Galanaki, E. P. (2015). Solitude as a state of positive aloneness in childhood and adolescence. In C. J. Kowalski, J. P. Cangemi, & A. Rokach (Eds.), *Loneliness in life: Education, business, and society* (pp. 168-190). Dubuque, IA: McGraw Hill.

Solitude as a State of Positive Aloneness in Childhood and Adolescence

Evangelia P. Galanaki
National and Kapodistrian University of Athens, Greece

If solitude, as a state of being alone, is a basic human need equally important to attachment and belonging, it is necessary to explore its multiple positive contributions to children and adolescent development. However, this type of solitude is a relatively neglected research area in these age periods. Research evidence on the existence, significance, and developmental course of positive aloneness experiences is the focus of this chapter beginning with some clarifications on the various concepts of aloneness (i.e., loneliness, aloneness, solitude, attitude toward aloneness, privacy). Next, research is reviewed on assessment of aloneness and solitude; understanding and content of solitude; assessment of aloneness and solitude; amount, context, and affect of time alone; attitude toward aloneness; the links between solitude and adjustment; the associations between solitude and strategies of coping with loneliness; and the associations between solitude and other aloneness concepts. Data on gender differences also are discussed. Finally, suggestions are offered for future research on this type of solitude in childhood and adolescence.

A substantial body of research is available on the subjective, painful experience of loneliness in children and adolescents. Its frequency, intensity, and duration, as well as its antecedents and consequences, have been systematically investigated (For reviews and recent research, see Asher & Paquette, 2003; Goossens, 2006; Margalit, 2010; Rokach, 2012; Rotenberg & Hymel, 1999). However, relatively little research evidence exists on solitude, i.e., the state of being alone, and more specifically on children and adolescent time spent alone, understanding of solitude, attitude toward aloneness, ability to be alone, and positive aloneness. Also, only a few studies attempt to disentangle the complex links between the various aloneness experiences in children and adolescents by examining, for example, the association between being alone and feeling lonely. These empirical investigations are reviewed here, with the aim of providing a clearer picture of the advancements and the gaps in the research literature. More specifically, after some conceptual clarifications, research is reviewed

on understanding and nature of solitude; assessment of aloneness and solitude; amount, context, and effect of time alone; attitude toward aloneness; the links between solitude and adjustment; the associations between solitude and strategies of coping with loneliness; and the associations between solitude and other aloneness concepts. Finally, suggestions are offered for future research on solitude in childhood and adolescence.

Concepts of Aloneness

The terms aloneness, loneliness, and solitude appear to have been used interchangeably in the literature, which has resulted in conceptual confusion (Coplan & Bowker, 2013). The three terms are not identical. *Aloneness* is the objective (physical), neutral state of being alone. *Loneliness* is a subjective, painful experience stemming from a perceived lack of intimacy and/or belonging (Peplau & Perlman, 1982; Weiss, 1973). Aloneness may or may not result in loneliness, and loneliness may be experienced even in the presence of others. The desire or longing for contact is a critical aspect of loneliness. *Solitude* is a state of aloneness that may be either negative or positive. When negative, it can be equated with loneliness; when positive, it is a constructive and beneficial experience. In this sense, it is usually voluntary and occurs in the absence of others, though not always (e.g., a student may feel solitary while studying in a public library). Solitude is a vital social phenomenon, in the sense that it has a strong impact on the social life of individuals and societies (Long & Averill, 2003). The desire for aloneness and the "awareness of volition" (Wolfe & Laufer, 1974) are critical aspects of solitude.

Several facets of solitude have been described, and the value of solitude in our lives has been analyzed from various viewpoints. Winnicott (1958, 1965) introduced the "capacity to be alone" as a major developmental achievement and regarded solitude in childhood as "a most precious possession" (p. 30) (see also Galanaki, 2013). "Active solitude" was described as a constructive use of time alone and as a preparation for intimacy; "solitude skills" (analogous to social skills) enable the individual to not feel lonely when alone (Rubenstein & Shaver, 1982a). Various forms of self-reflection, personality development, and creative activity take place during solitude (Storr, 1988). Solitude may become a "healing experience," with the use of reduced environmental stimulation for the treatment of mental disorders (Suedfeld, 1982). It may be an "ecological niche" (Larson, Csikszentimihalyi, & Graef, 1982), including both benefits and dangers, as it can provide emotional renewal and a "strategic retreat" from social life or may reflect misanthropy and poor interpersonal relations (Larson, 1997). Others (Buchholz, 1997) have gone so far as to regard solitude as a

developmental need equally important to attachment from the prenatal period of life.

Privacy is a construct that is related to solitude. Privacy is commonly defined as a state of regulating and controlling information about oneself, as well as access to the self and to one's group (Altman, 1975), often accompanied by aloneness. Solitude has been identified as a component of privacy (Pedersen, 1997; Westin, 1967). It has been incorporated as a subscale in privacy questionnaires administered to adolescents and adults (Kramer & Lake, 1998; Marshall, 1974; Pedersen, 1979). Aloneness is the most frequent content attributed by children to privacy (Wolfe & Laufer, 1974). However, in other empirical investigations (Galanaki, 2004; Long, Averill, & More, 2003), privacy has emerged as a dimension (i.e., use) of solitude. When solitude is studied as a dimension of privacy, it appears to be conceptualized in a narrow sense as time alone in order to achieve privacy. However, solitude is a much broader construct, including a large variety of benefits other than privacy; these benefits are a highly under researched area, particularly among children and adolescents. It is generally accepted that people need both solitude and privacy, and large individual differences exist regarding these needs.

Solitude has been used with various meanings in the developmental psychology literature. It has been defined as encompassing "all instances of children spending time alone (i.e., a lack of social interaction) in the presence of peers (i.e., potential play partners)" (Coplan & Rubin, 2010, p. 6). *Unsociability* (Asendorpf, 1990) or *social disinterest* (Coplan, Prakash, O'Neil, & Armer, 2004) is the non-fearful preference for solitude and solitary activities (Coplan & Rubin, 2010); it is a relatively "benign" form of solitude similar to the conceptualization of solitude as constructive and beneficial aloneness. Solitary-passive play, which includes solitary-constructive and solitary-exploratory activities, is a behavioral manifestation of unsociability (Rubin, 1982; Rubin & Mills, 1988; Rubin & Coplan, 2004), but it also can be a "better-be-alone-than" tactic when social fear, anxiety, wariness, or self-consciousness emerge; or it may be accompanied by exclusion, rejection, and internalizing problems (Coplan et al., 2004; Coplan & Weeks, 2010; Spinrad et al., 2004). These findings support the notion of *anxious solitude* (Gazelle, 2010; Gazelle & Ladd, 2003; Gazelle & Rudolph, 2004; Spangler & Gazelle, 2009), which is characterized by conflicting social approach and avoidance motivations (Asendorpf, 1990) and social anxiety in the context of familiar peers, resulting in shy, verbally inhibited and solitary behavior. However, when solitary-passive play reflects unsociability as a *preference for solitude*, it appears to be motivated by the desire to be alone in order to enjoy the benefits of aloneness (For more conceptual clarifications, see Coplan &

Rubin, 2010; Coplan & Weeks, 2010.). This latter conceptualization of solitude is close to what could be called "positive aloneness," although it refers to only one kind of constructive use of time alone, namely, play.

Although related, the term *attitude toward aloneness* is different from solitude. The former is the individual's positive or negative evaluation of aloneness (affinity for aloneness and aversion to aloneness, respectively), whereas the latter is the constructive use of time alone (Marcoen & Goossens, 1993). Also, the term *ability to be alone* has been operationally defined and measured in ways similar to the attitude toward aloneness. Goossens (2013) remarked that affinity for aloneness is used for adolescents, whereas preference for solitude is used for children. He argued that affinity for aloneness is a rather broader term than preference for solitude.

Positive aloneness experiences during childhood and adolescence have been rather neglected by researchers. Two decades ago, Marcoen and Goossens (1993) acknowledged the lack of a measure of solitude for these age periods. Possible explanations for this neglect may be due to the extremely painful character of loneliness, which may have led researchers to avoid dealing with it; the common belief in many cultures that being alone may be a pathological or dangerous state; the long-standing view that children do not feel lonely, let alone use aloneness constructively; and the ambivalent nature of aloneness, in the sense that one can feel lonely when in the presence of others and not feel lonely when alone. This ambivalence is reflected in the linguistic confusion among the various aloneness concepts in several languages.

Assessment of Aloneness and Solitude

Aloneness and solitude in childhood and adolescence has been assessed by means of the experience sampling method, sentence completion tasks, and questionnaires.

Experience Sampling Method

(ESM; Csikszentmihalyi & Larson, 1987; Larson, 1989).

This method is suitable for adolescents and adults. Individuals are asked to carry an electronic pager (or beeper) and a booklet for self-reports for a week. At random points in time during that week, they are sent an electronic signal (typically one beep per 2-hour block). At the signal, they are to describe on the self-report form (a) their objective situation (e.g., where they are, what they are doing, and whom they are with); and (b) their subjective states (e.g., their emotions and motivation). Because each individual completes approximately 40 self-reports over the course of a week, the experience sampling method presents researchers with a representative sample of the daily life of an individual, a sample that is obtained with

minimal intrusion in the daily activities. This method assesses time spent alone as well as affect when alone.

Sentence Completion Tasks

A frequently used task is the *London Sentence Completion Test* (LSCT) (Coleman, 1974), which is suitable for children and adolescents. In this test, two sentences are most relevant to the aloneness experience: (1) "When there is no one else around I …," and (2) "If a person is alone …" Two scores are calculated: (a) a negative score, which is assigned to those answers indicating a negative perception of aloneness; and (b) a constructive score, which is assigned to those answers indicating a positive perception of aloneness. Goossens and Marcoen (1999) devised two other scores for the same test: a neutral score for responses with no clear evaluative statement and an ambivalent score for responses that contain both constructive and negative elements.

Ability to Be Alone Questionnaire (ABAQ)

(Berlin, 1990; Youngblade, Berlin, & Belsky, 1999)

This instrument includes 37 items in question format measuring children's perceptions of being alone, frequently used with young children. Twelve of these questions are filler items on hobbies and interests; for example, "Do you like to swim?" The 25 primary items are arranged into two subscales labeled *Aversion to Being Alone* (12 items) and *Ability to Be Alone* (13 items). A sample item for the Aversion to Being Alone subscale is, "Do you feel sad when you play alone?"; for the Ability to Be Alone subscale it is, "Do you enjoy spending time on your own?" Items are scored on a 3-point scale: 2 = yes, 1 = sometimes, and 0 = never. Scores range from 0 to 24 for the Aversion to Being Alone subscale, and from 0 to 26 for the Ability to Be Alone subscale. High scores indicate high aversion to aloneness and high ability to be alone, respectively.

Aversion to Aloneness – Affinity for Aloneness (Aloneness-Negative – Aloneness-Positive)

(Marcoen, Goossens, & Caes, 1987; Marcoen & Goossens, 1993)

These are two of the four subscales of the *Loneliness and Aloneness Scale for Children and Adolescents* (LACA; formerly the *Louvain Loneliness Scale for Children and Adolescents*). Each consists of 12 items measuring children and adolescent aversion to aloneness and affinity for aloneness, respectively. A sample item for *Aloneness-Negative* is, "When I am alone, I feel bad."; for *Aloneness-Positive* it is, "I want to be alone, to do some things." Items are scored on a 4-point scale: 1 = never, 2 = sometimes, 3 = rarely, and 4 = often. Scores on each subscale range from 12 to 48, with

high scores indicating high negative and high positive attitude toward being alone, respectively.

Preference for Solitude Scale (PSS) (Burger, 1995)
This scale, which is suitable for adolescents and adults, consists of 12 items assessing individual differences in one's choice to interact with others versus being on one's own. Three factors were identified (Cramer & Lake, 1998): Need for Solitude, Enjoyment of Solitude, and Productivity during Solitude. Sample items are: "I enjoy being around people vs. I enjoy being by myself"; "Time spent alone is often productive for me vs. time spent alone is often time wasted for me." Items are scored on a dichotomous scale: 0 = no preference for solitude, and 1 = preference for solitude. Scores range from 0 to 12, with high scores indicating strong preference for solitude.

Privacy Preference Scale – Solitude subscale (PPS) (Marshall, 1974)
This is a six-item subscale assessing the desire to be alone as a dimension of privacy preference and is appropriate for young adults and adults. It does not differentiate between being physically alone and mentally alone (i.e., with others nearby who do not intrude). Sample items are: "I sometimes want to get away from everyone for a while, even my close friends."; "It is important to me to be able to be alone when I want to be." Items are scored on a 5-point scale ranging from 5 = strongly agree through undecided to 1 = strongly disagree. High scores indicate strong preference for solitude.

Privacy Questionnaire – Solitude subscale (PQ) (Pedersen, 1979)
This is a five-item subscale that is appropriate for adolescents and adults and measures the positive attitude toward solitude. Sample items are: "I like being in a room with myself."; "I sometimes need to be alone and away from anyone." Items are scored on a 6-point scale: 1 = never, 2 = rarely, 3 = occasionally, 4 = sometimes, 5 = often, and 6 = usually. High scores indicate greater preference for solitude.

Understanding of Solitude
Children's ability to understand solitude is a rather neglected area. With the exception of one study (Demos, 1974), all investigations showed that, during middle and late childhood, the ability to differentiate between the neutral state of being alone and loneliness is active (Galanaki, 2004; Hymel, Tarulli, Hayden, Thomson, & Terrell-Deutsch, 1999; Kristensen, 1995; Wolfe, 1978; Wolfe & Laufer, 1974). A child's ability to understand the desire to be alone, and the fact that aloneness may have positive functions as well, which is the essence of solitude, is another neglected research topic. In various cultures, during early childhood, this understanding appears to

be limited, although not absent (Galanaki, 2004; Wolfe, 1978; Wolfe & Laufer, 1974).

The majority of 7-year-old children are able to define privacy, to which the meanings of controlling access to information and being alone are most frequently attributed; the understanding of "being alone when you want to" appears at age 9, and of "being alone and unbothered" at age 11 (Wolfe & Laufer, 1974). In this study, the ages between 7 and 13 appear to be crucial for the understanding of the meaning and the significance of aloneness. Also, even young children are capable of perceiving the difference between unsociability/social disinterest and shyness, as reported by the social withdrawal researchers (Coplan, Girardi, Findlay, & Frohlick, 2007; Gavinski-Molina, Coplan, & Younger, 2003; Spangler & Gazelle, 2009).

Nature of Solitude

Children have been found to articulate a variety of solitude uses, which follow: peace, quietude, and relaxation; decrease of anxiety, tension, and anger; reflection, problem-solving, planning ahead; daydreaming; self-control and mastery; privacy/secrecy, freedom from criticism; activities; and concentration (Galanaki, 2004). With the use of a newly developed *Children's Solitude Scale* (Galanaki, Mylonas, & Vogiatzoglou, 2008) that assess the motives for being alone, four dimensions of solitude are identified: self-reflection; autonomy/privacy (including freedom from criticism); activities; and concentration. The same scale used in another cultural context (Goossens, 2013) revealed three similar but not identical dimensions: self-reflection/concentration, freedom from criticism, and activities. Both studies imply the importance of inner-directed solitude during childhood and early adolescence. Also, affinity for aloneness was associated with the previous dimensions that represent rather positive reasons for being alone, although these two facets of aloneness experience were not identical.

In another study (Wolfe & Laufer, 1974) on the concept of privacy, a shift was found between ages 7 and 13. Younger children talked about controlling access to information and to spaces, whereas young adolescents perceived the need for aloneness and for the state described as "no one bothering me," a shift which was attributed to the increasing autonomy and demands during early adolescence.

Among adolescents, free-floating thought (e.g., fantasizing, daydreaming, talking to self, thinking about past or future) was the most frequent type of solitary activity, followed by various forms of passive entertainment other than watching TV (e.g., listening to music, reading); sleeping; and personal grooming (Larson & Csikszentmihalyi, 1978).

Similar data emerged in another investigation (Larson et al., 1982): housework, self-care, studying, watching TV, and personal reading. A more detailed description of the content of solitude is offered by Larson and Richards (1991), including school-age children (9-15-year-olds): media use, personal maintenance, schoolwork, playing games, creative activities, eating, chores and errands, sports, transportation, and socializing. When reviewing these findings, Larson (1990) categorized them into productive activities (work at a job, schoolwork); maintenance tasks (cooking, cleaning, personal care); and leisure activities (watching TV, reading, listening to music, daydreaming).

Self-reflection is an important activity of adolescent time spent alone. When explaining the positive change that had occurred in their lives during the previous two years, adolescents referred to time alone as an opportunity to do things, be constructive, reflect, and think (Freeman, Csikszentmihalyi, & Larson, 1986). This has been found to be true, particularly for talented adolescents (Csikszentimihalyi, Rathunde, & Whalen, 1993). Creative reflection emerged as a crucial use of solitude among Italian adolescents (Ammaniti, Ercolani, & Tambelli, 1989). The positive attitude toward aloneness was found to be associated with greater introspectiveness among Belgian adolescents (Goossens & Marcoen, 1999a), and highly introspective adolescents were found to spend more time alone and engage in artistic and cultural activities (Hansel, Mechanic, & Brondolo, 1986). The existence and quality of self-reflection in time alone during childhood has yet to be investigated.

Research data on solitude in adults may prove useful for the investigation of this experience in younger ages. Long and Averill (2003) described four benefits of solitude: freedom, creativity, intimacy, and spirituality. Among adults, solitude has been investigated as a *preference for solitude* or *solitropic orientation* (Burger, 1995; Leary, Herbst, & McCrary, 2003). Three data-based factors have been identified in adults' experience of solitude (Long & Averill, 2003; Long, Seburn, Averill, & More, 2003): (a) inner-directed solitude, i.e., self-discovery, inner peace, anonymity – freedom from constraints, creativity, and problem-solving; (b) outer-directed solitude, i.e., intimacy and spirituality; and (c) loneliness and diversion, the latter as a way of coping with the former. This wealth of solitude has rarely been investigated among children and adolescents by means of, for example, a self-report instrument assessing a variety of uses of voluntary aloneness.

Amount, Context, and Affect of Time Alone

Time spent alone constitutes a significant proportion of daily life in childhood and adolescence. During middle and late childhood this time is somewhat less than 20% of the waking hours, but it increases to nearly one-

third during early adolescence (Larson & Csikszentmihalyi, 1978, 1980; Larson et al., 1982). Fifth graders report being alone for 24% of their non-classroom waking hours, whereas the percentage was 37% for seventh graders (Larson & Richards, 1991). Nine to 12-year-old children report being alone approximately 17% of the time, whereas adolescents 26% of the time (Larson & Richards, 1991). The desire to be alone increases from 36% of their daily reports for fifth graders to 50% for ninth graders (Larson, 1997).

Culture is related to time spent alone (Goossens, 2006). When time spent with parents decreases, time spent alone increases from preadolescence to early adolescence (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996). In cultural groups in which the time with parents does not decrease in early adolescence, such as in African American adolescents (Larson, Richards, Sims, & Dworkin, 2001) and adolescents in India (Larson, Verma, & Dworkin, 2002b), the increase is smaller in time spent alone. Also, 75% to 80% of time alone during late childhood occurs at home (Larson & Richards, 1991). The bedroom is the most common solitary context for adolescents aged 13 to 18 years (Larson & Csikszentmihalyi, 1978).

During preadolescence, spending much time alone is correlated with less positive average affect, although the correlations are modest (Larson & Richards, 1991). This affect does not improve from preadolescence through early adolescence (Larson, 1997). The individual's affective state when alone was found to include both positive and negative aspects during adolescence. While they feel lonelier and hostile, less happy and alert, and weaker and more passive when alone (Larson & Csikszentmihalyi, 1978), adolescents also report improved cognitive state, i.e., better concentration, greater ease in concentration, and lower self-consciousness (Larson & Csikszentmihalyi, 1980). Aloneness is experienced as the loneliest part of daily life (Larson, 1999; van Roekel, Scholte, Engels, Goossens, & Verhagen, 2014); and is highest when the adolescent is alone on Friday or Saturday nights (Larson et al., 1982). These findings support the ambivalence or the *paradox of solitude* (Larson, 1999): solitude may be actively searched for due to its self-enhancing functions but, at the same time, may be experienced as a painful state.

There is a disagreement on the interpretation of the finding that adolescents experience positive affect when entering the company of others after a period of aloneness (Larson, 1997; Larson et al., 1982; van Roekel et al., 2014). One explanation is that it is a positive after effect of solitude, indicating its beneficial function for emotion regulation (Larson, 1997; Larson et al., 1982); the other explanation is that it is a relief effect, which

means that finding company is rewarding for the adolescent after a period of time alone (van Roekel et al., 2014).

Other investigations have shown no association between the positive and negative attitude toward aloneness (Goossens & Marcoen, 1999b; Marcoen et al., 1987; Marcoen & Goossens, 1993); or a very weak association (Goossens & Beyers, 2002) in late childhood and adolescence. These findings appear to further support the paradoxical nature of solitude.

Attitude Toward Aloneness

With the use of various methods (i.e., the experience sampling method, sentence completion tests, and questionnaires), the attitude toward aloneness has been found to be predominantly negative during preadolescence, when a gradual shift to a more positive attitude is observed until the end of adolescence. This age trend has been found in various countries: England, Italy, Belgium, New Zealand, and the U.S. (Coleman, 1974; Corsano, Majorano, & Champretavy, 2006; Goossens & Marcoen, 1999a; Kroger, 1985; Larson, 1997; Larson & Richards, 1991; Marcoen et al., 1987; Marcoen & Goossens, 1993). More specifically, the crucial period for the decline of aversion to aloneness was in early adolescence (i.e., fifth to seventh grade); and the increase occurred between ages 15 and 18 for affinity for aloneness (Marcoen & Goossens, 1993). Advances in reasoning skills, changes in social relationships, and the process of identity formation (see the following section on Solitude and Adjustment) have been regarded as the factors contributing to this attitude shift (Goossens, 2006).

The results for the age trends are not always so clear. For example, while the decreasing trend was found for the negative attitude toward aloneness, the increasing trend for the positive attitude did not emerge from preadolescence to late adolescence (Marcoen et al., 1987). Possible reasons for these mixed findings may be, again, the ambivalent nature of solitude, the fact that positive and negative facets of solitude have not been differentiated in all these investigations, as well as the fact that different methods have been used to assess attitude toward aloneness. Longitudinal research designs, covering a broad range of age groups, are also needed in order to clarify this age trend.

Solitude and Adjustment

If solitude – at least some uses of it – is potentially beneficial, then it should be positively associated with indices of adjustment and mental health. First, solitude seems to have a positive after-effect for adolescents. After being alone, adolescents were more alert, felt stronger, and were more involved and more cheerful (Larson & Csikszentmihalyi, 1978; Larson et al., 1982). However, this positive after-effect was not observed among preadolescents (Larson, 1997).

Social anxiety and depression were more likely experienced among adolescents who exhibited an affinity for aloneness (Goossens, 2013; Goossens & Marcoen, 1999a). Potential explanations offered by these researchers for these associations are that the subscale measuring the positive attitude toward aloneness contains many items that tap a reactive rather than an active desire to be alone; or some adolescents use time alone constructively while others do not; or the same adolescents make a beneficial use of time alone on some occasions but fail to do so on other occasions.

Evidence for the association of the attitude toward aloneness with the process of identity formation, as well as with the quality of attachment to parents among adolescents, emerged from other investigations. One could expect that affinity for aloneness, as a more mature attitude toward being alone, would be characteristic of achievement identity status, which reflects a strong commitment after a period of active exploration. Also, securely attached adolescents are not afraid of being alone and seek solitude for its benefits, whereas dependently attached adolescents prefer being with others than with themselves. However, research findings are not so clear. In one such study (Marcoen & Goossens, 1993), adolescents with a diffused identity, i.e., those who had never gone through a period of exploration and had not arrived at a strong commitment, had negative attitudes toward aloneness; adolescents with an achieved status were more positive toward aloneness. Those with a moratorium status, i.e., those who were going through an exploration period without having arrived at a strong commitment, also had positive views toward being alone, perhaps because they retreated to aloneness to explore alternatives. Also, those with high scores on a unidimensional identity scale (with which identity achievement and intimacy with others were measured) had more negative attitudes toward aloneness. In the same study, contrary to expectations, no differences were found between securely and insecurely attached adolescents as to their attitude toward aloneness, but the dependently attached adolescents were more averse toward being alone, as expected.

These mixed findings about attitude toward aloneness, and particularly the positive attitude, may be attributed to the content of the subscale measuring this attitude, as discussed previously. When identity exploration and commitment were measured separately (Goossens & Marcoen, 1999a), affinity for aloneness did not distinguish among identity statuses but was associated, as expected, with more exploration of identity alternatives, thus supporting the positive role of time alone during adolescence.

In another study (Goossens, Marcoen, Van Hees, & Van De Woestijne, 1998), rather expected findings emerged. Affinity for aloneness was characteristic of insecurely attached adolescents, i.e., those with avoidant

and anxious-ambivalent attachment types; and aversion to being alone was higher among dependently attached adolescents.

All these findings for identity and attachment underline the necessity of future research, in which the positive and negative uses of solitude will be more clearly distinguished and measured. In this way, their associations with various facets of adjustment and developmental processes during adolescence will be clarified.

For young children, the ability to be alone was connected with positive adjustment: more autonomy and less dependency and hostility, according to teachers' reports (Youngblade et al., 1999). For adolescents, an intermediate amount of time alone (i.e., 25% to 45% of their non-classroom time) was related to less alienation (Larson & Csikszentmihalyi, 1978); better school grades; better teacher- and parent-rated adjustment; and lower self-reported depression, controlling for loneliness when alone (Larson, 1997, 1999). This effect was not found for preadolescents, but preadolescents and adolescents who stated that they wanted to be alone rather than with others, and who felt relatively happier when alone, were less well adjusted (Larson, 1997). Similarly, a reactive desire to be alone (measured, for example, with the use of subscales from *Youth Self Report*), was associated with greater anxiety/depression, emotion dysregulation, and lower self-esteem during early adolescence, but not during late adolescence (Wang, Rubin, Laursen, Booth-LaForce, & Rose-Krasnor, 2013). Thus, although solitude can have positive effects on adjustment, it appears that a reactive desire for solitude may be indicative of, or conducive to, adjustment problems, particularly in early adolescence.

Solitude and Coping with Loneliness

Loneliness by definition contains the desire for social contact, but it also can orient the individual toward impersonal interests and pursuits. A frequent complaint of children when they feel lonely is boredom, and they are often motivated to deal with this feeling by engaging in inner- or outer-directed activities that have an intrinsic appeal. Solitude can be used, among other things, as a way of coping with loneliness, either as reactive withdrawal from painful relationships or as an active striving for self-fulfillment and creativity. The capacity to cope with loneliness may be considered as the individual's ability to be alone.

In the research literature on coping with loneliness, evidence exists for an active, constructive use of time alone. Among adults, for example, one type of coping of loneliness strategy is active solitude, which may reflect a beneficial use of time alone, whereas another is sad passivity, which may be a less productive state of mind (Rubenstein & Shaver, 1982b). Nonsocial diversion, reflective solitude, orientation toward

religion, and passivity were some ways of dealing with loneliness during college years, as found in another study (Paloutzian & Ellison, 1982). In a series of studies conducted by Rokach and colleagues among adolescents and adults (Rokach, 1996, 1998, 2001; Rokach & Brock, 1998; Rokach & Neto, 2000), some of the ways of coping with loneliness were acceptance and reflection, self-development and understanding, distancing and denial, religion and faith, and increased activity, all of which constitute pursuits during time alone. In a three-stage model of coping with loneliness (Rokach, 1990), solitary involvement may be one form of the first phase, which is acceptance.

Adolescents have been found to deal with the pain of loneliness through watching television or listening to music – also potential solitary pursuits (Moore & Schultz, 1983). Gifted adolescents were found, among other things, to keep busy, listen to music, and watch television in order to alleviate loneliness (Woodward & Frank, 1988). Also, sad passivity, which seems to be a rather withdrawn state, is used by both lonely and nonlonely adolescents, although nonlonely adolescents used it less frequently and as a preparation for a more active coping response (van Buskirk & Duke, 1991). In a more recent study (Goossens, 2013), a similar finding emerged: adolescents with high scores on solitary coping, measured as their tendency to deal with stress by withdrawing themselves, also had high scores on measures of depression and alienation. On the contrary, feeling comfortable when alone was negatively associated with internalizing problems. In an investigation among youth aged 14 to 23 (Seepersad, 2004), both constructive-active strategies (e.g., working and re-interpreting loneliness), and passive-avoidant strategies (e.g., over-eating) were identified, evidently reflecting healthy and unhealthy uses of solitude, respectively.

Coping with loneliness during childhood is a neglected research issue. Children ages 8 to 13 reported strategies that had the potential of self-discovery and self-growth (Hymel et al., 1999). Similarly, children 7 to 12 years have been found to cope with loneliness through attempts at self-improvement; cognitive problem solving; cognitive restructuring (e.g., re-deployment of attention and thinking about something fun); and behavioral distraction (i.e., activities), all of which may be materialized in time alone (Besevegis & Galanaki, 2010).

More research is needed to disentangle the links between specific strategies of coping with loneliness and specific uses of aloneness. This research will shed light on the complex issue of the adaptive versus maladaptive aloneness experiences and will be useful for designing and implementing interventions to help children and adolescents overcome loneliness.

Associations among the Aloneness Concepts

A positive attitude toward aloneness has been found to correlate positively with loneliness, especially peer-related loneliness, during middle and late childhood (Goossens & Beyers, 2002; Terrell-Deutsch, 1999); adolescence (Corsano et al., 2006) and for girls only (Goossens, Lasgaard, Vanhalst, Mathias, & Masy, 2009; Goossens & Marcoen, 1999b; Marcoen & Goossens, 1993; Marcoen et al., 1987). In adults, as previously noted, loneliness emerged as a dimension of solitude (Long et al., 2003).

Positive links with loneliness have been found even for the negative attitude toward aloneness during preadolescence (Goossens & Beyers, 2002) and adolescence (Marcoen et al., 1987). Moreover, affinity for aloneness was more pronounced among adolescents who had fewer friends, had recently quarreled with a same-sex friend, had a father who was working outdoors, had problems at school, and had a negative outlook on the future (Marcoen et al., 1987). In the same study, negative views on being alone were evident in adolescents who had argued with same-sex friends, were members of a formal youth movement, and had attributed their aloneness to other people. The positive attitude also was related to unsatisfactory relations with parents in early adolescence, whereas this association did not exist during late adolescence, but a negative attitude toward aloneness was related to better relations with peers from early to late adolescence (Corsano et al., 2006). In an investigation by Larson and Csikszentmihalyi (1980), adolescents who had the most positive moods and felt most free alone, relative to other times, were more alienated from family and peers. For fifth and sixth graders, spending more time alone was correlated with heightened loneliness, although the correlation was quite modest (Larson, 1999).

Possible explanations for these rather unexpected positive associations between loneliness and the positive attitude toward aloneness may be that individuals find an attractive retreat in aloneness from unsatisfactory social relationships; or they use aloneness as a protection from demanding and threatening relationships; or they end up feeling lonely because they enjoy solitude and find refuge in it, thus, their withdrawal restricts the quantity and quality of their relationships. They also may state in a questionnaire that they like to be alone as a defense (i.e., rationalization) against their painful loneliness feelings (Goossens et al., 2009; Terrell-Deutsch, 1999). This latter explanation is supported by Larson's (1997) notion of a "misanthropy effect," i.e., a reactive rather than an active desire to be alone (see also Marcoen & Goossens, 1993). The above explanations are further supported by more recent data (Goossens, 2013) indicating that adolescents who showed a greater affinity for aloneness also showed mild forms of unsociability, such as feeling isolated and being misunderstood by others.

Other research data indicates that loneliness and attitude toward aloneness are separate factors during late childhood (Goossens & Beyers, 2002) and adolescence (Goossens et al., 2009). Similarly, the correlations between preference for privacy, and privacy on the one hand and loneliness on the other, although positive, were weak for adolescents (Marcoen & Goossens, 1993).

Finally, a body of research data indicates no relation between ability to be alone/aversion to being alone and loneliness in early (Youngblade et al., 1999) and middle childhood (Terrell-Deutsch, 1999) only for aversion. Young children who were more averse to being alone were found to spend more time in peer settings, thus protecting themselves from loneliness (Youngblade et al., 1999). Surprisingly, no relation was found between friendship quality and ability to be alone, a finding that may be explained by the fact that children who are better able to be alone invest less in friendships. Also, no relation was found for aversion to being alone, which may mean that the interaction with friends is enough, regardless of its quality.

The previous conflicting data, together with the finding that the positive and the negative attitude toward aloneness do not have a strong negative association with each other (Goossens & Marcoen, 1999; Goossens & Beyers, 2002; Marcoen & Goossens, 1993; Marcoen et al., 1987), support the paradox of solitude and may be partly attributed to it.

Gender Differences in Solitude

Research data are rather contradictory on gender differences in perceptions of aloneness and solitude, attitude toward aloneness, and uses of aloneness. School-age girls are more able than boys to perceive the difference between aloneness and loneliness; the motivational dimension of loneliness (i.e., the longing for contact); and the desire to be alone (Galanaki, 2004). This may explain why girls have a more positive attitude toward aloneness than boys during preadolescence and adolescence (Goossens & Marcoen, 1999b; Goossens et al., 1998). Quite the opposite has been found in another investigation (Marcoen & Goossens, 1993), along with the finding that no gender difference exists for attitude toward aloneness (Marcoen et al., 1987).

From another point of view, while solitude as a negative theme peaked at age 11 for boys and girls alike (Goossens & Marcoen, 1999b), girls appear to report more constructive and less negative solitude themes (Coleman, 1974). From preadolescence to adolescence, family time was replaced by time spent alone among boys, and time alone and with friends among girls (Larson & Richards, 1991). When defining privacy, the predominant themes among boys were choice/autonomy and controlling

access to places, which increased from preadolescence to adolescence. Among girls, information management was the theme that increased with age (Wolfe, 1978). Of particular interest is the finding that solitude as a negative theme peaked at age 11 and as a constructive theme at age 17, for both boys and girls (Kroger, 1985).

These findings generally suggest a greater maturity of girls, compared to same-age boys, as to the understanding and experience of solitude. Also, they clearly reflect differences in socialization practices. More specifically, girls are oriented toward human bonds and indoor activities, whereas boys are granted with more autonomy and mobility. However, the rather mixed picture of gender differences may be due to the complex and heterogeneous nature of aloneness experiences: various cognitive, motivational, emotional, and contextual states occur when individuals are alone; therefore, a more differentiated examination of the facets of solitude is needed. Finally, solitude-related cultural expectations and norms, which are possibly different for each gender, have yet to be investigated.

Conclusions and Future Directions

If solitude is a basic human need, equally important to attachment and belonging (Buchholz, 1999; Winnicott, 1958/1965), it is necessary to explore its multiple positive contributions to childhood development. Special attention should be given to the multidimensionality of solitude.

Future research should focus on distinguishing between healthy and unhealthy uses of solitude. The content of solitude, particularly in childhood, constitutes a highly neglected topic. There is still much to learn about issues, such as how the benefits of solitude fluctuate with age, the dimensions of solitude that are most beneficial in each age period, and whether, with age, individuals want to be alone for more intrinsic reasons. An examination is needed on whether uses of solitude vary as a function of unsociability/social disinterest (i.e., a simple preference to be alone); anxious solitude (i.e., a reactive desire to be alone); or active isolation by peers. Goossens (2013) recently argued in favor of the necessity to link the two research traditions – the aloneness/loneliness/solitude with the social withdrawal (mainly the preference for solitude) tradition. Moreover, the role in which the amount of time spent alone plays in children's adjustment is not well specified. Finally, special attention should be given to the developmental trajectory of solitude from early childhood to late adolescence.

More research is needed on the impact of culture on children and adolescent solitude experiences, given the frequent complaint of individuals relative to not having enough time on their own, as well as the dangers of some aloneness states. Developmental research will open the way to a

pedagogy of solitude (Galanaki, 2005), which may enable children and adolescents to not only tolerate but enjoy aloneness as well.

This publication is a revised and extended version of an article published in Volume *50*(3/4) Fall/Winter, 2013, a *Special 50th Anniversary* issue of *Psychology and Education: An Interdisciplinary Journal*.

References

Altman, I. (1975). *The environment and social behavior.* Monterey, CA: Brooks/Cole.

Ammaniti, M., Ercolani, M.P., & Tambelli, R. (1989). Loneliness in the female adolescent. *Journal of Youth and Adolescence, 18,* 321-329.

Asendorpf, J. (1990). Beyond social withdrawal: Shyness, unsociability, and peer avoidance. *Human Development, 33,* 250-259.

Asher, S.R., & Paquette, J.A. (2003). Loneliness and peer relations in childhood. *Current Directions in Psychological Science, 12,* 75-78.

Bhagwan, R. (2009). Creating sacred experiences for children as pathways to healing, growth and transformation. *International Journal of Children's Spirituality, 14,* 225-234.

Berlin, L.J. (1990). *Infant-mother attachment, loneliness, and the ability to be alone in early childhood*. Unpublished master's thesis, Pennsylvania State University, Pennsylvania.

Besevegis, E., & Galanaki, E.P. (2010). Coping with loneliness in childhood. *European Journal of Developmental Psychology, 7*, 653-673.

Buchholz, E.S. (1997). *The call of solitude: Alonetime in a world of attachment.* New York, NY: Simon & Schuster.

Burger, J.M. (1995). Individual differences in preference for solitude. *Journal of Research in Personality, 29,* 85-108.

Coleman, J. (1974). *Relationships in adolescence*. London: Routledge & Kegan Paul.

Coplan, R.J., & Armer, M. (2007). A "multitude" of solitude: A closer look at social withdrawal and nonsocial play in early childhood. *Child Development Perspectives, 1,* 26-32.

Coplan, R.J., & Bowker, J.C. (2013). All alone: Multiple perspectives on the study of solitude. In R. J. Coplan & J. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 3-13). Malden, MA: Wiley-Blackwell.

Coplan, R.J., Closson, L.M., & Arbeau, K.A. (2007). Gender differences in the behavioral associates of loneliness and social dissatisfaction in kindergarten. *Journal of Child Psychology and Psychiatry, 48,* 988-995.

Coplan, R.J., Girardi, A., Findlay, L.C., & Frohlick, S.L. (2007). Understanding solitude: Young children's attitudes and responses toward hypothetical socially withdrawn peers. *Social Development, 16,* 390-409.

Coplan, R.J., Prakash, K., O'Neil, K., & Armer, M. (2004). Do you "want" to play? Distinguishing between conflicted-shyness and social disinterest in early childhood. *Developmental Psychology, 40,* 244-258.

Coplan, R.J., & Rubin, K.H. (2010). Social withdrawal and shyness in childhood: History, theories, definitions, and assessments. In K. H. Rubin, & R. J. Coplan (Eds.), *The development of shyness and social withdrawal* (pp. 3-22). New York, NY: Guilford.

Coplan, R.J., & Weeks, M. (2010). Unsociability and the preference for solitude in childhood. In K. H. Rubin, & R. J. Coplan (Eds.), *The development of shyness and social withdrawal* (pp. 64-83). New York, NY: Guilford.

Corsano, P., Majorano, M., & Champretavy, L. (2006). Psychological well-being in adolescence: The contribution of interpersonal relations and experience of being alone. *Adolescence, 41,* 341-353.

Cramer, K.M., & Lake, R.P. (1998). The preference for solitude scale: Psychometric properties and factor structure. *Personality and Individual Differences, 24,* 193-199.

Csikszentimihalyi, M., Rathunde, K., & Whalen, S. (1993). *Talented teenagers: The roots of success and failure.* New York, NY: Cambridge University Press.

Csikszentimihalyi, M., & Larson, R. (1987). Validity and reliability of the Experience Sampling Method. *Journal of Nervous and Mental Disease, 175*(9), 526-536.

Demos, V. (1974). *Children's understanding and use of affect terms*. Unpublished doctoral dissertation, Harvard University, Harvard.

Freeman, M., Csikszentmihalyi, M., & Larson, R. (1986). Adolescence and its recollection: Toward an interpretive model of development. *Merrill-Palmer Quarterly, 32*, 167-185.

Galanaki, E.P. (2004). Are children able to distinguish among the concepts of aloneness, loneliness, and solitude? *International Journal of Behavioral Development, 28*, 435-443.

Galanaki, E.P. (2005). Solitude in the school: A neglected facet of children's development and education. *Childhood Education, 81*, 128-132.

Galanaki, E.P. (2013). The origins of solitude: Psychoanalytic perspectives. In R. J. Coplan & J. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 71-89). Malden, MA: Wiley-Blackwell.

Galanaki, E.P., Mylonas, K., & Vogiatzoglou, P. (2008, July). *Children's Solitude Scale: A new instrument for measuring beneficial aloneness in childhood.* Paper presented at the Symposium: Alone again, naturally? Unsociability and

the preference for solitude in childhood and adolescence (Chair: R. Coplan). 20th Biennial Meeting of the International Society for the Study of Behavioural Development, University of Würzburg, Würzburg, Germany.

Gazelle, H. (2010). Anxious solitude/withdrawal and anxiety disorders: Conceptualization and peer processes leading toward and away from disorder in childhood. In H. Gazelle & K. H. Rubin (Eds.), *Social anxiety in childhood: Bridging developmental and clinical perspectives* (pp.67-78). San Francisco: Jossey-Bass.

Gazelle, H., & Ladd, G.W. (2003). Anxious solitude and peer exclusion: A diathesis-stress model of internalizing trajectories in childhood. *Child Development, 74,* 257-278.

Gazelle, H., & Rudolph, K. D. (2004). Moving toward and away from the world: Social approach and avoidance trajectories in anxious solitary youth. *Child Development, 75,* 829-849.

Gelhaar, T., Seiffge-Krenke, I., Borge, A., Cicognani, E., Cunha, M., Loncaric, D., ... & Metzke, C.W. (2007). Adolescent coping with everyday stressors: A seven-nation study of youth from central, eastern, southern, and northern Europe. *European Journal of Developmental Psychology*, *4*(2), 129-156.

Goossens, L. (2006). Emotion, affect, and loneliness in adolescence. In S. Jackson & L. Goossens (Eds.), *Handbook of adolescent development* (pp. 51-70). New York, NY: Psychology Press.

Goossens, L. (2013). Affinity for aloneness in adolescence and preference for solitude in childhood: Linking two research traditions. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 150-166). New York, NY: Wiley-Blackwell.

Goossens, L., & Beyers, W. (2002). Comparing measures of childhood loneliness: Internal consistency and confirmatory factor analysis. *Journal of Clinical Child Psychology, 31,* 252-262.

Goossens, L., Lasgaard, M., Vanhalst, J., Mathias, S., & Masy, E. (2009). Loneliness and solitude in adolescence: A confirmatory factor analysis of alternative models. *Personality and Individual Differences, 47,* 890-894.

Goossens, L., & Marcoen, A. (1999a). Adolescent loneliness, self-reflection, and identity: From individual differences to developmental processes. In K. J. Rotenberg, & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 225-243). New York, NY: Cambridge University Press.

Goossens, L., & Marcoen, A. (1999b). Relationships during adolescence: constructive vs. negative themes and relational dissatisfaction. *Journal of Adolescence, 22,* 65-79.

Goossens, L., Marcoen, A., van Hees, & van de Woestijne, O. (1998). Attachment style and loneliness in adolescence. *European Journal of Psychology of Education, 13,* 529-542.

Hansell, S., Mechanic, D. & Brondolo, E. (1986). Introspectiveness and adolescent development. *Journal of Youth and Adolescence*, *15*, 115-132.

Hymel, S., Tarulli, D., Hayden Thomson, L., & Terrell-Deutsch, B. (1999). Loneliness through the eyes of children. In K. J. Rotenberg, & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 80-106). Cambridge, MA: Cambridge University Press.

Kramer, K.M., & Lake, R.P. (1998). The preference for solitude scale: Psychometric properties and factor structure. *Personality and Individual Differences, 24,* 193–199.

Kristensen, K.L. (1995). The lived experience of childhood loneliness: A phenomenological study. *Issues in Comprehensive Pediatric Nursing*, *18*, 125-137.

Kroger, J. (1985). Relationships during adolescence: a cross-national comparison of New Zealand and United States teenagers. *Journal of Adolescence, 8,* 47-56.

Larson, R. (1989). Beeping children and adolescents: A method for studying time use and daily experience. *Journal of Youth and Adolescence, 18,* 511-530.

Larson, R. W. (1990). The solitary side of life: An examination of the time people spend alone from childhood to old age. *Developmental Review, 10,* 155-183.

Larson, R. W. (1997). The emergence of solitude as a constructive domain of experience in early adolescence. *Child Development, 68,* 80-93.

Larson, R.W. (1999). The uses of loneliness in adolescence. In K. J. Rotenberg, & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 244-262). New York, NY: Cambridge University Press.

Larson, R.W., & Csikszentmihalyi, M. (1978). Experiential correlates of time alone in adolescence. *Journal of Personality, 46,* 677-693.

Larson, R.W., & Csikszentmihalyi, M. (1980). The significance of solitude in adolescent development. *Journal of Current Adolescent Medicine, 2,* 33-40.

Larson, R. W., Csikszentmihalyi, M., & Graef, R. (1982). Time alone in daily experience: Loneliness or renewal? In L.A. Peplau & D.P. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 40-53). New York, NY: Wiley.

Larson, R.W., & Richards, M.H. (1991). Daily companionship in late childhood and early adolescence: Changing developmental contexts. *Child Development, 62,* 284-300.

Long, C.R., & Averill, J.R. (2003). Solitude: An exploration of benefits of being alone. *Journal for the Theory of Social Behaviour, 33,* 21-44.

Marcoen, A., Goossens, L., & Caes, P. (1987). Loneliness in pre- through late adolescence: Exploring the contributions of a multidimensional approach. *Journal of Youth and Adolescence, 16*, 561-577.

Marcoen, A., & Goossens, L. (1993). Loneliness, attitude towards loneliness and solitude: Age differences and developmental significance during adolescence. In S. Jackson, & H. Rondriguez-Tomé (Eds.), *Adolescence and its social worlds* (pp. 197-227). Hillsdale, NJ: Erlbaum.

Margalit, M. (2010). *Lonely children and adolescents*. New York, NY: Springer.

Marshall, N.J. (1974). Dimensions of privacy preferences. *Multivariate Behavioral Research, 9,* 255-272.

Moore, D., & Schultz, N.R. (1983). Loneliness at adolescence: Correlates, attributions, and coping. *Journal of Youth and Adolescence, 12,* 95-100.

Paloutzian, R.F., & Ellison, C.W. (1982). Loneliness, spiritual well-being, and the quality of life. In L.A. Peplau & D. Perlman (Eds.), *Loneliness: Current theory, research, and therapy* (pp. 224-237). New York, NY: Wiley.

Pedersen, D.M. (1979). Dimensions of privacy. *Perceptual and Motor Skills, 48,* 1291-1297.

Pedersen, D.M. (1997). Psychological functions of privacy. *Journal of Environmental Psychology, 17,* 147-156.

Peplau, L.A., & Perlman, D. (1982). *Loneliness: A sourcebook of current theory, research, and therapy.* New York, NY: Wiley.

Rokach, A. (1990). Surviving and coping with loneliness. *Journal of Psychology, 124,* 39-54.

Rokach, A. (1996). The subjectivity of loneliness and coping with it. *Psychological Reports, 79,* 475-481.

Rokach, A. (2001). Strategies of coping with loneliness throughout the lifespan. *Current Psychology, 20,* 3-18.

Rokach, A. (2012). *Loneliness updated: Recent research on loneliness and how it affects our lives.* New York, NY: Routledge.

Rokach, A., & Brock, H. (1998). Coping with loneliness. *Journal of Psychology, 132,* 107-127.

Rokach, A., & Neto, F. (2000). Coping with loneliness in adolescence: A cross-cultural study. *Social Behavior and Personality, 28,* 329-342.

Rotenberg, K.J., & Hymel, S. (Eds.). (1999). *Loneliness in childhood and adolescence*. New York, NY: Cambridge University Press.

Rubenstein, C., & Shaver, P. (1982a). *In search of intimacy*. New York, NY: Delacorte.

Rubenstein, C.M., & Shaver, P. (1982b). The experience of loneliness. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research, and therapy* (pp. 206-223). New York, NY: Wiley.

Rubin, K.H. (1982). Non-social play in preschoolers. Necessarily evil? *Child Development, 53,* 651-657.

Rubin, K.H., & Coplan, R.J. (2004). Paying attention to and not neglecting social withdrawal and social isolation. *Merrill-Palmer Quarterly, 50,* 506-534.

Rubin, K.H., & Mills, R.S.L. (1988). The many faces of social isolation in childhood. *Journal of Consulting and Clinical Psychology, 56,* 916-924.

Seepersad, S. (2004). Coping with loneliness: Adolescent online and offline behavior. *Cyberpsychology and Behavior, 7,* 35-39.

Spangler, T., & Gazelle, H. (2009). Anxious solitude, unsociability, and peer exclusion in middle childhood: A multitrait-multimethod matrix. *Social Development, 18,* 833-856.

Spinrad, T.L., Eisenberg, N., Stanley, E., Fabes, R., Kupanoff, K., & Vernon, S. (2004). The relation of children's everyday nonsocial and antisocial peer play behavior to their social functioning, emotion, and regulation. *Developmental Psychology, 40,* 67-80.

Storr, A. (1988). *Solitude: A return to the self.* New York, NY: Free Press.

Suedfeld, P. (1982). Aloneness as a healing experience. In L. A. Peplau, & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research, and therapy* (pp. 54-67). New York, NY: Wiley.

Terrell-Deutsch, B. (1999). The conceptualization and measurement of childhood loneliness. In K. J. Rotenberg, & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 11-33). Cambridge, MA: Cambridge University Press.

Van Buskirk, A.M., & Duke, M.P. (1991). The relationship between coping style and loneliness in adolescents: Can "sad passivity" be adaptive? *Journal of Genetic Psychology, 152,* 145-157.

van Roekel, E., Scholte, R. H. J., Engels, R. C. M. E., Goossens, L., & Verhagen, M. (2014). Loneliness in the daily lives of adolescents: An experience sampling study examining the effects of social contexts. *Journal of Early Adolescence, 9,* 1-26.

Wang, J.M., Rubin, K.H., Laursen, B. Booth-La Force, C., & Rose-Krasnor, L. (2013). Preference-for-solitude and adjustment difficulties in early and late adolescence. *Journal of Clinical Child and Adolescent Psychology, 42,* 834-842.

Weiss, R.S. (1973). *Loneliness: The experience of emotional and social isolation.* Cambridge, MA: MIT Press.

Westin, A. (1967). *Privacy and freedom.* New York, NY: Atheneum.

Winnicott, D.W. (1965). The capacity to be alone. In D. W. Winnicott, *The maturational processes and the facilitating environment: Studies in the theory of emotional development.* New York, NY: International Universities Press. (Original paper published 1958).

Wolfe, M. (1978). Childhood and privacy. In I. Altman, & J. Wohlhill (Eds.), *Children and the environment* (pp. 175-222). New York: Plenum.

Wolfe, M., & Laufer, R. (1974). The concept of privacy in childhood and adolescence. In D. H. Carson (Ed.), *Man-environment interactions: Evaluations and applications, Part II* (pp. 29-54). Stroudsburg, PA: Dowden, Hutchinson & Ross.

Woodward, J.C., & Frank, B.D. (1988). Rural adolescent loneliness and coping strategies. *Adolescence, 23,* 559-565.

Woodward, J.C., & Kalyan-Masih, V. (1990). Loneliness, coping strategies and cognitive styles of the gifted rural adolescent. *Adolescence*, *25*, 977-988.

Youngblade, L.M., Berlin, L.J., & Belsky, J. (1999). Connections among loneliness, the ability to be alone, and peer relationships in young children. In K. J. Rotenberg, & S. Hymel (Eds.), *Loneliness in childhood and adolescence* (pp. 135-152). Cambridge, MA: Cambridge University Press.