
4. THE IMPACT OF LONELINESS ON PEOPLE'S HEALTH AND WELL-BEING

INTRODUCTION

Loneliness and health are closely linked. As pointed out by Laura Coll in the video *L'impacte de la soledat en la salut i benestar de les persones*, they are part of a vicious circle: loneliness damages health, and poor health fosters or facilitates the emergence of loneliness. In addition, as seen in the section 'Loneliness risk factors', there are a series of loneliness risk factors associated with both physical and mental health.

In a study carried out in 2009 based on an analysis of 8,787 records of people over the age of 65 in the SHARE (Survey of Health Ageing and Retirement in Europe) database, some health and sociodemographic variables were compared. When health variables were cross-referenced with household composition, researchers observed the highest prevalence of loneliness among those who lived alone and were in poor health, followed by those who lived alone and were in good health. In third place were those who were in poor health and lived with someone else, while in last place were those who live with others and reported good health (Sundström et al., 2019). Health condition and self-perceived health are indicators that are used quite widely in loneliness research.

Similarly, social relationships can also be viewed as a protective factor for our health, and therefore a source of well-being and quality of life. According to Holt-Lunstad et al. (2010), social relationships are described through three concepts:

- **Social network**, meaning the structural element of social relationships.
- **Social support**, meaning the transaction process through which our relationships provide us with a space for exchange.
- **Social participation**, linked to the frequency and quality of the activities we carry out.

In this section, we will examine a series of studies and research pieces that will help us to understand the link between loneliness and health, as well as the link between satisfactory relationships, social support and/or social participation, and quality of life, well-being and good health.

THE IMPACT OF LONELINESS ON PEOPLE'S HEALTH

In economic terms, loneliness is associated with increased social and health costs. In the health sphere, it is directly linked to increased use of both primary care and hospital resources. For many, loneliness has negative effects on the body, and many studies have demonstrated a correlation between loneliness and chronic illness.

- **Physical health:** loneliness increases systolic blood pressure (Hawkley; Massi et al., 2010), accentuates obesity (Lauder et al. 2006), exacerbates motor decline (Buchman et al., 2010), damages vascular function (Cacioppo; Hawkley; Crawford *et al.*, 2002), increases the probability of suffering a stroke (Cacioppo, 2014), increases alterations in the immune system (Pressman *et al.*, 2005), and fuels a reduction in physical activity and functional capacity (Shiovitz-Ezra; Ayalon, 2010).
- **Mental health:** loneliness increases the prevalence of painful emotions, fosters sleep problems (Cacioppo; Hawkley; Berntson et al., 2002), predicts symptoms of depression (Cacioppo et al., 2006; Holwerda *et al.*, 2012), damages cognitive function and increases the risk of getting Alzheimer's (Wilson et al., 2007), exacerbates mental health problems (Tylova et al., 2013), and raises mortality rates (Steptoe et al., 2013; Luo et al., 2012).



A lack of social integration brings with it a risk of mortality comparable to smoking and a higher risk than physical inactivity.

In fact, as Laura Coll reflected in her article on the relationship between health and loneliness,⁹ a lack of social integration carries with it a risk of mortality similar to that of smoking and higher than that of a sedentary lifestyle. Many

authors believe that loneliness acts as a health risk similar to other, more traditional or well-known risk factors, such as obesity (Holt-Lunstad et al., 2010).

According to the neurologist and professor at Harvard University Álvaro Pascual Leone, experiencing loneliness has a similar effect on health to smoking fifteen cigarettes per day. In his book *El cerebro que cura*, he explains how loneliness can be considered a lethal disease. Specifically, he describes how there is a direct relationship between the brain and the body and how important it is to look after your body in order for your brain to work properly, and vice versa. In other words, having a brain that is healthy and works well helps us to maintain good health. One of the reasons behind this is the fact that, through a series of mechanisms, the brain monitors the state of the body: this is what we call *interoception*, meaning our perception of our internal world. In addition, the brain is connected to all the other organs and can therefore make them work better or worse or modify how they work. This process takes place through internal mechanisms that can trigger a series of illnesses. Therefore, when someone has anxiety or depression, they suffer from more abdominal problems and intestinal discomfort and are more likely to get a peptic ulcer, among other issues. All in all, a brain that is working well promotes good physical health. This also explains how feeling lonely can have a significant impact on all

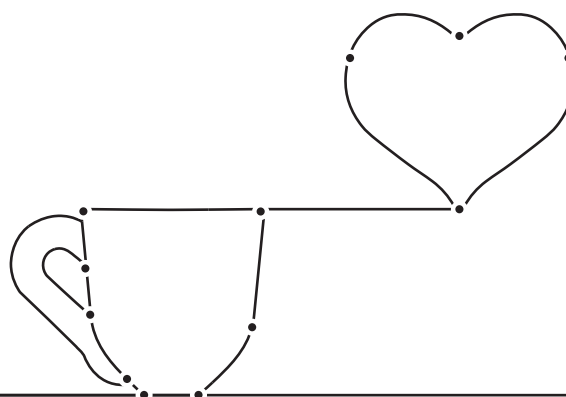
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these internal mechanisms and procedures, so that if we follow a routine to keep our brain and body working well – like eating healthily, sleeping enough, doing exercise, etc. – but we feel lonely, the impact of these actions on our body will be influenced by the feeling of loneliness. Therefore, as well as having a negative impact on our health, loneliness can intervene and reduce the positive impact other actions

could have on our health.

This being said, some authors (Birditt et al., 2018) have observed that the negative impact caused by loneliness to our body is not as significant as the negative impact of maintaining conflictive social relationships. In this study, people with more conflictive social networks benefited from loneliness as this negative effect was diminished, in comparison to people with less conflictive social networks (Yanguas et al., 2018).

9. Laura Coll Planas reflexiona sobre soledat, relacions socials i salut (2021) https://ajuntament.barcelona.cat/dretsocials/ca/barcelona-contra-la-soledat/noticies-soledat/laura-coll-planas-reflexiona-sobre-soledat-relacions-socials-i-salut_1085479



RELATIONSHIPS, SOCIAL SUPPORT AND PARTICIPATION AS PROTECTIVE FACTORS FOR HEALTH

A. RELATIONSHIPS AS A PROTECTIVE FACTOR FOR HEALTH

Few studies have enabled us to identify elements with an impact on quality of life from a longitudinal perspective. One that has done so began in 1938 at Harvard University. *The Study of Adult Development*¹⁰ began by monitoring 724 adolescent boys' lives. More than 80 years later, the life of some of these men and their families are still being studied. One of the main conclusions drawn so far is precisely that **satisfactory relationships make us happier and improve our health.**

The study has also delved deeper into relationships and confirmed that **social connections are good for us**, and that loneliness kills. People with the most social connections during life – whether family members, friends or people in the community – are happier, stay healthier and live longer. Meanwhile, people who are lonely, meaning people with fewer connections than they would like, are less happy, their health declines in adulthood, their brain function deteriorates more quickly, and they do not live as long as people who do not feel lonely (Waldinger, 2015).

Satisfactory relationships make people happier and improve their health

Another key finding was the importance of the **more emotional dimension of loneliness and its link to health.** In other words, the quality of relationships and the existence or absence of relationships characterised by secure attachment also impact our health. For example, marriages or relationships with a lot of conflict and little affection have a worse impact on our health than separation. In fact, one of the conclusions drawn from the study is that **quality relationships characterised by secure attachment are predictors of good health.** Indeed, the people who expressed the most satisfaction with their relationships during adulthood (around age 50) were those who were in the best health during old age.

Quality relationships characterised by secure attachment also protect against illness or possible suffering during ageing. The people who express that they are in safe, protective relationships report less physical pain when they are ill or hurt than people without relationships with secure attachment. Finally, these relationships also protect our brain function: the people who stated that they were in a safe relationship had a better memory and clearer memories, while those who said they were in a relationship without a secure attachment suffer from greater memory decline.

10. Robert Waldinger 2015. TED Talk: What's good for life. Presentation of the results from Harvard University's adult development study. <https://www.youtube.com/watch?v=8KkKuTCF-vzI&t=33s>

**Social connections are positive.
Loneliness kills.**

The quality of relationships
and the existence or absence of relationships
characterised by attachment
also impact health.



B. SOCIAL SUPPORT AND PARTICIPATION AS PROTECTIVE FACTORS FOR HEALTH

Another key element that has an impact on our health is the **social support** we receive. This can be formal in nature (such as support from social services), informal (like support from the neighbourhood network), instrumental (in order to carry out basic, instrumental, everyday activities) or emotional (like the support provided through volunteering). Similarly, **social participation** – defined as the activities we carry out in our environment (whether formal or informal), their frequency and their quality – is also important to consider when exploring the relationship between loneliness and health. Both social support and social participation are protective factors for health.

From a psychological perspective, there are two processes that can explain how **social support can have an impact on our health and well-being** (Coll Planas, 2017):

- The ‘stress response dampening’ model emphasises the role of social support as a dampener of the negative consequences of chronic and acute stressors. For example, social support can dampen the negative consequences the stressful experience of caring for someone with dementia may have.

- The ‘main effects’ model describes the general health protection effects that integration into a social network can have, as it influences behaviours relating to health, social engagement, the exchange of social support and access to material resources. For example, mutual support can facilitate physical activity.

Meanwhile, increased participation in associations and informal socialisation raise the probability of reporting good health in adulthood and old age (Coll Planas, 2017).

C. SOCIAL CAPITAL AS A PROTECTIVE FACTOR FOR HEALTH

According to Robert Putnam (1995), **social capital** refers to *the characteristics of social organisation, such as networks, norms and trust, that facilitate coordination and cooperation for mutual benefit* (Putnam, 1995: 67). Social capital includes interaction between individuals on an individual (micro), collective or neighbourhood (meso) and social (macro) scale. Therefore, social capital can be viewed as an umbrella concept whose components – social resources – are grouped into different dimensions (Coll Planas, 2017).

- Objective or structural social capital includes objective aspects such as social participation, social networks and contacts.
- Subjective social capital, meanwhile, includes the feeling of belonging, ‘perceived social support’ and ‘trust in others’ or ‘perceived public safety on a community scale’.

A series of systematic reviews explore the relationship between social capital and health. To this end, its cognitive and structural dimensions and individual and collective levels are analysed. Individual cognitive social capital seems to protect against the emergence of common mental illnesses, while evidence relating to collective social capital is positive but limited (Coll Planas, 2017).

A connection between loneliness and subjective social capital can also be established: usually, as community safety indicators (closely linked to the feeling of belonging) improve, feelings of loneliness decrease. In other words, if someone lives alone and believes their neighbours will help them if they need something, it is highly likely that the person will feel less lonely than if they thought they should not open the door to anyone because they will hurt them, or because they do not trust them.

In the results of research into the impact of covid-19 on loneliness among older people, we see that, as contact with their close social network increases, so does the feeling of safety among the older population, and as this feeling of safety rises, the prevalence of loneliness falls. It is therefore crucial that we intervene in the generation of social and relational capital in order to combat loneliness and social isolation with a preventive perspective. The central idea lies in the importance of community and local networks as a key protective factor for both phenomena (Sala Mozos E.; Martínez R., 2020).

KEY IDEAS AND SUMMARY

Loneliness has negative consequences on the body and a negative impact on our physical and mental health.

A lack of social integration brings with it a risk of mortality comparable to smoking and a higher risk than physical inactivity.

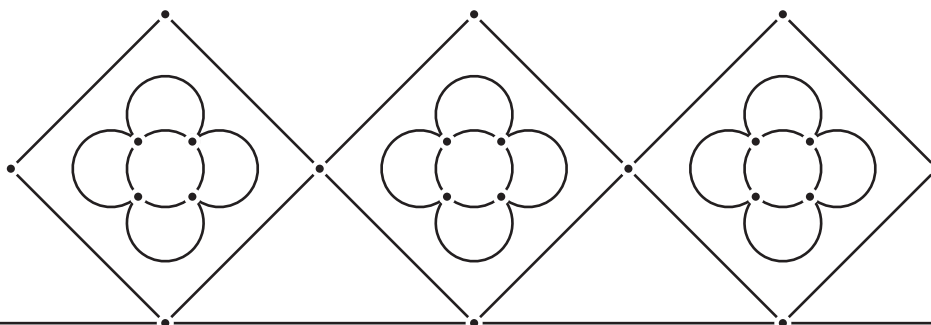
As well as having a negative impact on our health, loneliness can intervene and reduce the positive impact other actions could have on our health.

According to the Harvard Study of Adult Development, satisfactory relationships make us happier and improve our health.

The more emotional dimension of loneliness has a direct impact on health. Satisfactory connections – whether with family members, friends or people in the community – and relationships characterised by secure attachment are protective factors for health and a source of well-being and quality of life.

Social support, social participation and social capital are sources of physical and mental health and protective factors against phenomena like loneliness, social isolation or exclusion.

There is a direct, negative relationship between subjective social capital and loneliness. As community safety indicators improve, feelings of loneliness decrease.



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