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Canadian Alliance for Social Connection and Health

GENWELL PROJECT
HUMAN CONNECTION MOVEMENT

Evidence Brief

# Is it good for people to live alone?

## Background

Estimates from Statistics Canada (2019) suggest that between 1981 and 2016, the number of people living alone increased from 1.7 million (9%) to 4.0 million (14%). This may increase the risk that Canadians face for loneliness and social isolation.

While living alone may be associated with poorer health and social wellbeing, some individuals may find that living alone is even optimal for their health and wellbeing. Indeed, people living alone may enjoy benefits (such as greater solitude and autonomy) that individuals who live with others may not. People who live alone may also be more intentional about building relationships with others outside their home as an adaptive strategy for managing loneliness. As such, it is unclear to what extent living alone may impact an individual.

## Purpose

The purpose of this brief is to examine whether living alone is, in fact, associated with poorer health and/or lower levels of subjective wellbeing.

## Evidence from Existing Studies

According to a systematic review and meta-analysis by Zhao et al. (2020), living alone is associated with a 39% increased risk of mortality for males and a 15% increased risk of mortality for females In addition to increased risk for premature death, a review of 46 studies by Kojima et al. (2020) indicates that living alone is a significant risk factor for frailty among men in cross-sectional studies.

The mechanisms by which living alone impact health are complex. People living alone may have less support from caregivers (e.g., someone to take them to the doctor or help them up from a fall), engage in unhealthy coping behaviors (e.g., risky alcohol use), or experience stress from loneliness (e.g., worse mental health). For example, a review by Hanna & Collins (2015) reports that people living alone, particularly men, experience poorer nutrition and food intake. Jain et al. (2017) identified living alone as a risk factor for lower vaccine uptake. Other reviews, by Miller & Black (2020) and Calati et al. (2015) show that living alone is associated with higher rates of psychiatric problems, suicide-ideation, and suicide attempts. Desai et al.'s (2020) review examining the link between living alone and dementia suggests that there is a significant longitudinal association between living alone and the development of dementia that is stronger than effects of physical inactivity, hypertension, diabetes, and obesity. Rosenwohl-Mack (2021) suggests that living alone is associated with lower levels of service utilization for people with cognitive impairment. Inoue (2014) argues that the stress of living alone and not having access to social supports is a key factor driving high rates of chronic health conditions, particularly those related to cardiovascular health. Financial strain on single-income households may also be to blame. Additionally, the stigma of living alone (Samanta, 2021) may reinforce negative

health outcomes, by creating social distance and burdening an individual with feelings that they are judged negatively by others. Similarly, it is unclear what features of cohabitating might be beneficial. In fact, under some conditions, living with others might even be worse than living alone. For example, overcrowding and unsuitable housing are known to be considerable barriers to health and wellbeing (Singh et al., 2014). As well, relationship quality among co-habitants is an obvious effect modifier that may negate the otherwise general benefits of living with others (Erb et al., 2014). All of these experiences may contribute to the underlying mechanisms that give rise to the negative effect of living alone on mortality.

**Case Study: The Wide Ranging Impacts of Living Alone Among Seniors in South Korea**

In 2006, Kwang Soo Yoo and Haeok Lee at the University of Chounbook Providence in South Korea investigated the effects of living from home among seniors at 10 randomly selected senior community centers. Structured, in-person interviews with 212 participants demonstrated those who lived with relatives had significantly better physical and mental health on a range of measures compared to those who lived alone. The co-habiting individuals had better eyesight, hearing acuity, bathing skills, telephone use, arithmetic skills, communication, writing of their own name, priority-based task handling, memory, recognition of changes in surrounding, feelings of safety at night, and emotional wellbeing.

## Analyses from the Canadian Social Connection Survey

Using data from the 2021 Canadian Social Connection Survey, we used multivariable linear regression to assess whether living alone was associated with participant's subjective wellbeing controlling for age, gender, ethnicity, and income. These multivariable results showed that living alone was associated with higher scores on the two-item Generalized Anxiety Disorder Screener (GAD-2; $\beta = 0.36$, p-value = 0.005, N = 1,378) and the two-item Patient Health Questionnaire Depression Screener (PHQ-2; $\beta = 0.45$, p-value < 0.001, N = 1,368) and lower scores on a one-item life satisfaction measure ($\beta = -0.49$, p-value = 0.009, N = 1,379) and Subjective Happiness Scale ($\beta = -0.46$, p-value < 0.001, N = 1,370).

In a subsample of individuals with Social Interactions Anxiety Scale Scores above 7, similar, albeit stronger effects were observed, with living alone being associated with lower life satisfaction ($\beta = -0.72$, p-value = 0.015, N = 620) and Subjective Happiness Scale Scores ($\beta = -0.62$, p-value < 0.001, N = 615) and marginally higher GAD-2 ($\beta = 0.35$, p-value = 0.080, N = 619) and PHQ-2 scores ($\beta = 0.43$, p-value = 0.045, N = 612). These results suggest that even for those who may have social anxiety, the effect of living with others trends towards beneficial.

To better understand the role that individual preferences play in shaping the effect of living arrangements on mental health, the 2022 Canadian Social Connection Survey asked participants whether they were satisfied with their living arrangement. Among those living alone, 77.3% were satisfied living alone. Among those living with others, 21.1% said they would prefer to live alone instead. This indicates a high level of satisfaction with current living arrangements for both those who lived alone and apart. Among both those who lived alone ($\beta = -1.21$, p-value < 0.001, N = 492) and those who lived with others ($\beta = -0.80$, p-value < 0.001, N = 2,008), being dissatisfied with one's current living situation was associated with lower overall life satisfaction.



Statistically significant negative effects were also observed when examining the effect of dissatisfaction with one's living condition on PHQ-2 and GAD-2 scores.

## Discussion

The weight of existing evidence suggests that living alone is harmful to your health. Gender appears to be an important and frequently identified effect modifier – with a more severe impact on men compared to women. Other confounders are less frequently explored. As such, further research is needed to understand the general mechanisms that drive the association between living alone and poor health. This is especially true for younger populations given that much of the existing literature linking living alone to poorer health is based on samples of seniors.

Furthermore, it is important to note that the existing evidence linking living alone to poorer health and social outcomes is predominately descriptive in nature. It is unclear what mechanisms drive this association. Absence of functional social supports, higher levels of negative rumination, greater financial strain, and stress associated with loneliness may all be contributing factors. Further, it is difficult to ascertain whether living alone causes poor mental and physical health or if those who cohabitate are simply better off. Indeed, it is possible that individuals predisposed to poor health are also predisposed to living alone. Likewise, the economic benefits of income sharing may play an important role in promoting better health among co-habitants compared to those who must pay for rent and food by themselves. Given such mechanisms, it is possible that income and other factors could explain away any inherent benefits of cohabitation. Even when considering the longitudinal research on this topic, it is difficult to isolate the effects of living alone from the conditions that lead to solo-habitation. For example, common reasons for transition between co-habitation and solo-habitation include divorce, separation, and loss. As such, the longitudinal data is less helpful than one might hope as these individuals may be predisposed to poor health for an array of other reasons. Detailed, situation specific studies are needed to truly understand the effects of living alone. Given the absence of these studies, living alone remains a stronger prognostic variable than causal.

## Conclusion

Based on the available evidence and our analyses of the Canadian Social Connection Survey, we recommend policies and programs that support cohabitation. As well, individuals who live alone should be made aware of the evidence linking solo-habitation to poor health, consider the potential benefits of living with others, and take precautions to address any adverse experiences arising from their living situation. Individuals will undoubtedly require support, including skills building to facilitate cohabitation. Despite this general recommendation, we warn that not all individuals will benefit from cohabitation. Indeed, individual experiences of trauma, interpersonal violence, relationship difficulty, and personality differences may make living with others less desirable. Individuals who choose to live alone are likewise in need of supports, services, and programs to improve their health and wellbeing.

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