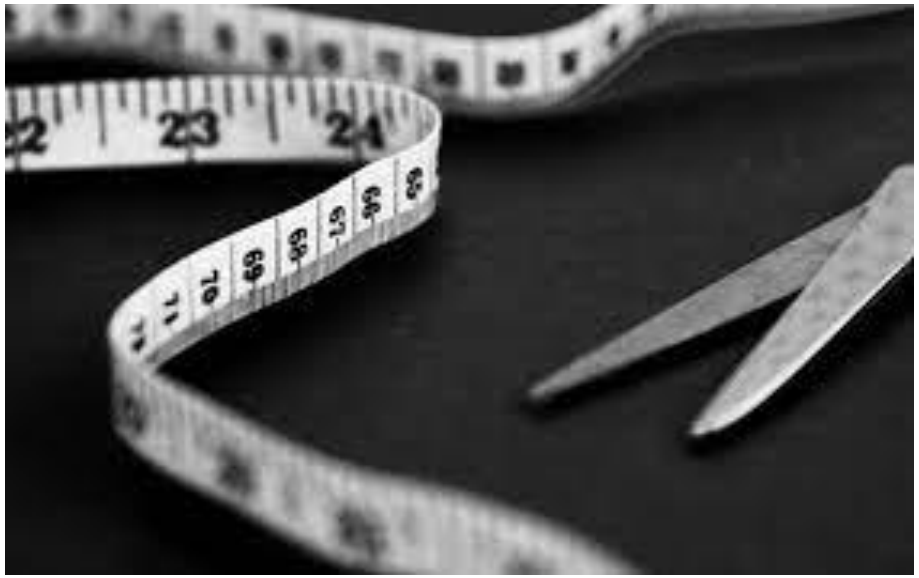
DIMENSIÓN SOCIAL DE LA SOLEDAD

DIMENSIÓN EMOCIONAL DE LA SOLEDAD

Fuente. Akhter-Khan, S. C., (2023). Understanding and Addressing Older Adults' Loneliness: The Social Relationship Expectations Framework. *Perspectives on Psychological Science*, *18*(4), 762-777.

¿Por qué las intervenciones en soledad no funcionan?

"One size fits all" no sirve.
Debemos *customizar* las intervenciones a las necesidades individuales específicas.



Akhter-Khan SC, Au R. Why Loneliness Interventions Are Unsuccessful: A Call for Precision Health. Adv Geriatr Med Res. 2020;2(3):e200016. doi: 10.20900/agmr20200016. Epub 2020 Jun 17. PMID: 36037052; PMCID: PMC9410567.

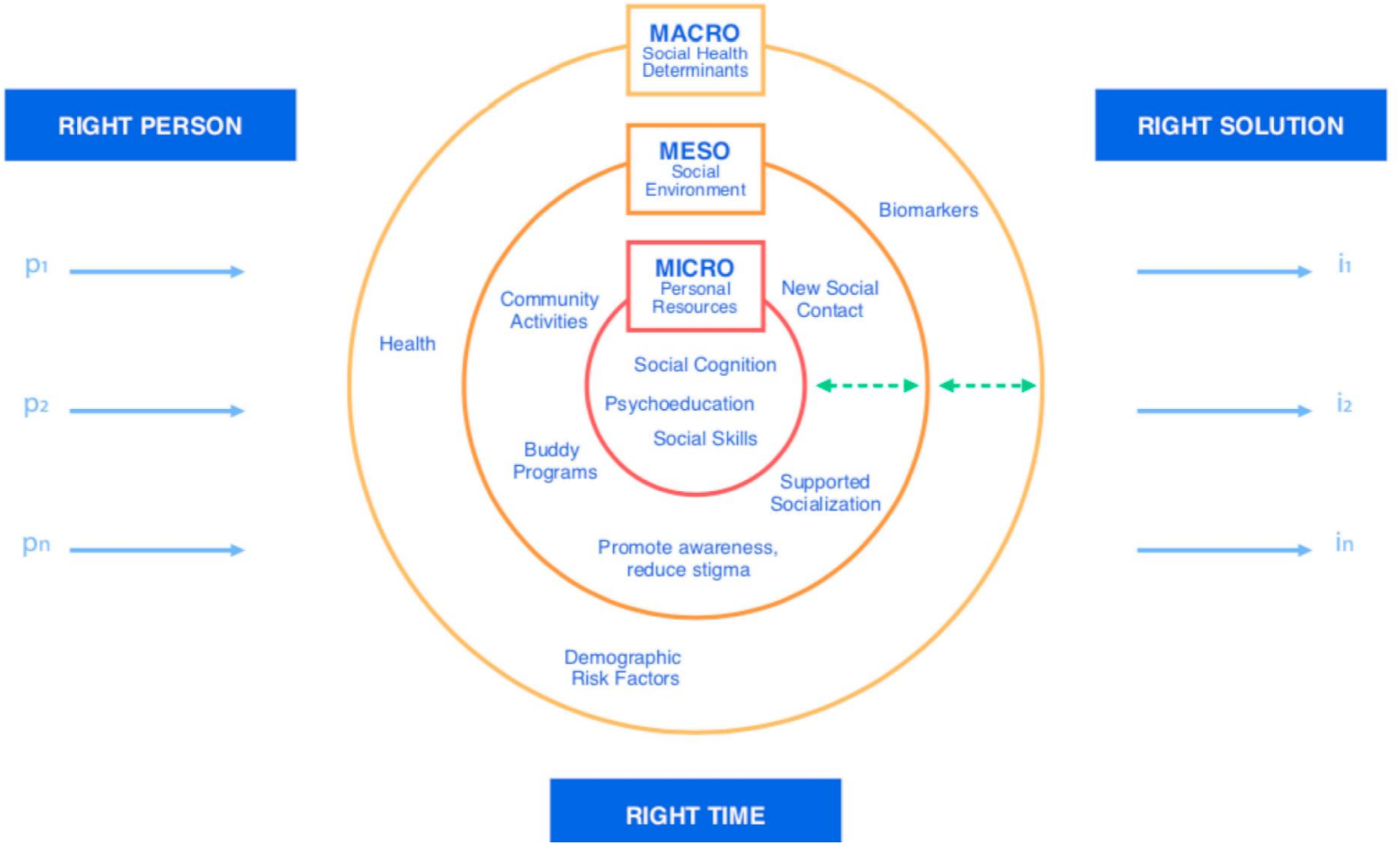


Figure 2. Precision Health Interventions for Loneliness. Interventions (i_1, i_2, i_n) need to be tailored to individuals' (p_1, p_2, p_n) needs and situation. Individuals' needs can relate to their personal resources (micro level), their social environment (meso level), and other interconnected factors, which are indirectly associated with loneliness (macro level). Indeed, interventions can be integrated to address needs on all three levels. Green arrows indicate that all levels influence each other, thus, are not distinct.

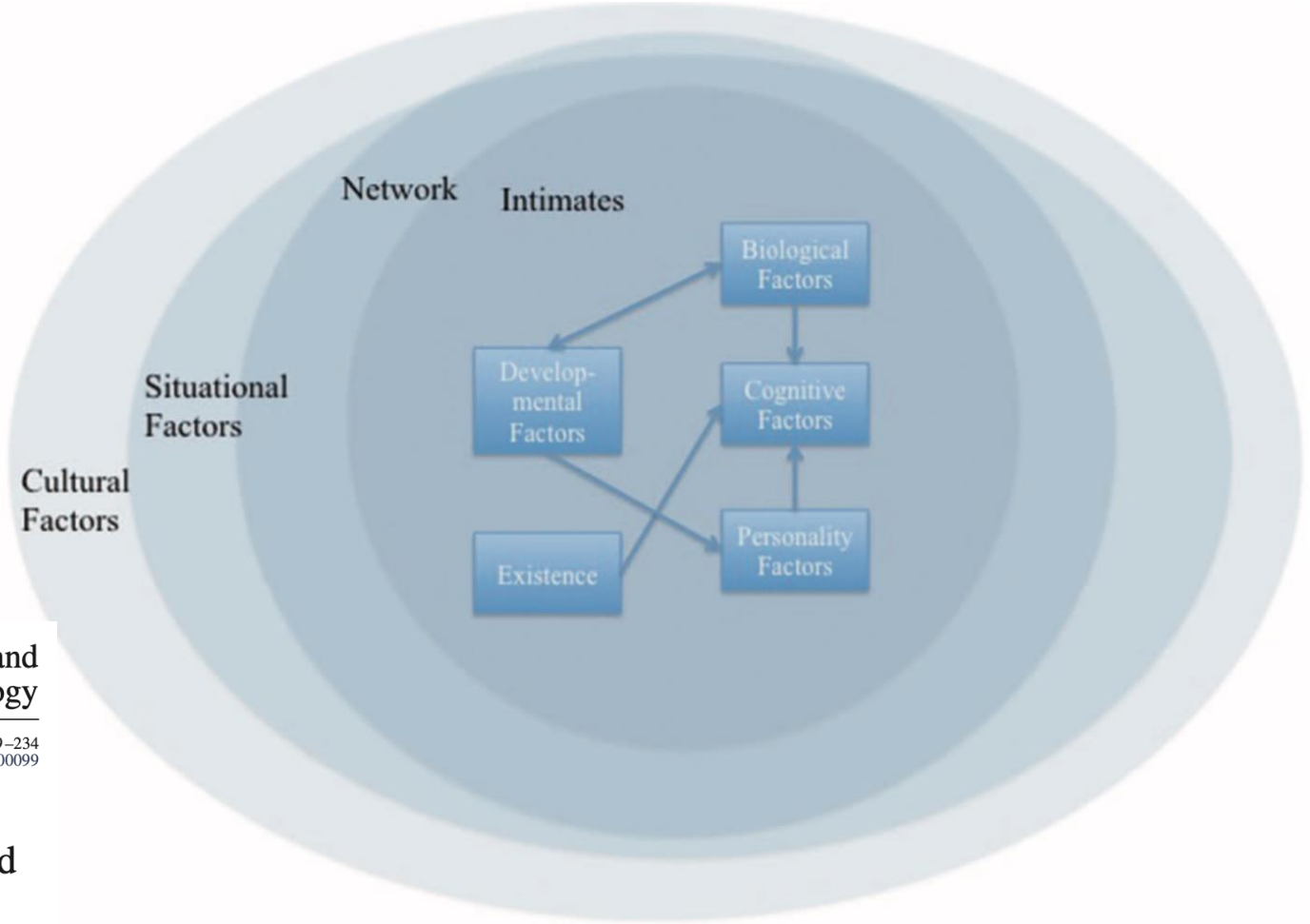
Akhter-Khan SC, Au R. Why Loneliness Interventions Are Unsuccessful: A Call for Precision Health. Adv Geriatr Med Res. 2020;2(3):e200016. doi: 10.20900/agmr20200016. Epub 2020 Jun 17. PMID: 36037052; PMCID: PMC9410567.

Riesgos compartidos

- Medicalización
  de los malestares
- Psicologización
  (sobreinterpretación psicológica al explicar hechos humanos individuales o sociales)

Mensaje final…

La soledad como un fenómeno **psicológico individual, social colectivo/comunitario**



American Psychological Association
THEORETICAL & PHILOSOPHICAL PSYCHOLOGY
Journal of Theoretical and Philosophical Psychology

1068-8471/18/$12.00

2018, Vol. 38, No. 4, 219–234
http://dx.doi.org/10.1037/teo0000099

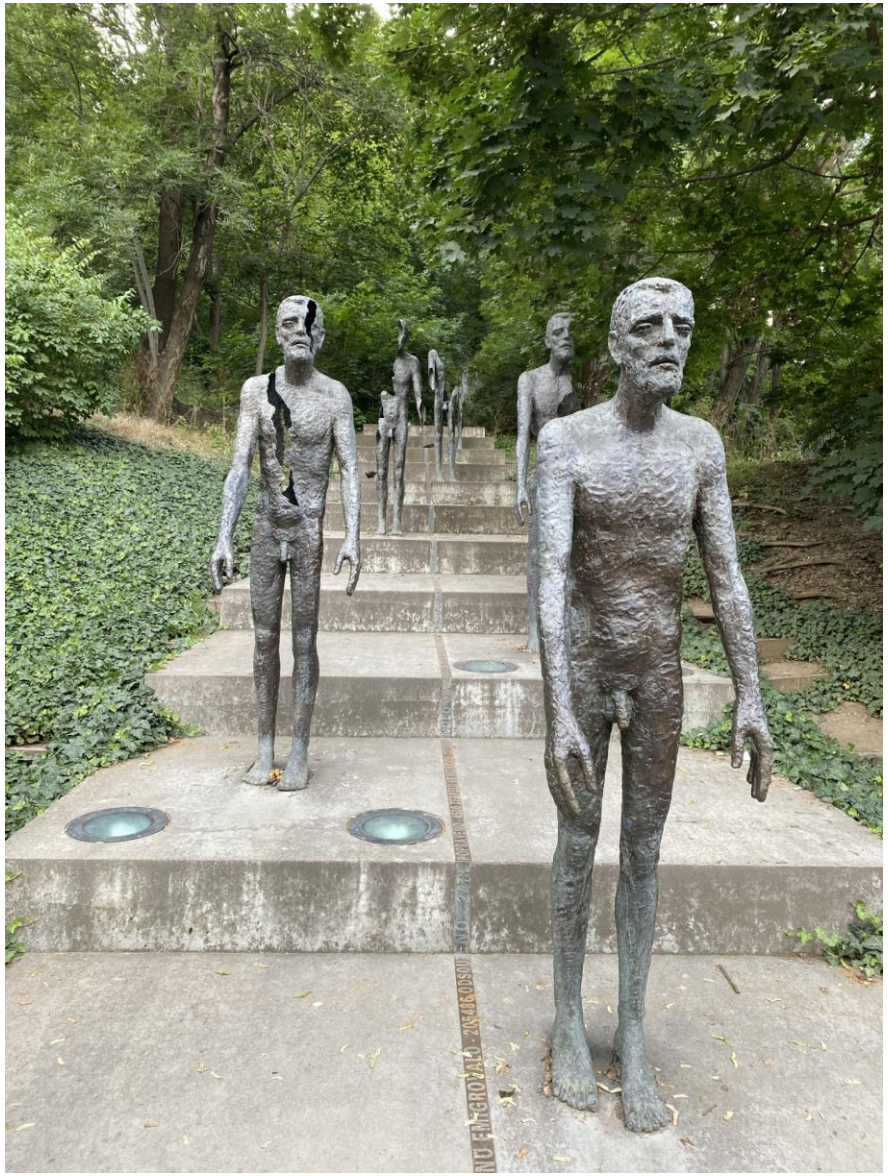
Conceptualizing Loneliness in Health Research: Philosophical and Psychological Ways Forward

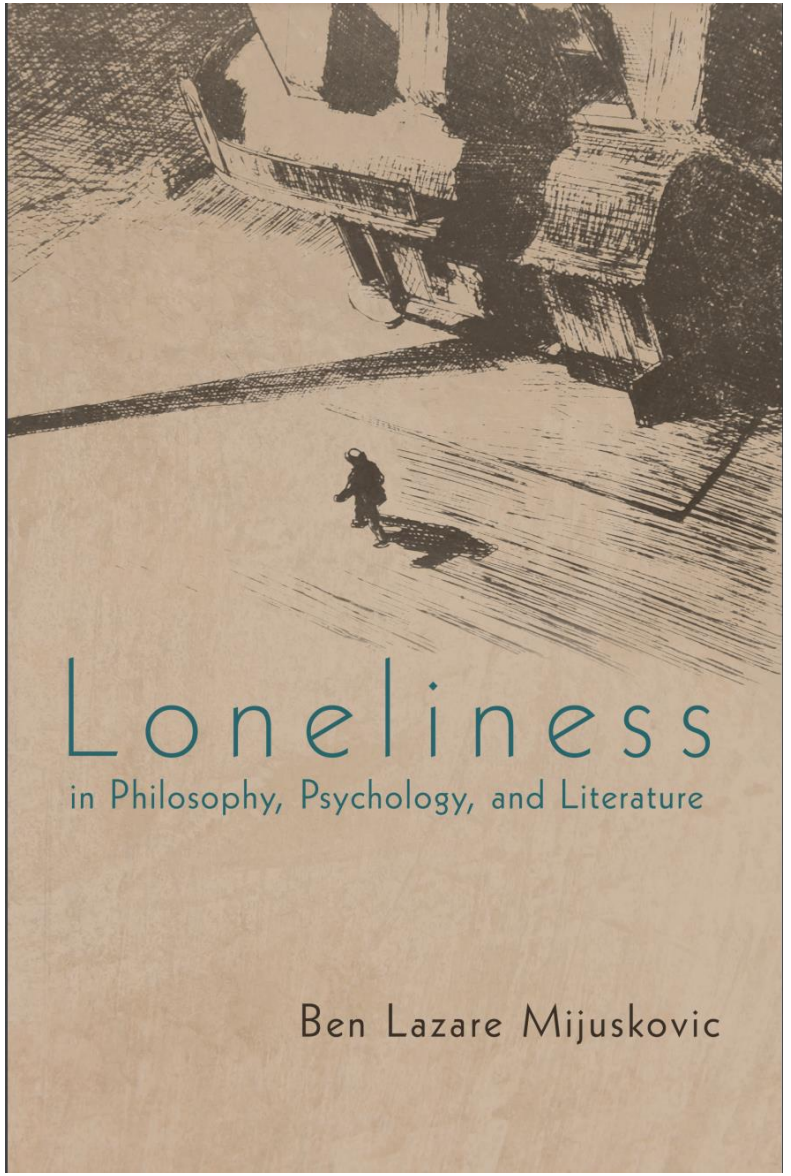
Joanna E. McHugh Power
National College of Ireland; Queen's University Belfast; and Trinity College Dublin

Luna Dolezal
University of Exeter

Los sombreros...

¿interdisciplinariedades imposibles?




Loneliness
in Philosophy, Psychology, and Literature
Ben Lazare Mijuskovic

Si la soledad fuera una música

¿cómo la podríamos bailar mejor?

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Posgrado en Soledad, Relaciones y vida plena

Especialización académica avanzada en el conocimiento e intervención para acompañar a personas mayores en situación de soledad

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