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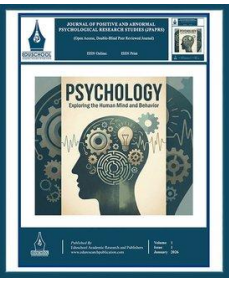

Loneliness, Psychological Wellbeing, and Depression Among Older Adults: A Comparative Study of Living Arrangements

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Abstract

Loneliness is a growing concern among older adults, with important implications for their psychological wellbeing and mental health. This study compared loneliness, psychological wellbeing, and depressive symptoms between older adults living alone and those living with family. A cross-sectional comparative design was employed, and data were collected from 200 community-dwelling older adults aged 60 years and above, comprising 95 living alone and 105 living with family, using the UCLA Loneliness Scale, the Satisfaction with Life Scale (SWLS), and the Geriatric Depression Scale (GDS-15). Data were analysed using independent-samples t-tests, effect size estimation, and Pearson correlation. Results indicated that older adults living alone reported significantly higher loneliness ($p < .001$, $d = 1.07$), lower life satisfaction ($p < .001$, $d = 0.86$), and more depressive symptoms ($p < .001$, $d = 0.79$) than those living with family. Loneliness was significantly and negatively correlated with life satisfaction ($r = -.61$, $p < .001$) and positively correlated with depressive symptoms ($r = .56$, $p < .001$). These findings indicate that living arrangements are associated with meaningful differences in the psychological functioning of older adults, and they underscore the importance of addressing loneliness in this population, with implications for community support, geriatric care, and mental health services.

Keywords:- Loneliness, Older Adults, Psychological Wellbeing, Depression, Living Arrangements, Social Isolation, Life Satisfaction, Ageing, Geriatric Mental Health, Comparative Study.

I. INTRODUCTION

Population ageing is one of the defining demographic transformations of the present era, and with it has come growing attention to the psychological wellbeing of older adults. Among the challenges facing this population, loneliness, the distressing feeling that arises when one's social relationships are perceived as deficient in quantity or quality, has emerged as a particular concern (Hawkley & Cacioppo, 2010). Loneliness is common in later life and is associated with a range of adverse outcomes, including poorer mental and physical health and increased mortality risk (Holt-Lunstad et al., 2015; Courtin & Knapp, 2017). Understanding the circumstances that heighten or mitigate loneliness among older adults is therefore of considerable importance for research, practice, and policy.

Living arrangements represent one such circumstance. As family structures change and more older adults live alone, questions arise about the psychological consequences of different living situations. Living alone need not entail loneliness, and living with others does not guarantee its absence (Dykstra, 2009); nonetheless, the presence or absence of co-residing family may shape opportunities for social contact, support, and belonging in ways that bear on wellbeing. Comparative evidence on the psychological functioning of older adults across living arrangements can illuminate whether, and how strongly, this circumstance matters, and can inform efforts to support those most at risk.

Loneliness is closely intertwined with broader indices of psychological functioning, including life satisfaction and depression. It is consistently associated with lower wellbeing and with depressive symptoms, and it is regarded as both a marker and a potential cause of psychological distress in later life (Cacioppo & Hawkley, 2009; Gerino et al., 2017). Examining loneliness alongside wellbeing and depression, and comparing these across living arrangements, therefore offers a fuller picture of the psychological situation of older adults than any single measure alone.

Against this background, the present study compared loneliness, psychological wellbeing, and depressive symptoms between older adults living alone and those living with family, and examined the relationships among these variables. It was hypothesised that older adults living alone would report greater loneliness, lower life satisfaction, and more depressive symptoms than those living with family, and that loneliness would be negatively associated with life satisfaction and positively associated with depressive symptoms. In addressing these questions, the study contributes context-specific evidence relevant to the growing population of older adults, including in the Indian context, where living arrangements are undergoing significant change.

II. LITERATURE REVIEW

2.1. Loneliness in Older Adults

Loneliness is a subjective experience distinct from objective social isolation, reflecting a discrepancy between desired and actual social relationships (Hawkley & Cacioppo, 2010). Although not universal in later life, it is prevalent, with substantial proportions of older adults reporting at least moderate loneliness (Victor & Yang, 2012; Sundström et al., 2009). Reviews identify a range of correlates and predictors, including health, functional limitations, bereavement, and the size and quality of social networks (Cohen-Mansfield et al., 2016; Pinquart & Sörensen, 2001). The consequences of loneliness are considerable, encompassing impaired cognition, poorer physical health, and elevated mortality risk, such that loneliness is increasingly regarded as a significant public health concern (Holt-Lunstad et al., 2015; Coyle & Dugan, 2012).

2.2. Living Arrangements and Wellbeing

Living arrangements shape the everyday social environment of older adults and may therefore influence their vulnerability to loneliness and their psychological wellbeing. Co-residence with family can provide companionship, practical support, and a sense of belonging, whereas living alone may increase exposure to solitude, particularly where wider social networks are limited. The relationship is not deterministic, however, as the quality rather than merely the presence of relationships is decisive, and some older adults living alone maintain rich social lives while some living with family experience relational strain (Dykstra, 2009). Comparative studies nonetheless frequently find that older adults living alone report higher loneliness and poorer wellbeing, underscoring the relevance of this circumstance (Pinquart & Sörensen, 2001; Sundström et al., 2009).

2.3. Loneliness, Wellbeing, and Depression

Loneliness is robustly linked to broader indices of psychological functioning. It is associated with reduced life satisfaction and subjective wellbeing and with greater depressive symptomatology, and longitudinal and modelling studies suggest that it contributes to, and is not merely a consequence of, poorer mental health (Cacioppo & Hawkley, 2009; Gerino et al., 2017). Within eudaimonic accounts, positive relationships are a core component of psychological wellbeing, so that their perceived deficiency undermines flourishing (Ryff, 1989). These interconnections motivate the joint examination of loneliness, wellbeing, and depression, and their comparison across living arrangements, undertaken in the present study.

III. METHODS

3.1. Participants

A total of 200 community-dwelling older adults aged 60 years and above (Mage = 68.7 years, SD = 6.4; 54% women, 46% men) participated in the study. Participants were recruited from community settings and were classified into two groups on the basis of their living arrangements: those living alone (n = 95) and those living with family (n = 105). Inclusion criteria required participants to be aged 60 years or above, community-dwelling, and without significant cognitive impairment that would preclude completion of the measures. Participants provided informed consent, and the study protocol was approved by the institutional review committee. Participation was voluntary, and confidentiality was assured.

3.2. Design and Procedure

The study employed a cross-sectional comparative design, with living arrangement (living alone versus living with family) as the grouping variable and loneliness, life satisfaction, and depressive symptoms as the outcome variables. Participants completed a structured interview-administered questionnaire comprising the study measures together with demographic items. Administration was conducted by trained researchers in a private setting, and assistance was provided where needed to ensure comprehension.

3.3. Measures

3.3.1. UCLA Loneliness Scale.

Loneliness was assessed using the UCLA Loneliness Scale (Russell, 1996), a widely used self-report measure of subjective loneliness, with items rated on a four-point scale. Higher scores indicate greater loneliness. The scale demonstrated good internal consistency in the current sample (Cronbach's $\alpha = .91$).

3.3.2. Satisfaction with Life Scale (SWLS).

Psychological wellbeing was indexed by life satisfaction, assessed using the Satisfaction with Life Scale (Diener et al., 1985), a five-item measure of global life satisfaction with items rated on a seven-point scale. Higher scores indicate greater life satisfaction. The scale demonstrated good internal consistency in the current sample ($\alpha = .86$).

3.3.3. Geriatric Depression Scale (GDS-15).

Depressive symptoms were assessed using the 15-item Geriatric Depression Scale (Yesavage et al., 1982), a self-report screening measure developed specifically for older adults, with items answered in a yes/no format. Higher scores indicate greater depressive symptomatology. The scale demonstrated acceptable internal consistency in the current sample (α = .83).

3.4. Statistical Analysis

Data were analysed using standard statistical software. Preliminary analyses examined the distributions of the variables and the comparability of the groups on demographic characteristics. Independent-samples t-tests were used to compare the two living-arrangement groups on loneliness, life satisfaction, and depressive symptoms, and Cohen's d was computed as a measure of effect size. Pearson product-moment correlations examined the relationships among the outcome variables. The assumptions of the analyses were examined and found tenable, and statistical significance was evaluated at the .05 level.

IV. RESULTS

4.1. Preliminary Analyses

Preliminary analyses indicated that the two groups did not differ significantly on age or sex distribution (p values > .10), supporting their comparability on these characteristics. The distributions of the outcome variables were approximately normal, and the assumptions underlying the planned analyses were satisfied. Data were complete for the great majority of participants, and no variable had substantial missing data.

4.2. Group Comparisons

Means, standard deviations, and comparative statistics for the two groups are presented in Table 1. Independent-samples t-tests revealed significant differences on all three outcome measures. Older adults living alone reported significantly higher loneliness than those living with family, t(198) = 7.53, p < .001, with a large effect size (d = 1.07).

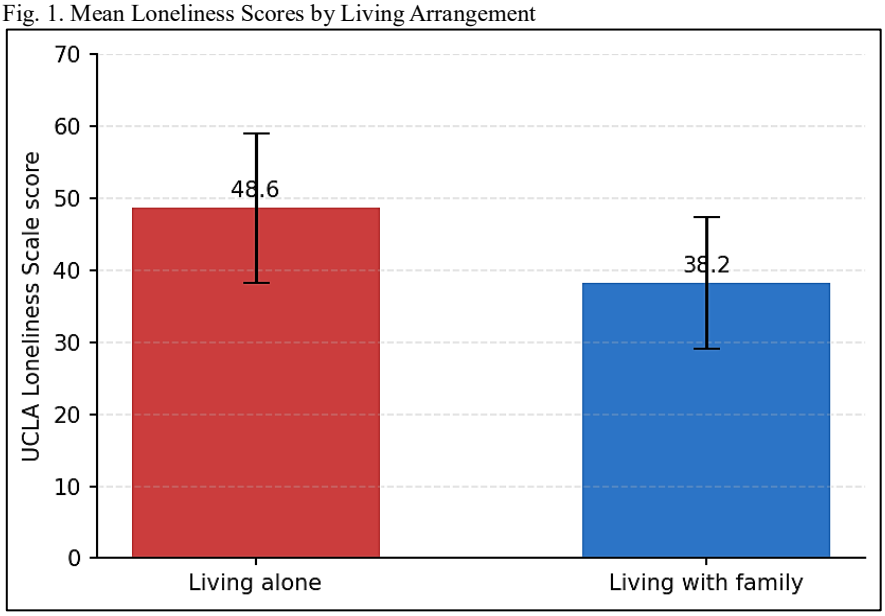
Table 1. Comparison of Loneliness, Life Satisfaction, and Depression by Living Arrangement

Measure	Living alone M (SD)	With family M (SD)	t	d
Loneliness (UCLA)	48.6 (10.4)	38.2 (9.1)	7.53**	1.07
Life satisfaction (SWLS)	19.4 (5.6)	24.1 (5.3)	-6.08**	0.86
Depression (GDS-15)	6.8 (3.2)	4.2 (3.4)	5.55**	0.79

Note. Living alone n = 95; living with family n = 105. UCLA = UCLA Loneliness Scale; SWLS = Satisfaction with Life Scale; GDS-15 = 15-item Geriatric Depression Scale; d = Cohen's d. **p < .001.

As shown in Table 1, older adults living alone also reported significantly lower life satisfaction, t(198) = −6.08, p < .001, d = 0.86, and significantly more depressive symptoms, t(198) = 5.55, p < .001, d = 0.79, than those living with family. The effect sizes were large for loneliness and medium-to-large for life satisfaction and depression, indicating substantial differences between the groups. The difference in loneliness is displayed in Fig. 1.

Fig. 1. Mean Loneliness Scores by Living Arrangement



Note. Higher scores indicate greater loneliness. Error bars represent standard deviations. Older adults living alone reported significantly greater loneliness than those living with family.

4.3. Correlational Analyses

Pearson correlation analyses examined the relationships among the outcome variables across the full sample. Loneliness was significantly and negatively correlated with life satisfaction (r = −.61, p < .001) and significantly and positively correlated with depressive symptoms (r = .56, p < .001), and life satisfaction was negatively correlated with depressive symptoms (r =

−.58, $p < .001$). These associations indicate that greater loneliness was accompanied by lower wellbeing and greater depression, consistent with the interconnection of these constructs and with the interpretation that loneliness is central to the psychological difficulties associated with living alone.

4.4. Summary of Findings

In sum, the hypotheses were supported. Older adults living alone reported greater loneliness, lower life satisfaction, and more depressive symptoms than those living with family, with medium-to-large effect sizes, and loneliness was associated with lower wellbeing and greater depression across the sample.

V. DISCUSSION

This study compared loneliness, psychological wellbeing, and depressive symptoms between older adults living alone and those living with family. Consistent with the hypotheses, older adults living alone reported significantly greater loneliness, lower life satisfaction, and more depressive symptoms, with effect sizes indicating substantial differences. These findings accord with prior evidence that living arrangements are associated with the psychological functioning of older adults and that living alone tends to heighten vulnerability to loneliness and its correlates (Pinquart & Sörensen, 2001; Sundström et al., 2009).

The correlational findings reinforce this interpretation. Loneliness was strongly associated with lower wellbeing and greater depression, consistent with accounts positioning loneliness as central to the psychological difficulties of later life (Hawkley & Cacioppo, 2010; Cacioppo & Hawkley, 2009) and with eudaimonic perspectives that regard positive relationships as fundamental to wellbeing (Ryff, 1989). The pattern suggests that the poorer functioning of older adults living alone is bound up with their greater loneliness, although the cross-sectional design does not permit firm causal conclusions. It should also be emphasised that living alone is not synonymous with loneliness (Dykstra, 2009); the quality of social connection, rather than living arrangement per se, is likely to be decisive, and some older adults living alone remain socially well connected.

5.1. Limitations and Future Directions

Several limitations should be noted. The cross-sectional design precludes causal inference and cannot establish the direction of the observed relationships; longitudinal designs are needed to clarify how living arrangements and loneliness influence wellbeing over time. The reliance on self-report measures may introduce response biases, and the sample, drawn from a single context, limits generalisability. In addition, the study did not assess the quality of participants' social relationships or the reasons for their living arrangements, which are likely to be important. Future research could incorporate longitudinal designs, measures of social network quality, and diverse samples, and could examine interventions to reduce loneliness among older adults living alone.

5.2. Implications for Practice

The findings carry practical implications for those who support older adults. Because older adults living alone appear particularly vulnerable to loneliness and its psychological correlates, they represent an important group for preventive and supportive efforts. Community programmes that foster social connection, befriending and peer-support initiatives, and the routine screening of loneliness and depression in geriatric and primary care settings may help to identify and assist those at risk (Courtin & Knapp, 2017; Coyle & Dugan, 2012). Given the strong association of loneliness with wellbeing and depression, interventions that specifically address loneliness may yield broad benefits for the mental health of older adults.

VI. CONCLUSION

This study provides evidence that older adults living alone experience greater loneliness, lower psychological wellbeing, and more depressive symptoms than those living with family, and that loneliness is closely associated with reduced wellbeing and greater depression. These findings underscore the psychological significance of living arrangements in later life and highlight loneliness as a central concern for the wellbeing of older adults. As populations age and living alone becomes more common, attention to loneliness, particularly among older adults without co-residing family, will be increasingly important, and efforts to strengthen social connection may offer a valuable means of protecting the mental health of this growing population.

REFERENCES

Cacioppo, J. T., & Hawkley, L. C. (2009). Perceived social isolation and cognition. *Trends in Cognitive Sciences, 13*(10), 447–454.

Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics, 28*(4), 557–576.

Courtin, E., & Knapp, M. (2017). Social isolation, loneliness and health in old age: A scoping review. *Health & Social Care in the Community, 25*(3), 799–812.

Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health, 24*(8), 1346–1363.

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment, 49*(1), 71–75.

Dykstra, P. A. (2009). Older adult loneliness: Myths and realities. *European Journal of Ageing, 6*(2), 91–100.

Gerino, E., Rollè, L., Sechi, C., & Brustia, P. (2017). Loneliness, resilience, mental health, and quality of life in old age: A structural equation model. *Frontiers in Psychology, 8*, 2003.

Hawkley, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine, 40*(2), 218–227.

Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science, 10*(2), 227–237.

Pinquart, M., & Sörensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology, 23*(4), 245–266.
Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment, 66*(1), 20–40.
Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081.
Sundström, G., Fransson, E., Malmberg, B., & Davey, A. (2009). Loneliness among older Europeans. *European Journal of Ageing, 6*(4), 267–275.
Victor, C. R., & Yang, K. (2012). The prevalence of loneliness among adults: A case study of the United Kingdom. *The Journal of Psychology, 146*(1–2), 85–104.
Yesavage, J. A., Brink, T. L., Rose, T. L., Lum, O., Huang, V., Adey, M., & Leirer, V. O. (1982). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research, 17*(1), 37–49.