Reconsidering frailty from a human and social sciences standpoint: towards an interdisciplinary approach to vulnerability

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Abstract

Although frailty is an important, well-characterized concept in the provision of medical care to older adults, it has not been linked to the concept of vulnerability developed in the humanities and social sciences. Here, we distinguish between the two main dimensions of vulnerability: a fundamental, anthropological dimension in which people are exposed to a risk of injury, and a relational dimension in which people depend on each other and on their environment. The relational notion of vulnerability might provide healthcare professionals with a better understanding of frailty (and its potential interaction with precarity). Precarity situates people in their relationship with a social environment that might threaten their living conditions. Frailty corresponds to individual-level changes in adaptation to a living environment and the loss of ability to evolve or react in that environment. Therefore, we suggest that by considering the geriatric notion of frailty as a particular form of relational vulnerability, healthcare professionals could better understand the specific needs of frail, older people - and thus provide more appropriate care.

Keywords

frailty, vulnerability, precarity, geriatrics, older people, care.

Key Points

1. Frailty is a key concept in geriatrics. The broader concept of vulnerability, as developed in the humanities and social sciences, allows us to consider this frailty in a new light.

2. Although several definitions of frailty have been developed in the medical literature, none appears to have taken account of the concept of vulnerability as defined in the humanities.

3. The enhancement of the geriatric concept of frailty by the broader concept of vulnerability requires distinguishing between a general anthropological dimension (everyone can potentially be injured) and a more specific relational dimension (human beings depend on each other and on their environment).

4. Considering the geriatric concept of frailty as a form of vulnerability provides a better understanding of the specific needs of frail, older people and thus the type of care required.

1) Introduction

Frailty is an important concept in the provision of medical care to older adults. The literature definitions are typically related to sarcopenia [1], homeostasis [2] or the accumulation of impairments [3]. In all cases, frailty is considered to be a quantifiable medical syndrome characterized by decreases in strength, endurance, and physiological functions [4]. However, this approach does not incorporate other dimensions of frailty that have been studied in the humanities and social sciences. We considered that these dimensions provide a better understanding of the specific needs of frail, older adults and thus the type of care required. Here, we describe the concept of frailty with regard to the broader, more encompassing concept of vulnerability developed in the humanities and social sciences.

2) Definitions

Vulnerability has been defined with regard to a broad range of concepts and terms, as could be expected from the diverseness of vulnerable situations and vulnerable people [5]. Researchers in humanities and social sciences have probed the structural determinants of vulnerability and have described it as a social construct [6]. These concepts of vulnerability have given rise to its major anthropological dimension.

The human being is vulnerable insofar as he or she is exposed to actual or potential injury (either physical or psychological). This definition of vulnerability goes against the concept of a free, autonomous individual [7] and offers a more contrasted, fluid image of the human condition as being exposed to a threat of fundamental limitations.

Frailty and precarity can therefore be considered as particular forms of an anthropological vulnerability (**Figure 1**).

Indeed, frailty is defined by WHO as "a clinically recognizable state in which older people's ability to cope with daily or acute stressors is compromised by increased vulnerability brought about by age-associated declines in physiological reserve and function in multiple organ systems" [8].

The concept of precarity comes from sociology and refers to insecurities and risks in the context of economic and social change, the hazards of contemporary life that result from globalization and declining social protection [9].

3) Vulnerability : a relevant concept for an alternative approach to frailty

Vulnerability, as defined above, includes a relational dimension, and this is an important property. Indeed, the relational dimension of vulnerability [10] often leads to dependence but primarily indicates that life depends on a person's relationships with the environment, with other people, and with his/her inner self. According to this relational dimension, vulnerability refers to interdependence (i.e. between one human being and another, and between human beings and their general environment).

The relational dimension of vulnerability sheds light on the processes of precarity and frailty.

Indeed, precarity refers to a degraded or degrading relationship, or a social environment that has become unfavourable (e.g. the loss of communication and isolation caused by dementia). Precarity affects several major dimensions of the human life: self-esteem, the feeling of control over one's own life, family and social support, public and civic commitments, and relationships with others in general. All these dimensions involve the particular environment of individuals and depend on the social roles attributed to individuals in their personal, family and socio-economic environments. Precarity is a form of vulnerability insofar as it can lead to individuals, and notably for older people [11], being marginalised, excluded or isolated. This loss or degradation of relations can also expose individuals to a set of physical, mental, psychological and functional health problems [12] and therefore worsens vulnerability situations. Precarity therefore creates feelings of insecurity and uncertainty in these individuals.

While the relational dimension of vulnerability (also present in the experiences of precarity) is widely studied by sociologists and economists, it remains insufficiently explored in research on frailty as well as in the clinical approach to situations of frailty among the older people.

Indeed, frailty is usually understood as a clinical condition in a weakened older person who is in danger of slipping into dependency [13]. Frailty can also be considered as a state of vulnerability associated with reduced resilience and poor responses to and recovery from acute illnesses or other stressors [2,14]. Since the geriatric concept of frailty focuses on the individual, there is little standardized assessment of the relational dimension involved in this particular form of vulnerability. And yet frailty encompasses impaired adaptation to a particular living environment and a loss of ability to evolve in and/or to react to this environment. But social

conditions and adaptative ability are perceived as individual characteristics (e.g. living in a deprived area, or living alone) rather than relationships with the environment.
Introducing the dimension of relationality in the understanding of situations of frailty can help to highlight the social and cultural factors that contribute to these situations. For example, by considering the relational aspect of vulnerability, it is possible to highlight that situations of frailty are often linked to social precarity. This precarity refers to a lack of access to resources, opportunities, and protections needed for individuals to live a secure and dignified life. Social precarity can result from several factors including poverty, discrimination, and exclusion, and can have a profound impact on an individual's vulnerability to harm and loss. By taking into account the relational dimension of vulnerability, its help in the reduction or mitigation of these situations [9].
Although a large number of tools or scales for evaluating frailty among older people have been developed, today's approaches to precarity and subjective experiences of vulnerability are not standardized [15]. We consider that a broader evaluation of vulnerability (i.e. encompassing its relational dimension present as much in precarity as in frailty) would provide a more holistic picture of vulnerable older people and would lead to higher-quality research and better routine care.

4) From vulnerability to care

Caring can be defined as the attentive, responsible management of vulnerability situations in general and in people with frailty in particular. When considering a person's life, childhood and old age are typically the most vulnerable periods. These two phases share a form of vulnerability linked to dependence and the need for life-sustaining care from other people.
In this concept of care, being attentive to a person's vulnerability necessarily leads to the practical implementation of an ongoing monitoring of that person's needs and a minimal organization to ensure it [16]. This implementation focuses on developing, restoring or maintaining the vulnerable person's abilities – even when he/she is dependent. These abilities must be assessed on a regular basis, depending on the type of person being cared for. Thus, good care is above all person-centered care with regard to the individual's needs, abilities, and expectations. For example, taking care of an older person requires an empowerment process, i.e. a special focus on detecting and reinforcing the person's potential even when the latter is diminished [17].
In this conception of vulnerability, care involves an interaction between the carer (professional or not) and the vulnerable person being cared for. The "care relationship" displaces the relational dimension that characterizes vulnerability, and the carer and the cared-for person are then placed on an equal footing. In this framework, each cared-for person's skills, unique features and identity (social, professional and cultural) must be explored and developed as a function of the specific values, needs, and vulnerabilities. The notion of a "transpersonal caring" [18] makes it possible to account for a relationship that includes the carer and the cared-for person at a given moment but that also transcends them both.

5) Conclusion

The concept of vulnerability encompasses and broadens the geriatric notion of frailty. In particular, this broader cross-disciplinary concept takes on its full meaning when considered from the perspective of relational vulnerability: dependence and interdependence, the environment (personal, family, social, and cultural), and relationships with other people and the self. Frailty, as a particular form of vulnerability, can undoubtedly be assessed objectively, and it is possible and useful to define different stages of frailty or dependence. This assessment of frailty is at the heart of geriatrics and makes it possible to adapt treatments, mitigate frailty risk factors and prevent the aggravation of frailty. However, practitioners in the field of gerontology

and geriatric care may not always be fully aware of the relational dimension in their assessment of this frailty which refers to an aspect of vulnerability that is both difficult to measure (because tools for assessing relationality are lacking) and yet so important to provide better care.
Developing relevant tools to better take into account the relational dimension of frailty is of clinical importance as it can help practitioners to better understand and address the needs and challenges of older people. Additionally, by recognizing the relational dimension of frailty, we can also begin to address the challenges of ageing in a caring society more effectively.

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References

1. Fried LP, Tangen CM, Walston J, et al. Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci*. 2001;56(3):M146-156. doi:10.1093/gerona/56.3.m146
2. Studenski S. Target population for clinical trials. *J Nutr Health Aging*. 2009;13(8):729-732. doi:10.1007/s12603-009-0205-8
3. Mitnitski AB, Mogilner AJ, Rockwood K. Accumulation of deficits as a proxy measure of aging. *ScientificWorldJournal*. 2001;1:323-336. doi:10.1100/tsw.2001.58
4. Morley JE, Vellas B, van Kan GA, et al. Frailty Consensus: A Call to Action. *J Am Med Dir Assoc*. 2013;14(6):392-397. doi:10.1016/j.jamda.2013.03.022
5. Schröder-Butterfill E, Marianti R. A framework for understanding old-age vulnerabilities. *Ageing Soc*. 2006;26(1):9-35. doi:10.1017/S0144686X05004423
6. Garrau M. *Politiques de la vulnérabilité*. CNRS Ed.; 2018. Accessed August 23, 2021. https://www.cnrseditions.fr/catalogue/philosophie-et-histoire-des-idees/politiques-de-la-vulnerabilite/
7. Fineman MA. *The Autonomy Myth a Theory of Dependency*. The New York Press.; 2004.
8. World Health Organization. *WHO Clinical Consortium on Healthy Ageing: Topic Focus: Frailty and Intrinsic Capacity: Report of Consortium Meeting, 1–2 December 2016 in Geneva, Switzerland*. World Health Organization; 2017. Accessed January 6, 2023. https://apps.who.int/iris/handle/10665/272437
9. Grenier A, Hatzifilalithis S, Laliberte-Rudman D, Kobayashi K, Marier P, Phillipson C. Precarity and Aging: A Scoping Review. *The Gerontologist*. 2020;60(8):e620-e632. doi:10.1093/geront/gnz135
10. Goodin RE. *Protecting the Vulnerable: A Re-Analysis of Our Social Responsibilities*. University of Chicago Press; 1986. Accessed June 24, 2022. https://press.uchicago.edu/ucp/books/book/chicago/P/bo5974942.html
11. Chen AT, Ge S, Cho S, et al. Reactions to COVID-19, information and technology use, and social connectedness among older adults with pre-frailty and frailty. *Geriatr Nurs N Y N*. 2021;42(1):188-195. doi:10.1016/j.gerinurse.2020.08.001
12. Abeliansky AL, Erel D, Strulik H. Social vulnerability and aging of elderly people in the United States. *SSM - Popul Health*. 2021;16:100924. doi:10.1016/j.ssmph.2021.100924
13. Lekan DA, Collins SK, Hayajneh AA. Definitions of Frailty in Qualitative Research: A Qualitative Systematic Review. *J Aging Res*. 2021;2021:6285058. doi:10.1155/2021/6285058
14. Lipsitz LA. Dynamic models for the study of frailty. *Mech Ageing Dev*. 2008;129(11):675-676. doi:10.1016/j.mad.2008.09.012
15. Faller JW, Pereira D do N, Souza S de, Nampo FK, Orlandi F de S, Matumoto S. Instruments for the detection of frailty syndrome in older adults: A systematic review. *PLOS ONE*. 2019;14(4):e0216166. doi:10.1371/journal.pone.0216166
16. Tronto JC. *Moral Boundaries: A Political Argument for an Ethic of Care*. Routledge; 1994. Accessed April 20, 2021. https://www.routledge.com/Moral-Boundaries-A-Political-Argument-for-an-Ethic-of-Care/Tronto/p/book/9780415906425
17. Piccardo C. *Empowerment, Strategie di sviluppo organizzativo centrate sulla persona*. Raffaello Cortina Editore; 1995. Accessed June 24, 2022. https://www.raffaellocortina.it/scheda-libro/claudia-piccardo/empowerment-9788870783247-342.html
18. Watson J. *Enfermagem Pós-Moderna e Futura - Um novo paradigma da enfermagem*. Lusociência; 2002. Accessed June 24, 2022. https://www.lusodidacta.pt/enfermagem/65-enfermagem-pos-moderna-e-futura-um-novo-paradigma-da-enfermagem

Figure 1.

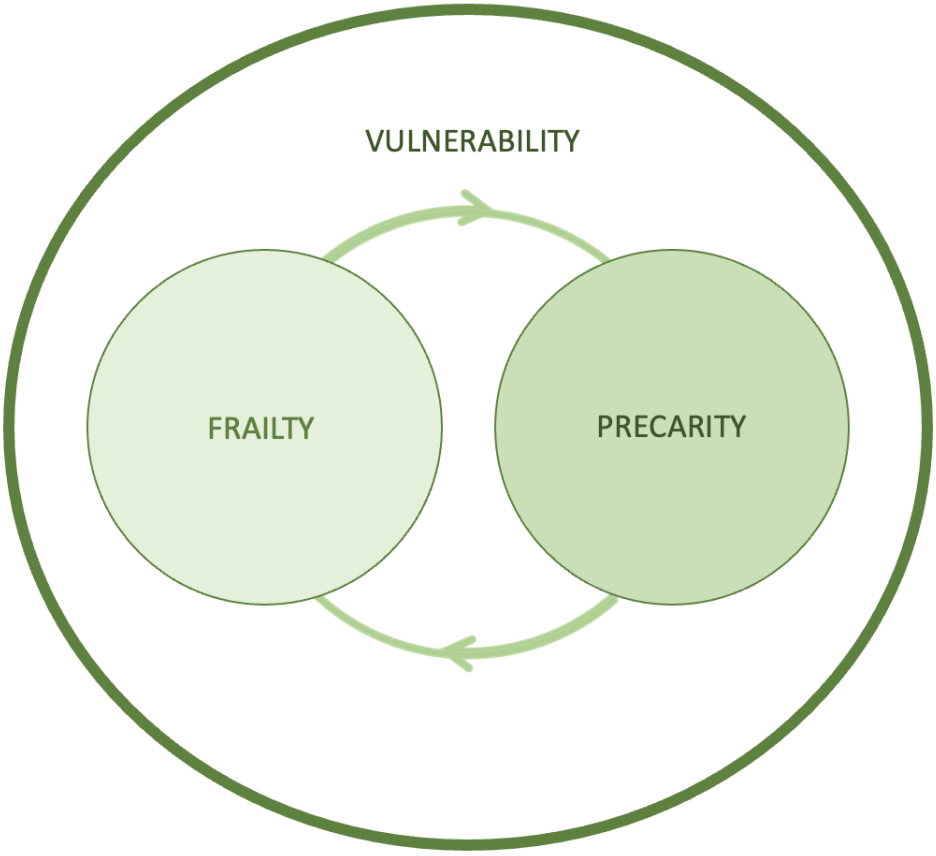

Figure 1. Frailty and precarity are forms of vulnerability

Vulnerability is a broad concept that includes frailty and precarity. Frailty and precarity are interconnected concepts and are best understood if they are studied in the context of vulnerability.