

2008

The healthy solitary person

Laurel Lynn Shortell

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Shortell, Laurel Lynn, "The healthy solitary person" (2008). *Theses, Dissertations, and Projects*. 1261.
<https://scholarworks.smith.edu/theses/1261>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

ABSTRACT

This thesis explored the concept of the healthy solitary person who prefers to spend time alone and pursue activities independently and whose independent way of life serves as a source of strength and pleasure. Despite the American ideal of the rugged individualist, the solitary person is often pathologized, seen as being in a transitional state, or not considered at all by much of the psychological literature and by American society at large. This paper examined the societal role played by solitude and drew from self psychology and object relations theory to answer the following question: how can a solitary lifestyle be based on a foundation of psychological health and provide additional psychological and emotional benefits?

To provide a contextual understanding of solitary people, this paper discussed the preponderance of negative views of solitude in the scholarly literature as well as benefits from solitude and the possibility of a developmental need for solitude as important as the need for attachment. The issue of stereotyping and discrimination against singles was presented as an important issue for solitary people, who may encounter these difficulties as they pursue independent activities.

Winnicott's belief that the capacity to be alone is one of the greatest signs of emotional maturity supported the concept that a solitary lifestyle can be based on a foundation of psychological health. From self psychology, solitary pursuits can promote the acquisition of selfobject experiences that build and strengthen one's cohesive self. A solitary lifestyle can therefore provide additional psychological and emotional benefits.

THE HEALTHY SOLITARY PERSON

A project based on an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Laurel Lynn Shortell

Smith College School for Social Work
Northampton, Massachusetts 01063

2008

ACKNOWLEDGEMENTS

I would like to thank my thesis advisor, Dr. Mary Beth Averill, for her guidance and feedback and Dr. Holly Simons for her encouragement during the summer research course. I am thankful to Dr. J. P. Chevront for allowing me to use his unpublished article and to Charles Rizzuto for taking an interest in my thesis.

I am grateful to Murphy Shortell for her warmth and companionship, and I thank Shannon Sennott for being a good listener and ally.

I especially thank Dr. Nina Heller for her support, insight, and helpful perspective.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
CHAPTER	
I INTRODUCTION	1
II METHODOLOGY	4
III SOLITARY PEOPLE	7
IV WINNICOTT AND OBJECT RELATIONS THEORY	28
V KOHUT AND SELF PSYCHOLOGY	46
VI DISCUSSION	58
REFERENCES	65

CHAPTER I

INTRODUCTION

This thesis will explore the concept of the healthy solitary person who prefers to spend much of his or her free time alone, who usually pursues activities independently, and whose independent way of life serves as a source of strength and pleasure. Despite the American ideal of the rugged individualist, the solitary person is often pathologized by popular culture, seen as being in a transitional state, or not considered at all. Similarly, much of the recent scholarly literature in this area has focused on solitary behavior as maladaptive or detrimental, with only a small number of articles focusing on the benefits of solitude. This paper will examine the societal role of solitary people and expand on self psychology and object relations theory to incorporate the solitary lifestyle as a viable option that can provide psychological and emotional benefits to some individuals.

To fully understand which individuals qualify as healthy solitary people, further clarification is needed. For the purposes of this thesis, a solitary person is one who routinely prefers to spend his or her free time alone rather than in the company of others and who usually pursues activities independently rather than being accompanied by other people. In these latter activities, the necessary component is that the solitary person attends the activities independently, regardless of the presence of other people at the activities once the person has arrived. Examples of such activities might include dining out alone, going to a concert alone, or traveling alone. Since some people may see solitary and/or independent activities as unwanted and cause for loneliness, it is important

to distinguish these individuals from the healthy solitary person, who prefers to spend time alone, who prefers to pursue activities independently, and who finds strength and pleasure therein. For the healthy solitary person, solitary and independent activities are wanted rather than unwanted and actively chosen rather than arrived at in reaction to negative experiences in the company of others.

This is an important area to study, since psychotherapists' views may be influenced by scholarly psychological literature and by the larger society that does not generally portray solitary people in a positive light. Therapists' attitudes can influence the therapeutic process and may jeopardize the therapeutic alliance and goals of treatment if the therapist and patient hold opposing views of a solitary client's way of life and its effect on the client's psychological well-being.

There are a number of reasons why solitary people might pursue psychotherapy. While solitary people generally enjoy spending a lot of free time alone and like to pursue activities independently, this may not be true all of the time. Some solitary people might enjoy the company of particular friends or might like to have a romantic relationship with a compatible person. If this part of their life isn't going well, they might seek therapy. A solitary person might still have a broken heart that is not fixed just because the person enjoys time spent alone. Also, people who naturally lean toward solitude may find it difficult to connect with others due to their solitary lifestyle and might sometimes be lonely, even if they generally want to preserve their solitary time in addition to resolving whatever pain they are going through. In this case, a therapist who doesn't understand that most of the client's solitude is one that is valued by the client might mistakenly think that it is this larger solitude that is the problem rather than the particular issue of missing

the lost loved one or longing for closeness with one person while still wanting to retain the deeply cherished time spent alone.

This thesis intends to answer the following question: how can a solitary lifestyle be based on a foundation of psychological health and provide additional psychological and emotional benefits? The next section will describe how the thesis intends to answer this question.

CHAPTER II

METHODOLOGY

To answer the thesis question proposed in the Introduction, a review will be conducted of the literature relevant to the phenomenon of the solitary person, two psychological theories will be described, with a focus on areas that shed light on the phenomenon, and a discussion will follow that synthesizes the insights gained from the theoretical perspectives and that attempts to answer the thesis question. The theories have been chosen for their ability to offer a unique and specific perspective on the phenomenon and also for the strong reputation of the theorists, since the purpose of using existing theory is to provide a solid theoretical foundation on which to base the culminating discussion and theoretical synthesis. The work of Donald Woods Winnicott (1958) stands out as particularly relevant in considering the healthy solitary person, as he believed that the capacity to be alone is a critical sign of maturity in an individual's emotional development. Heinz Kohut's contributions also offer a perspective that is helpful in understanding how solitude can offer psychological benefits. While he mainly focused on the functions that could be offered to an individual by other people (*selfobject functions*) (Kohut, 1971), selfobjects can also include interests and things such as the arts and music. Solitary activities can therefore provide the opportunity for selfobject experiences that build and strengthen one's cohesive self.

When looking at each of these theories, an overview will first be provided to lay the groundwork for understanding the theory in general as well as the specific areas

related to the phenomenon that will be elaborated on immediately following the overview. The specific areas in each theory will be examined for their ability to support or disconfirm the hypothesis that a solitary lifestyle may be based on a foundation of psychological health. These specific areas will also be investigated to see if they provide a basis for the idea that a solitary lifestyle may provide additional psychological and emotional benefits. Any disconfirming views or theories that do not support the hypothesis will be included and evaluated. While the initial plan was to limit the first theory chapter (object relations) to D. W. Winnicott's work and the second theory chapter (self psychology) to Heinz Kohut's work in order to keep the thesis to a reasonable scale, the work of additional theorists will be presented in each theory chapter whenever such inclusions help to clarify relevant concepts.

Other theories were considered, but object relations and self psychology arose as superior to other theories due to their ability to directly reflect on the phenomenon of the solitary person. Theories that were evaluated and dismissed, such as Erikson's developmental stages, intersubjectivity, and Carl Rogers' person-centered therapy, do not directly shed light on the concept of the healthy solitary person, nor do they specifically discuss the importance or complexities of solitude.

Expected Limitations and Strengths

One strength of this methodology is that it grounds this theoretical investigation in object relations and self psychology theories, thus providing a strong foundation based on well known existing theoretical work.

One limitation of this methodology is that in addition to object relations and self psychology, other theories might be helpful in shedding light on the phenomenon of the

healthy solitary person. By viewing the healthy solitary person through the two lenses of object relations and self psychology, this thesis might be missing out on valuable perspectives from these other theories.

Diversity

In the articles reviewed, issues of diversity will be considered, including but not limited to sexual orientation, race, ethnicity, gender, relationship status, and age, as appropriate.

Assumptions

This paper is based on the assumption that there are individuals who prefer to spend time alone and pursue activities independently and that the psychological literature and larger American society do not generally view such a lifestyle positively.

Conclusion

The methodology just described is intended to shed light on the phenomenon of the healthy solitary person from the perspective of two respected psychological theories and determine how a solitary lifestyle can be based on a foundation of psychological health and provide additional psychological and emotional benefits. The following section will elaborate on this phenomenon from the perspective of existing literature on solitude and related areas.

CHAPTER III

SOLITARY PEOPLE

This chapter will review some of the current literature relevant to the issue of solitary people, including negative views of solitude, the stereotyping and discrimination against singles how psychotherapists' attitudes about solitary people affect treatment, the motivations for and benefits of seeking solitude, the health effects of marriage, and loneliness. While many articles included here discuss positive aspects of solitary activity, it is important to note that the overwhelming majority of the scholarly literature on solitude found using the American Psychological Association's PsychInfo database focuses on negative outcomes associated with solitude. No scholarly literature was found on the *healthy solitary person*, defined as one whose solitary way of life is normative for that person and serves as a source of strength and satisfaction; search results only pointed to literature about solitary activities and their impact on individuals. This outcome reflects similar searches in the popular literature. All other positive writings about solitude focused on aspects of solitude as an experience that could be enjoyed by anyone no matter the person's level of sociability.

Negative Views of Solitude

This section will examine research that directly investigates negative perceptions of solitude and poor health outcomes of social isolation as well as research that promotes the physical and psychological health benefits of social interaction, thus indirectly suggesting a lack of health benefits for solitary individuals. These studies will begin to

paint a backdrop of the negative views of solitude that permeate the scholarly literature relevant to the issue of solitary people.

An example of research focusing on negative perceptions of solitude is the study done by Baumeister, Twenge and Nuss (2002) showing decreased functioning at cognitive tasks after participants were told that they were likely to end up alone in life. Three experimental tests were performed showing poorer scores in an IQ test, impaired reasoning, and less ability to recall information in those told they would end up alone in life than in those in the control groups. Nineteen male and 21 female undergraduate psychology students participated in the IQ test, and the group was made up of 70% White students and 30% students of color. In the study on recall, the sample was made up of 41 male and 24 female undergraduate psychology students, with 72% White participants and 28% participants of color. In the study on impaired reasoning, 48 male and 34 female undergraduate psychology students participated, with 71% White students and 29% students of color. In each study, two control groups were used. To control for the impact of receiving negative information about their future lives, one group was told that they would lead a life prone to accidents, and the other group was told that they would lead lives surrounded by people who care about them. One limitation of these studies is that they all appear to use convenience samples made up of undergraduate psychology students.

In a reflection on his body of work on social relationships and the work of others in this topic of interest, Cohen (2004) described three aspects of social relationships that influence health outcomes: social support, social integration, and negative interaction. Cohen defined *social support* as "a social network's provision of psychological and

material resources intended to benefit an individual's ability to cope with stress" (p. 676) and *social integration* as "participation in a broad range of social relationships" (p. 677) that contains a behavioral component of engaging in social activities and a cognitive component that includes a sense of community. Social support improved health by providing practical and psychological resources to help individuals cope with stress, which has been shown to undermine health. The strongest influence of support was not the delivery of resources but the perception that supportive others will provide help if it is needed, thus lowering the individual's stress about a given situation. For example, both students and adults described having increased depressive symptoms and physical complaints while experiencing stress, but the perception of support eased the symptoms and complaints. Social support was not shown to offer a health benefit to individuals not undergoing stress. Cohen argued that social integration improves health by providing a sense of connectedness that is helpful to individuals whether they are experiencing stress or not. Normative health behaviors are reinforced in those who belong to a social network, and through interacting with others, individuals increase their sense of belonging, meaning, and self worth. Research has shown that social integration improves mortality and survival from breast cancer, decreases risk for heart attacks and cancer recurrence, reduces depression and anxiety, and slows age-related mental decline. Cohen balanced his argument by describing how negative interactions with others could have detrimental health effects. For example, research showed that adults who experience enduring interpersonal conflict were more susceptible to cold infections than were individuals not subject to stress (Cohen, 2004). While Cohen briefly acknowledged that interactions with others could sometimes be detrimental, the tone and focus of this study

strongly supported the view that social support and integration are important and desirable influences on one's ability to tolerate stress and maintain good health, implying by contrast that living an independent life with a minimum of social interaction does not offer the same health benefits.

To identify predictors of depression and suicidal ideation in older adults, Vanderhorst and McLaren (2005) studied the human relatedness variables of marital status, social support, and sense of belonging. *Social support* was defined as "a coping resource that is obtained from interpersonal relationships and [...] used to alleviate the adverse psychological effects created by stress" (p. 518), and *belongingness* was defined as "the experience of being both personally involved and integrated within an environment or system" (p. 518). Men and women aged 65 years or older living in the state of Victoria, Australia were contacted for participation in the study. To reach a varied population within this age group, some participants were selected from a home care program that helped physically limited older adults remain living in their own homes, while other participants were selected from nursing homes, retirement villages, and community clubs. Participants within the home care sample were chosen by selecting the fifth individual on the home care mailing list and then selecting every fourteenth individual after that, producing 150 potential participants. Participants from nursing homes, retirement villages, and community clubs were contacted by the principal researcher and invited to volunteer for the study.

All participants in this study (Vanderhorst & McLaren, 2005) were sent questionnaires asking for demographic information and providing 4 psychological inventories. The Social Support Subscale of the Coping Resources Inventory measured a

participant's perceived level of social support by inquiring how much a participant was involved in social networks that could provide support during periods of stress. The Sense of Belonging Instrument measured participants' senses of belonging by determining the extent to which they felt "valued, needed or significant within their environment and [...] whether they [felt] like they fit into the environment" (p. 519). The Zung Depression Scale measured a participant's current level of depressive thoughts and behaviors using a self-report questionnaire. The Suicide Subscale of the General Health Questionnaire measured a participant's current level of suicidal ideation by inquiring about their suicidal thoughts and behaviors.

Two hundred and eighty-eight questionnaires were sent to potential participants in this study (Vanderhorst & McLaren, 2005), and 110 completed questionnaires were returned to the researchers. The sample was made up of 23 men with a median age of 74.00 years and 87 females with a median age of 77.38 years, and participants had been retired for a mean of 21.61 years. Thirty-eight percent were currently married, 53% were widowed, 2% were divorced, and 7% had never married. The housing arrangements of the sample included living in a retirement village (44%), one's own home (46%), or a nursing home (10%). Participants had a mean of 3.04 children, a mean of 6.64 grandchildren, a primary school education (14%), a secondary school education (59%), a trade certificate (19%), or a university degree (8%). Religious participation within the sample consisted of attending religious ceremonies frequently (30%), often (15%), occasionally (33%), and never (22%).

Results of the Vanderhorst and McLaren study (2005) showed that "social support was the only significant predictor of depression and suicidal ideation in older adults" (p.

522). Participants having fewer social supports were more likely to exhibit depressive symptoms and greater suicidal ideation. Limitations of this study include the small sample size, the much larger proportion of women to men, and the low return rate of the questionnaires, since the lack of response may have been due to attributes that were measured in the study (depression, suicidal ideation, lack of social support, sense of belonging). Another limitation is the lack of questioning about the participant's level of desire for social interaction. This would have allowed the study to examine differences in depression and suicidal ideation in participants with little social support who found this level of social support desirable, undesirable, or neutral. While this study paints a picture that in older individuals, a solitary lifestyle is more likely than a social lifestyle to result in depression and suicidal ideation, it is possible that is only true for those solitary individuals who wish to have more interpersonal contact than their current situation provides.

Boden-Albala, Litwak, Elkind, Rundek and Sacco (2005) conducted an empirical study to determine the relationship between social isolation and stroke outcomes of 655 ischemic stroke cases over 5 years. At the start of the study, information was collected that included baseline data and social isolation status. At the end of the data collection period, stroke outcome events were recorded, including myocardial infarction, recurrence of stroke, and death. Participants were 55% female, 45% male, 17% white, 27% African American, 54% Hispanic, and the mean age was 69. The results showed a correlation of increased risk of stroke outcomes with the following: coronary artery disease, age greater than 70 years, atrial fibrillation, race-ethnicity, physical inactivity, lack of help in the home, and social isolation. Boden et al. (2005) concluded that social isolation before a

stroke is a predictor of outcome events after a stroke has occurred and suggested that poorer outcomes may result from reduced compliance, depressive symptoms, and increased stress. While negative stroke outcomes were correlated with social isolation, causation was not shown. Further limitations of this study are that no information was gathered to assess the quality of the relationships between participants and those in their support network, nor was information gathered about participants' desire or lack of desire for social interaction.

Berkman, Melchior, Chastang, Niedhammer, Leclerc and Goldberg (2004) investigated the relationship between social integration and all causes of mortality among French employees of Electricity of France–Gas of France. The participant sample consisted of 12,347 males aged 40-50 years and 4,352 females aged 35-50 years, the sample was selected in 1989, and the follow-up period took place between 1993 and 1999. A social integration measure was created that used three types of interpersonal connection: "1) marital status or cohabitation, 2) contacts with close friends and family, and 3) affiliation with voluntary associations" (p. 168). When measuring marital status, participants who were married or cohabiting were grouped together, while participants who were widowed, divorced, or never married were all considered single. Contacts were grouped together in 3 ranges: 0-2 contacts, 3-11 contacts, and 12 or more contacts. While these contacts were determined by the number of personal connections and the frequency of contact, this study did not specify the time period during which the contacts took place. Voluntary associations were also grouped together in 3 ranges: 0 organizations, 1 organization, and 2 or more organizations. Results showed that socially isolated men were more likely than socially integrated men to smoke cigarettes, rate their overall

health poorly, describe depressive symptoms, and drink alcohol as compared to the socially integrated men. Socially isolated women were more likely to describe poor physical and mental health than socially integrated women. Adjusting for age, the results showed that at the time of follow-up, the least socially integrated men were 4.42 times as likely to die as compared to the men who were the most socially integrated. There were too few deaths among the women to provide statistically significant results showing any correlation between their social integration and mortality (Berkman et al., 2004). While correlation between social isolation and poor health was shown, causation was not. Two additional limitations of this study are that divorced and widowed participants were grouped together with never married participants as all being single and that participants were not asked about their perceptions of the quality of their relationships with contacts and organizations.

To more clearly describe the meaning of solitude, philosophy professor Philip Koch (1994) elaborated on how solitude differs from experiences which may coincide with solitude and which are often inaccurately confused with solitude. He defined loneliness as “the unpleasant feeling of longing for some kind of human interaction” (Koch, 1994, p. 31) and therefore opposed to solitude, which he defined as social disengagement. He described isolation as the sense of being separated from other people, privacy as sometimes including other people, as in private conversations, and alienation as being a “fracture of a relationship with another” (Koch, 1994, p. 43). All of these experiences are based on or can include other people, thereby distinguishing themselves from solitude. At the time of Koch’s (1994) writing, he estimated that only half of the books in the Canadian National Library on solitude were about the solitude defined as

disengaged time alone rather than defined as one of the near relations described above. The ideas Koch put forth are helpful in clarifying the differences between solitude and terms such as loneliness, isolation, and alienation that he states are commonly used interchangeably with solitude (Koch, 1994), and it is helpful to know that a large portion of the literature on solitude may define the term in a different manner from the one that this thesis intends to explore.

Discrimination against Singles

DePaulo and Morris (2006) defined singlism as the negative stereotyping and discrimination against people who are single and described the current climate of societal preference for married and coupled people in contrast to the view that single people “are assumed to be immature, maladjusted, and self-centered” (p. 251). Despite these pervasive stereotypes, the actual health and happiness differences between those who have married and those who have not are much smaller than the perceived differences. The greatest differences take place between those who have previously been married and those who have always been married, with the previously married faring the worst in comparison to both the currently married and those who have never married (DePaulo & Morris, 2006).

Morris, Sinclair and DePaulo (2007) conducted an empirical study over 5 experiments to examine discrimination against singles. In the first 4 experiments, rental agents and undergraduate students were asked to read applications for rental properties and choose one applicant. In experiment 1, undergraduate students were compensated for their participation in the amount of \$5.00, and the participants included 37 men and 47 women. The median age range was 19 years, 63% of the students were Caucasian, and 64

of the 84 students reported being single while 20 were in a romantic relationship. In experiment 2, 53 male and 54 female students participated in exchange for course credit. The median age range was 18 years, 69% of the students were Caucasian, and 70 of the 107 students reported being single while 37 were in a romantic relationship. In experiment 3, 33 male and 21 female rental agents participated in exchange for the chance to win a free lunch. The median age range was 33.5 years, 81% of the participants were Caucasian, and 19 of the 54 participants reported being single while 36 were married or engaged. In experiment 4, 13 male and 84 female students participated in exchange for course credit. The median age range was 21 years, 72.9% of the students were Caucasian, and 51 of the 97 students reported being single while 46 were in a romantic relationship.

The rental applicant pool varied throughout each of the first 4 experiments and included one married couple and a variety of singles with otherwise similar attributes as the married couple (Morris, Sinclair & DePaulo, 2007). Sixty-one to 80% of the participants in the study chose the married couple and reported that their marital status was a determining factor. In all of these 4 experiments except one, participants believed that the married couple would remain in the home longer than the single people. In the case of the exception, participants believed that an unmarried couple that had been cohabiting for 6 years would remain in the home longer than the married couple who had been married for just 6 months.

In the 5th experiment, 20 male and 73 female undergraduate students were asked to read about housing discrimination against singles and other groups in exchange for extra credit in a psychology course. Participants were asked to read 6 scenarios in which

a landlord chose a rental applicant from a non-stigmatized group over an applicant from a stigmatized group who was willing to pay a greater amount of rent. The median age range of the participants was 20, 49 of the 93 students reported being single while 44 were in a romantic relationship, and no information about the students' ethnicity was gathered. Participants rated the discrimination against singles as more legitimate than against the other 5 stigmatized groups (African American, homosexual, female, obese, elderly), and participants were more likely to agree with the landlord's discriminatory decision if the potential tenant was single rather than a member of any of the other stigmatized groups. When asked to explain the landlord's decision, participants were more likely to mention prejudice as a cause if the potential tenant was a member of one of the socially recognized stigmatized groups than if the potential tenant was single.

In all 5 experiments, the relationship status of the participants appeared to have no bearing on the practice or recognition of discrimination against singles (Morris, Sinclair & DePaulo, 2007). Singles were just as likely to discriminate against singles and fail to notice discrimination against singles as were coupled participants. A limitation of this study is that the relationship status of participants was treated differently with the undergraduate students (coupled vs. uncoupled) than with the rental agents (married/engaged vs. not married/engaged), leaving the definition of *single* for undergraduates as not being in a relationship while allowing single rental agents to be coupled or uncoupled. In this case, the relationship status of participants failed to show any effect on the act and perception of discrimination against singles, thus reducing the potential problem of using different definitions of *single* in this study. While the small sample sizes of each experiment and the limitation of participants to rental agents and

undergraduate students did not provide a representational cross-section of the larger society, the inclusion of older rental agents offered a balance of age ranges and life experience. The inclusion of working rental agents also provided a sample of real-world professionals who were in a position to actively participate in housing discrimination in their work.

In response to the lack of singles research in higher education, DePaulo, Moran, and Trimberger (2007) recommended to university educators the incorporation of “a singles perspective into many fields ... [to] broaden and deepen scholarship while enriching the intellectual life of the classroom” (p. B44). DePaulo et al. (2007) described the changing demographics in American society in which more households contain single adults living independently than households that contain a traditional nuclear family consisting of married parents with children. In addition, adults in America now spend more years unmarried than married (DePaulo et al., 2007), so including a singles perspective to academic fields would help reflect the reality of how contemporary adults are living today.

Therapists' Attitudes Affect Treatment

Therapists' attitudes can have a significant impact on the course of treatment. Sampson (2005) made the point that during the course of therapy, therapists convey attitudes about their patients, themselves, and the proper course of treatment both intentionally and unintentionally as well as consciously and unconsciously. Treatment by attitudes “is based on personal judgments, sensibilities, and beliefs that reflect the therapist's convictions about how to help the patient” (Sampson, 2005, p. 114). The patient is keenly aware of the therapist's attitudes and is especially sensitive to those that

relate to the patient's goals and concerns (Sampson, 2005). It is important to be aware of just how much the therapist's attitudes about the patient can influence the focus of treatment, the therapeutic alliance, and the outcome of therapy. It is possible that if the therapist views a patient's solitary lifestyle as maladaptive when the patient sees this lifestyle as a source of pleasure and strength, then the therapeutic dyad may be operating at cross-purposes, the therapeutic alliance may suffer, and the patient's goals for therapy may not be met.

Buchholz (1997) took an historical view of attachment theory and how it has impacted Western culture by focusing on the importance of connection and the pain of loneliness while ignoring peaceful solitude. She described psychoanalysis as moving away from the one-person psychology espoused by Freud to a two-person model that pushed aside the role of "aloneness in the accomplishment of strong and satisfying selfhood" (p. 90). Her work pointed out places in theory where independence and self-sufficiency were once valued (e.g., Freudian theory) and described how this view was discarded by subsequent psychoanalytic theorists. Buchholz stated that "close ties and separateness are not mutually exclusive and that a sense of separateness is within us from the start" (p. 92). She saw a developmental need for both aloneness and attachment, with aloneness theory being a missing piece. In later theoretical work, she made a case for a primary need of "alonetime" in infancy that is of equal importance as attachment (Buchholz & Helbraun, 1999). She is one of the few recent theorists who directly attempted to modify theory to include aloneness.

Chevront (2008) examined psychoanalysis's history of incorporating social customs and traditions into clinical theory and practice and then using these customs as

the basis of normal behavior and developmental milestones. The custom illuminated in this article was that of life-long coupled relationships and their presumed indication of psychological health. Chevront expressed concern about leaving theoretically and socially supported behavior unquestioned. "By privileging coupled relationships we effectively ignore people for whom relationships have taken a backseat to other important and fulfilling dimensions of life." (p. 6) He made the point that because singles are not organized as a political group, they may lack recognition as being members of a group that may be misunderstood by clinical theory. Clients may come to treatment because they feel socially marginalized, so it is important to be aware of theoretical beliefs that may collude with the same struggles that the individual is facing and thus aggravate the client's difficulties.

Motivations for Seeking Solitude

Leary, Herbst and McCrary (2003) researched the question of whether individuals engage in solitary activities primarily because they have a strong wish to spend time alone (high solitropism) or because they have a weak wish to spend time with others (low sociotropism). In an empirical study, 100 male and 104 female undergraduate students filled out a questionnaire that included 17 measures to determine sociotropic and solitropic orientation as well as frequency, likelihood, and pleasure in solitude. One limitation of this study is that all of the participants were undergraduate students. The results indicated that one's enjoyment of solitary activities and the frequency with which they are enjoyed relate to a strong wish for solitude rather than a weak wish for social interaction (Leary et al., 2003).

Benefits of Solitude

Long and Averill (2003) reviewed relatively recent research and theory on the benefits of solitude and sought to identify the specific benefits as well as the settings, personality traits, and developmental abilities that help bring about such benefits. They described solitude as a "vital social phenomenon" (p. 21) that is "a state characterized by disengagement from the immediate demands of other people – a state of reduced social inhibition and increased freedom to select one's physical or mental activities" (p. 23). Their results showed that some of the benefits include freedom from constraints imposed by interaction with others, freedom to pursue desired activities, creativity, self-transformation, reconstitution of cognitive structures, enhanced spirituality, and paradoxically, "feelings of connection with another person" (p. 27). These benefits run counter to the research promoting social interaction over solitary pursuits and seem at odds with the societal view that fosters stereotyping and discrimination against singles.

Segraves (2004) conducted a qualitative study of 21 women in midlife (ages 39-65) living alone to explore the role of connection and well-being. Seven of the women self-identified as lesbians, 15 women described themselves as Caucasian, 3 women identified as African American or Black American, and 3 women identified as Jewish. Segraves used purposive and maximum variation sampling to increase diversity and locate cases rich in information. Her results showed that all of the participants valued their time alone and cared less about whether this time was spent productively or wastefully than that they had "complete ownership of their time" (Segraves, 2004, p. 920). In fact, participants reported that they appreciated having time in which they could do nothing productive at all. They felt that managing their own homes decreased stress

and found that having complete control over their home environment was freeing. One limitation of this study is its small sample size, and due to its qualitative nature, it is most useful in pointing to further research rather than providing a basis for generalization. Nonetheless, this study highlights some of the many benefits of having sole, uncompromised control of one's home environment and spending time alone.

Health Effects of Marriage

Since common knowledge puts forth the concept that married people are healthier, happier, and live longer than single people, it is important to examine the scientific research in this area. Kiecolt-Glaser and Newton (2001) reviewed 64 articles published in the previous decade that focused on marriage and related health outcomes. The results of this review do not support the belief that marriage has a positive effect on health across the board. In fact, when comparing the happiness of unmarried individuals with unhappily married people, the unmarried individuals fared better. Evidence from these articles indicated that the quality of marital functioning and interaction influences health outcomes, with negative marital functioning indirectly affecting depression and health habits and directly affecting "cardiovascular, endocrine, immune, neurosensory, and other physiological mechanisms" (p. 472). For example, married people with negative marital functioning were more likely than those with positive marital functioning to suffer from dental caries and periodontal disease. Additionally, the negative effects of marital discord may be underestimated, as dissatisfied couples have been shown to participate less in marital studies than satisfied couples. When looking at protective effects of marriage, men benefited significantly more than women. For example, while marriage promoted an improvement in health habits for both individuals,

the health benefits were greater for men than for women, and conflict resulted in a higher cortisol response in women than in men. One limitation of this review and the articles included in the review is that marriage was assumed to be between a man and a woman, so the health effects of marriage for same-sex couples has yet to be examined.

DePaulo and Morris (2005) examined published claims that married people experience greater happiness than that of single people and concluded that the research did not adequately make its case. In one case, the meta-analysis was decades old and might no longer contain more recent studies that would provide a representative sample of the current literature available on the subject. In another case, the participants' happiness increased during the time period just before and just after the participants' wedding and then dropped back down so that the participants were not on average happier than before they were married. In additional examination of the literature, DePaulo and Morris found that there were many moderators of the relationship between marital status and happiness, such as gender, relationship quality, social class, and race. In conclusion, the research examined by DePaulo and Morris did not provide support for the claim that marriage results in long-term improved happiness.

Loneliness

One common belief is that solitude leads to loneliness in individuals, which may be a motivation for individuals to pursue psychotherapy. While solitude for some people may be a painful experience and the desire for connection strong, loneliness only occurs when there is a discrepancy between the social connections people wish to have and the social connections they believe they have (Heinrich & Gullone, 2006). It is therefore important to distinguish between those individuals who find solitude lonely and who

would prefer to spend time with others and those who seek out solitude and feel comfortable spending time alone.

Fischer and Phillips (1982) conducted an empirical study to answer the question of who is alone. Participants included 1,050 English-speaking adults who were randomly selected from communities in Northern California that had a population equal to or greater than 2,500 and with less than 40% of that population made up of individuals who were black. Their definition of *alone* was social isolation characterized by "knowing relatively few people who are probable sources of rewarding exchanges" (p. 22), and they limited their definition of social *network* to people who lived within a one hour's drive of the participants. To determine who was included in a social network, participants were asked to name people who satisfied functions such as caring for participants' homes if they left town, helping with household tasks in the previous three months, or engaging in social activities with participants. Because kin and nonkin relationships were important to consider in this study, participants were asked how each network member was related. To include psychologically important interactions with people living more than one hour away from the participants, Fischer and Phillips created an additional measure of emotional isolation that included confidants named by the participants no matter how far away they lived. Participants were also asked to rate whether they "wished they had more people to talk to", "more people to have fun with," and "more people to help" (p. 33). In examining the results that showed an average network size of 10.6 names, Fischer and Phillips treated the smallest 10% as severely alone and the smallest 40% as moderately alone. A number of trends were found in the results, such as the strong correlation between one's place in the social structure and the level of isolation. For example,

working participants were much less isolated than non-working participants. The findings also showed differences between kin and nonkin isolation, especially with relationship to background characteristics. For example, with increasing education, participants' nonkin isolation decreased while their kin isolation increased. Additionally, men were more likely to be isolated from kin while women were more likely to be isolated from nonkin. When looking specifically at who lacked confidants, the greater the education, the greater the likelihood of having at least one confidant, and the greater the age, the greater the likelihood of lacking confidants. In assessing participants' own view of how well their social networks met their needs, "having a small network [did] not greatly influence assessments of its adequacy" (p. 33). Limitations of this study include the exclusion of communities whose population was made up of 40% or more black citizens and the fact that the study took place 26 years ago. Two strengths are the random selection of participants within the selected communities and the creation of an emotional isolation measure to include confidants who were more than an hour's drive away but who were clearly important members of participants' social network. It is interesting to note that while this study only focused on those participants who were considered severely or moderately isolated, having a small social network did not necessarily mean that they felt lonely.

Summary

The current state of psychological and social work research on solitude is skewed heavily toward the negative outcomes that can occur in response to unwanted time spent alone, and only in recent years has the literature begun to study the benefits of solitude and motivations of individuals to find time on their own. While numerous studies of

negative aspects of solitude abound and offer useful information, the sheer bulk of these studies dwarfs the small number of studies showing positive effects from time spent alone. With studies that show an increased chance of poor stroke outcomes for the socially isolated, increased mortality in those who are not socially integrated, increased risk for depression and suicidal ideation in elders with few social supports, and a host of other negative health effects for solitary individuals, it is no wonder that people might fear being alone and experience cognitive impairment when told that they will end up alone in life.

While popular culture promotes the concept that marriage improves one's health, the research does not support this. A troubled marriage can have significant detrimental effects on health, and unmarried individuals are on average happier than those who are unhappily married. Even in the happily married, the increase in happiness from being married subsides and settles back to the level of happiness experienced before the marriage.

Similarly, solitude may result in loneliness for some people, but since loneliness arises out of an unmet desire for interpersonal interaction, loneliness is not the outcome of solitude for those seeking to be alone as a source of pleasure. In addition to benefits of solitude such as self-transformation and reconstitution of cognitive structures, the developmental need for solitude may be as important as the need for attachment.

Stereotyping and discrimination against singles is another important area to examine, as solitary individuals are often subjected to this form of adversity in a variety of settings such as higher education, housing, and psychoanalysis. While not all solitary

people are single and not all single people are solitary, the oppression that solitary people experience in society is often the result of singlism.

Issues of diversity were largely unaddressed in the literature reviewed above beyond describing the demographics of the participants in those articles that focused on empirical research.

There is a severe lack of research available about the healthy solitary person and about psychotherapists' perceptions, attitudes, and beliefs about solitary individuals, despite the significant impact that a therapists' attitudes can have on treatment. In light of this lack of research, this thesis intends to begin filling a much needed gap.

The next chapter will consider the solitary person from the perspective of object relations with a specific focus on the work of Donald D. Winnicott.

CHAPTER IV

WINNICOTT AND OBJECT RELATIONS THEORY

Now that some of the issues relevant to solitary people have been presented using current literature, this chapter will shed light on the solitary person from the perspective of object relations, with a particular focus on the work of Donald D. Winnicott. This section will provide background on Winnicott and object relations theory (mainly from Winnicott's perspective) and present Winnicott's concept of the capacity to be alone as an important sign of emotional maturity. This section will also describe an empirical study that was designed to determine if a high tolerance for being alone correlates with signs of emotional maturity from an object relations perspective. Another empirical study sought to determine if solitude and loneliness can be distinguished from one another as unique aspects of aloneness and if differences in object relations development affect how one experiences being alone. Finally, this section will present a study that investigated the hypothesis that stress could be buffered by one's ability to use and find comfort in solitude.

Background and Theory

Donald W. Winnicott was a British pediatrician who graduated from medical school after World War I and who was a member of the British School of Object Relations, which was made up of psychoanalysts including Melanie Klein, W.R.D. Fairbairn, Harry Guntrip, and John Bowlby, among others. In his work as a pediatrician, he consulted extensively with children and worked with many who suffered from trauma

and other emotional difficulties. His work focused largely on the relationship between the infant and mother, viewing this relationship as the basis of emotional development. He described the importance of the *holding environment* provided by a *good-enough mother* who is able to attend to her baby's needs adequately enough to provide a nurturing and supportive environment without needing to do so perfectly (Winnicott, 1965). Despite there being no need for perfection, Winnicott believed that mothers possess a biological ability to adequately care for their children in what he termed a *primary maternal preoccupation*, which endows mothers with the innate ability to provide a maternal holding environment that keeps a child feeling connected and safe (Winnicott, 1965). Important in this holding environment is the mother's reliability and consistency despite inevitable failures, her sensitivity to the infant's needs, and her ability to keep from excessively intruding on or depriving the infant. Winnicott emphasized that good-enough mothering results in healthy psychological development while maternal failures are cause for ego defects and the creation of a *false self* that arises in an effort to please others (Goldstein, 2001). Winnicott believed that the development of the *true self*, which is the core of a person that holds one's unique attributes, can only thrive in the presence of maternal attachment that not only nurtures but also allows the child's individuality to grow (Berzoff, Flanagan & Hertz, 1996). Winnicott also believed that *transitional objects*, such as a blanket or stuffed animal that is associated with the mother, can stand in as an emotional bridge between infants and mothers (Goldstein, 2001).

Winnicott theorized that a newborn comes into the world in an unintegrated state with a natural potential for growth and development, and that this potential will be fulfilled in the presence of satisfactory care on part of the mother, the first stage of which

is *holding*. This holding does not only include the physical holding of the infant, but also the concept of holding by the environment (Winnicott, 1965). The infant's mother becomes increasingly more able to provide such an environment by the end of her pregnancy as her own interests recede into the background and she modifies her activities and her very self to cater to the baby's needs (Mitchell & Black, 1995).

Winnicott outlined a process by which an infant begins life fully dependent and moves toward independence. In the first stage, *Absolute Dependence*, the infant sees itself and the mother as one, not recognizing the mother as separate. Over time, the infant continues to depend on the mother but begins to see that she is separate. In the next stage, *Relative Dependence*, the child begins moving toward independence but frequently returns to dependence, eventually becoming more and more independent, though the child still may need the mother and is vulnerable to being pushed toward independence too quickly. In the final stage, *Towards Independence*, the child has become autonomous and gained a social sense that allows him or her to belong to a group without losing his or her sense of self (Goldstein, 2001; Winnicott, 1965).

In looking at psychopathology according to Winnicott, trouble begins when the development of a child is stopped by the mother's failure to provide a good-enough environment. Instead of feeling held and having a protective space in which to play and grow, the child has to prematurely deal with the outside world in a process Winnicott called *impingement*. If this maternal failure is ongoing, this can result in an internal split between the *true self* and the *false self* due to the early necessity of dealing with the outside world. In treatment designed to heal this split, Winnicott viewed the therapist as providing a holding environment for the client much like the good-enough mother,

creating a space in which the therapist can deeply understand the client's experience. In this space, the client only needs to "be" and to experience this setting in which the true self can emerge. Winnicott believed that change occurs in treatment because of the therapeutic relationship, which facilitates a regression that awakens old developmental needs that were missing in childhood. In the context of the therapeutic holding environment, the client has an opportunity for a new experience of relating, and he or she actively molds the treatment to provide that which was missing, resulting in a revitalization of the self (Mitchell & Black, 1995).

A key component of object relations theory is that individuals possess an internal world of relationships that may be more powerful than one's external relationships with actual people. *Objects* refer to people in one's life as well as internal representations of those people, and *object relations* refers to one's relationships with both internal and external objects. Object relations theory posits that people internalize psychological material just as they physically take in sustenance, metabolizing what's been ingested in ways that are unique to each person, resulting in internal representations of object experiences. How people relate to these internal objects influences how they react to experiences encountered in external relationships and everyday life (Berzoff, Flanagan & Hertz, 1996).

The Capacity to Be Alone

One area of particular interest in Winnicott's work that supports the concept of healthy solitude is the capacity to be alone, which Winnicott described as "one of the most important signs of maturity in emotional development" (Winnicott, 1958, p. 416). In defining the capacity to be alone, he clarified that he was not referring simply to the

absence of other people but the ability to psychologically tolerate, enjoy, and even value solitude. He identified this concept as a paradox, since he believed that the capacity to be alone was based on one's ability to be alone in the presence of another person, which is developed in the infant's relationship with its mother.

Winnicott (1958) used the term *ego-relatedness* to refer to the relationship between two people in which the presence of each person is important to the other even though either person or both people might be alone. In the case of mother and infant, the infant who is alone can still relate to the mother's presence, even if this presence is momentarily represented by "a cot or a pram or the general atmosphere of the immediate environment" (p. 417). In object relations terms, one's capacity to be alone depends on his or her relationship to good internal objects, which allows one to feel secure with or without external objects or stimuli. If one has received good enough mothering resulting in the development of good internal objects, these objects are available in times of both solitude and communion.

To understand how an infant reaches this state of comfort in solitude, Winnicott (1958) deconstructed the statement, "I am alone," beginning with simply, "I," which can only be thought of by one who can see him or herself as a unit in which an internal world exists. The next step to "I am" implies that one not only has form but also life. In the infant's development, this existence is only possible in the protective environment provided by the mother. The final step to "I am alone" is possible only after the infant is able to recognize the mother's existence, even if the infant cannot consciously do so. Her "reliability makes it possible for the infant to be alone and to enjoy being alone, for a limited period" (p. 418). Winnicott stressed the importance of ego-relatedness and the

resulting capacity to be alone by stating that "it is only when alone (in the presence of someone) that the infant can discover his own personal life. The pathological alternative is a false life built on reactions to external stimuli" (p. 418). During periods of being alone in the presence of its mother, the infant can simply experience existence without pursuing activities or reacting to external impingements, thus allowing the infant to have sensations or impulses that will "feel real and be a truly personal experience" (p. 418). As the child develops, the physical presence of the mother is no longer needed for the ego-supportive environment to remain, and the capacity now exists to be alone without external others present, since there is always one present in one's internal world.

Feinberg (1986) conducted an empirical study that investigated Winnicott's theory on the capacity to be alone. Feinberg sought to determine if a high tolerance in adults for being alone would correlate with "relatively healthy and mature internal representations of the self and others" (p. iv) and if a low tolerance of being alone would correlate with "developmentally less mature representations" (p. iv). Fifty-eight adult outpatients were interviewed about their ability to tolerate spending time alone in exchange for \$1.50, and the results determined which participants would be assigned to the high tolerance group and low tolerance group. Once assigned to these groups, participants were interviewed in exchange for \$6.00 about their early memories, stories generated in response to the Object Relations Technique (ORT - developed by British psychologist Hebert Phillipson in 1955), and participants' dreams. The financial incentive was provided to reduce the likelihood that participants would self-select to be in the study based on their own "special interests or conflicts about aloneness" (p. 67).

Fifty-eight potential participants from a variety of backgrounds were initially identified for this study. From the 33 participants who were in treatment at the University of Tennessee Psychological Clinic and the 25 participants who were in treatment at the University of Tennessee Student Counseling Services Center, two participants were not included due to the appearance of active psychosis. Of the remaining 56 participants, 37 were female and 19 were male with ages ranging from 18 years to 54 years and an average of 27 years. Thirty-six of the participants were students at the University of Tennessee, Knoxville with 21 undergraduates and 15 graduate students. Nine of the participants had children, 36 of the participants were single, eight were married, and 12 were divorced. Three participants were unemployed while 17 worked full-time with 18 of the remaining participants working part-time to full time in conjunction with their school schedules. Thirteen participants lived alone, 18 lived with a roommate, 15 lived with a girlfriend, boyfriend, or spouse, seven lived with their family of origin, one lived with a child, and the remaining two lived in a combination of arrangements (Feinberg, 1986). No information was provided about the racial or ethnic diversity of the participant sample.

The first round of interviews was designed to collect information about the participants' experiences of aloneness, including the following: "their definitions of aloneness, the amount of time spent in physical isolation per week, experiences of discomfort caused by aloneness, what the subjects did when they became uncomfortable with aloneness, the relation of the subject's mood to his or her experience of aloneness" (Feinberg, 1986, p. 68). In addition to providing phenomenological data, the results of the study's interviews were used to determine participants' tolerance for aloneness rather than

preference for aloneness. Each participant was also asked to sign a release waiver for his or her therapist to rate the participant's tolerance for aloneness based on the therapist's existing knowledge (Feinberg, 1986).

To obtain a group of highly tolerant participants and a group of highly intolerant participants for the second round of interviews, participants were chosen if their own ratings for a high or low tolerance of aloneness agreed with the ratings of their therapists. In the case of therapists who did not rate their client's tolerance of aloneness, participants were chosen if two raters of the round 1 interviews both agreed that the participant had a high or low tolerance rating. Of those participants who were still available to continue to the second round of interviews, 14 satisfied the criteria for low tolerance of aloneness and seven satisfied the criteria for high tolerance of aloneness (Feinberg, 1986).

Participants in the second phase of the study were initially given the Early Memories Test (EMT – developed by Eva Ferguson in 1964) in which participants were asked to describe the earliest childhood event that they could remember as well as the earliest memories of their mother and father, with any additional memories recorded verbatim. Participants were next given the Object Relations Test in which cards were held up showing images of 1, 2, or 3 people, and participants were asked to tell a brief story about each card in the following order: one or two sentences about how the story came about, a more full description of what was currently happening in the situation suggested by the card, and one or two sentences describing how the story turned out. Finally, each participant was asked to recount a dream that had occurred within the past week and to write down the next 5 dreams and convey these to the researchers, with a minimum of 3 dreams recorded for each participant. Memories and dreams were scored

using Krohn's Object Representation Scale (Krohn & Mayman, 1974), a technique shown to be highly effective in predicting therapists' ratings of clients' internal object relationships. Because the ORT stories were not compatible with this scoring method, the researchers developed a separate scoring technique of the ORT stories to rate the level of object relations development in each participant (Feinberg, 1986).

In looking at the findings, high scores in the second round of interviews suggested higher levels of mature internal representations of self and others while low scores suggested less mature representations. While the results of participants' ORT stories did not differ significantly between the high and low tolerance group, participants with a higher tolerance for being alone obtained scores on their early memories that were higher than the mean, and participants with a lower tolerance for being alone more often had lower scores on their early memories and dreams. Additional findings suggested that tolerance of being alone could also be reduced by environmental factors such as divorce, assault, and relocation (Feinberg, 1986). While the sample was made up exclusively of psychotherapy outpatients and may therefore not be representative of the larger population, this sample may reflect the client population of the psychotherapists who are the intended audience for this thesis, so the results of this study may be particularly relevant for this audience.

Object Relations and the Experience of Being Alone

Bond (1991) used an empirical study to determine if solitude and loneliness can be distinguished from one another as unique aspects of aloneness and if differences in object relations development affect how one experiences being alone. To understand the results of this study, Bond's definitions of *aloneness*, *loneliness*, and *solitude* are

necessary. Bond uses *aloneness* "to designate the phenomenological experience of being alone either by oneself or in the midst of a crowd" (p. 6). *Loneliness* "is the profound, terror-filled, frequently uncommunicative reaction to being alone. The lonely person is empty, disconnected, and filled with a longing that seems endless. Loneliness calls existence into question" (p. 6). *Solitude* is defined as

that experience which knows connection and commitment. A solitary person knows the self and feels whole without the physical presence of others. The solitary person is aware that emotions change. Negative feelings will not last forever. Such a person can enjoy autonomy, aware that even a person alone participates in a larger whole. While solitude may encompass pseudoloneliness, it is part of a rich emotional language which will not overwhelm. Therefore fear does not dominate life. (p. 6)

Three sequential experiments were performed with 40 male and 40 female participants who had volunteered in academic and work settings and who were all aged 25 and older. This study did not provide information about the racial or ethnic makeup of the sample. These participants were found using a snowball technique in which the study topic was presented to colleagues in business, academic, and church settings, and the names of interested individuals were collected and contacted by the researcher (Bond, 1991).

The first experiment developed the Aloneness Scale, designed to measure an individual's emotional response to being alone and to determine tendencies toward loneliness and/or solitude. The scale was made up of 30 statements in the first person that related either to loneliness or solitude, and each participant was asked to rate how the statements applied to him or her by choosing one of the following: not at all, some, a lot, or completely. An example statement related to solitude was "I experience silence as relaxing" (Bond, 1991, p. 182), and an example statement relating to loneliness was "I

have a desperate need for another" (p.183). Participants also completed the 20-item Revised UCLA Loneliness Scale, which was designed to measure the loneliness felt at the time the scale was used (Bond, 1991).

The second experiment involved the same participants who completed the first experiment and investigated the relationship between factors associated with object relations theory and each participant's tendency toward loneliness and solitude. Participants completed the Tennessee Self-Concept Scale that measured their self-concept along two dimensions: "selves (physical, moral, personal, family, and social) and perspectives (identity, acceptance, and behavior)" (Bond, 1991, p.73). A demographic sheet was completed by each participant to gather background information on his or her family life and religious orientation followed by a Self-Report Paragraph describing an experience of being alone. Participants next completed the Thematic Apperception Test (TAT) in which they were shown a card of a rowboat on a body of water and asked to write a short story about the picture including what any characters were feeling. Finally, an Object Relations Rating Sheet that was created for this study was used "as a way to conceptualize and compare subjective data from an object relations perspective" (p. 77). The sheet consisted of 14 items such as "ability to depict reciprocal relationship" (p. 190) and "extent to which all people are good or bad" (p. 190) that the researcher used when evaluating the subjective content of the results from the TAT and Self-Report Paragraphs (Bond, 1991).

The third experiment involved qualitative interviews with 20 participants achieving the 10 highest scores in the loneliness dimension of the Aloneness Scale and the 10 highest scores in the solitude scale. These participants completed the Rorschach

Mutuality of Autonomy Scale to evaluate the quality of their object relations, told a story based on a TAT card showing a boy sitting on a log cabin's doorstep, and participated in a 3-part interview that focused on family of origin, involvement in social situations, and quality of religious experience. The Object Relations Rating Sheet was used again to evaluate the quality of each participant's object relations (Bond, 1991).

The results of this study did not confirm that loneliness is the opposite of solitude but that these terms describe two different dimensions and that loneliness can be a part of solitude, though the felt experience of pure loneliness was shown to differ from loneliness that is part of solitude. For participants with high solitude ratings (High S) and low loneliness (Low L) ratings, external objects such as nature, God, and music could provide comfort during aloneness and these participants could also use time alone to deepen self-understanding. Participants rated high for loneliness (High L) and low for solitude (Low S) tended to depend on other people for support and were less likely to exhibit a "clear sense of self for reflection" (Bond, 1991, p. 114). In looking at religion, High L/Low S participants were more likely than High S/Low L participants to actively participate in organized religion and to hold religious leadership positions. High S/Low L participants were more likely than High L/Low S participants to speak of an abstract connection with the divine that was separate from organized religion, and in fact, High L/Low S participants tended to avoid abstract discussions and focus their religious connection within the human community. Further results related to object relations showed that both solitude and loneliness were most affected by the participant's nurturing childhood environment, separation from one's caretaker, and memory. While all participants reported remembering pleasant times, only those in the High S/Low L group

were able to experience a state of calmness when recalling these memories. Since many High S/Low L participants exhibited healthy object relations despite their descriptions of apparently unhealthy childhood environments (Bond, 1991), areas suggested for future research include examining the research on resilience to understand how failures in the environment impact future psychological health. Due to the small sample size and snowball technique used to find participants, the results of this study cannot be generalized to the larger population but do suggest that further study in this area is warranted.

Solitary Coping and Comfort

Larson and Lee (1996) investigated the hypothesis that stress could be buffered by one's ability to "comfortably spend and use time alone" (p. 5). They described existing research suggesting that social support can help cushion the blows of stress, but Larson and Lee also recognized that not all people have supportive others in their lives and that attempts to reach out to others for support do not always meet with success.

Understanding that some people use solitude to combat stress and that many scholars have written about solitude's opportunities for self-reflection and renewal, the authors posited that individuals with a high capacity to be alone should be more well adjusted and better able to withstand stress than those with a low capacity. They hypothesized that the capacity to be alone was a *stress buffer*, defined as any mechanism that is specifically related to the well-being of a person experiencing stress. For example, *appraisal support* is a stress buffer in which an individual can use other people to help evaluate stressful situations and correlates with improved physical and psychological health in stressed individuals but not in unstressed individuals. On the other hand, *belonging support* also

correlates with improved well-being through the availability of people with whom one can spend time, but because this correlation is similar for both high and low stress groups, it does not qualify as a stress buffer. Larson and Lee wondered if solitude's affordance of a place for reflection about one's stress might provide a cognitive function and be comparable to social *appraisal support*. They likewise described Winnicott's (1958) theories on the capacity to be alone as being comparable to *belonging support*, as he suggested that mature adults could use time alone to reduce anxiety and restore one's emotional homeostasis. Specifically in this study, Larson and Lee sought to determine if the cognitive and emotional dimensions described above were correlated with psychological well-being and if either dimension served as a stress buffer.

Five hundred participants who were at least 18 years old were found by calling Illinois phone numbers from randomized lists that were created to offer a sample that was proportional to the United States along gender, age, and socioeconomic lines, with no consideration of race or ethnicity (Larson & Lee, 1996). Participants each completed a 20-30 minute phone interview with trained interviewers from a survey research firm who used a number of instruments that will be described next. To collect information on the participant's level of depression, the CESD Depression Inventory was used, minus 4 items that overlapped with the concept of social support. A checklist developed by Mechanic in 1980 was used to determine if a participant had experienced any of 17 common physical complaints in the previous 3 months. Participants were asked to assess satisfaction with their lives according to a 7-point scale that ranged from completely satisfied to completely dissatisfied. To assess whether participants had undergone negative experiences in the previous 12 months, interviewers used the Inventory of Life

Experiences created by Sarason, Johnson, and Siegel in 1978, modifying the questions to add events appropriate for college and elderly individuals and exclude those questions that showed signs of psychological distress. The latter choice was made in an effort to use a scale containing generally objective life events that was more conservative and therefore more compelling than a less conservative scale. The number of stressful events for each person was tallied, with values ranging from 0-13, and participants were placed into the low-stress group if they reported 0-1 negative events, the medium stress group if they reported 2-3 negative events, and the high-stress group if they reported 4 or more negative events.

To evaluate each participant's capacity to be alone, 2 preliminary scales were used. The *solitary coping scale* gathered information about a person's ability to use solitude in coping with stress, and the *solitary comfort scale* gathered information about a person's emotional comfort in solitude. For each of these scales, participants were again divided into three groups of low, medium, and high based on their responses. Participants were asked how much time they spent alone with no other person in the same room, measuring time in hours and minutes on an average weekday and on an average weekend day. Two 10-item scales were used from the Interpersonal Support Evaluation List created by Cohen and Hoberman in 1983 and revised by Cohen, Mermelstein, Karmarck, and Hoberman in 1985. The *appraisal support* scale evaluated one's perception that someone was available to talk to about a given concern and related most closely to solitary coping, while the *belonging support scale* assessed one's perception that others were available for joint activities and related most closely to solitary comfort. The final

assessment tool used was a 7-item *mastery scale* that evaluated one's sense of control over life circumstances (Larson & Lee, 1996).

Results failed to support the hypothesis that individuals with the capacity to be alone would be less susceptible to stress, as high-stress individuals with high solitary coping ratings proved to be less satisfied with their lives than high-stress individuals with low solitary coping skills. While the results also did not show individuals with high solitary comfort values to be more resilient in the face of stress, solitary comfort did correlate positively with life satisfaction and negatively with depression and depressive symptoms. Age, socioeconomic status, and gender did little to vary the effects of solitary coping and solitary comfort, suggesting that these effects are largely consistent across these demographics. Participants who spent the most time alone were rated higher for depression and depressive symptoms and reported less satisfaction with their lives than participants who spent less time alone. The study's sample size, its randomized make-up, and its proportionality with age, gender, and socioeconomic status in the United States strengthened the implications of the results, while limiting the sample to the state of Illinois reduced its generalizability somewhat. Although the results failed to support the hypothesis that use of and comfort in solitude were stress buffers, an important finding showed positive correlation between psychological well-being and comfort in solitude (Larson & Lee, 1996).

Summary

Winnicott's (1958) views on object relations theory offer a solid basis for understanding the importance of one's capacity to be alone, and his work provides an understanding of how this capacity develops in the presence of an attentive and reliable

caregiver who creates a supportive holding environment but who needs not be perfect. In an effort to test Winnicott's ideas on the developmental origins of the capacity to be alone, Feinberg's (1986) study resulted in partial support for her hypothesis that a high tolerance for being alone would correlate with more mature internal representations of the self and others, while a low tolerance for being alone would correlate with less mature representations. Bond's (1991) study found that loneliness and solitude are not opposites of one another but that they describe two different dimensions and that loneliness can be a part of solitude, though pure loneliness differs from loneliness that is part of solitude. Bond also found that differences in object relations development affect how one experiences being alone. People who were very lonely and not comfortable with solitude were more likely to depend on other people for support, less likely to show a distinct sense of self that could be used for internal reflection, more likely to actively participate in organized religion, and more likely to avoid abstract discussions about the divine. People who were comfortable with solitude and not very lonely could use external objects for comfort during aloneness, could use time alone to deepen self-understanding, and were more likely to speak of an abstract connection with the divine that was separate from organized religion. In Larson and Lee's (1996) study, the capacity to use and find comfort in solitude as a buffer against stress was not supported, though significant findings showed that comfort in solitude was correlated with less depression, fewer depressive symptoms, and more satisfaction in life than in people unable to find comfort in solitude. Each of these studies provides one or more aspects of support for Winnicott's claim that the capacity to be alone is related to maturity and provides psychological and emotional benefits.

The next chapter will consider the solitary person from the perspective of self psychology with a specific focus on the work of Heinz Kohut.

CHAPTER V

KOHUT AND SELF PSYCHOLOGY

Shifting from object relations to self psychology, this chapter will examine individualism and solitude using concepts developed mainly by Heinz Kohut, the creator of self psychology. This section will offer a brief history of Kohut's work and provide an outline of the major themes and concepts in self psychological theory, touching on parallels with Winnicott's capacity to be alone. A comparison will be presented of American and Asian culture and the resulting effect of these differences on the self and selfobject relations, with an awareness that the societal values in which Kohut formulated his theories played an influential role in the development of self psychology. Finally, this section will discuss the link between creativity and solitude and explore the selfobject functions that can be provided by the arts and other creative pursuits.

Background and Theory

Heinz Kohut was a Viennese psychoanalyst who moved in 1940 to the United States, where he took up a neurology residency at the University of Chicago and later completed analytic training at the Chicago Institute for Psychoanalysis. While he viewed himself as a classical psychoanalyst until the mid 1960s, in 1966 he published a seminal paper on narcissism, and from that point on continued to publish work that expanded on this concept. In his work with narcissistic patients who were at that time considered untreatable using psychoanalysis, he constructed a view of narcissism as resulting from healthy attempts at development. Kohut stressed that *selfobjects* are of great importance

to individuals throughout the lifespan, defining these selfobjects as people or things that satisfy important functions, including those that an infant cannot perform by itself and those that are supportive of the self at any age. Early in his writings on selfobjects, Kohut put forth that there are two key selfobject needs. One is the need for mirroring of one's positive attributes and abilities (the *grandiose self*), and the other is the need to idealize wonderful others (the *idealized parent imago*). Later he identified the need to identify with an alter-ego (*twinsip*). While not all of these selfobject needs might be met, if at least some of them are met, a person's *cohesive self* can be developed, and he named this process *transmuting internalization*. Failure to meet selfobject needs can result in disorders of the self (Goldstein, 2001). Kohut also placed a great deal of emphasis on the concept of empathy, which he did not use to imply warmth or sympathy. His use of empathy conformed to a more strict use of the term which amounts to the act of putting oneself into the shoes of the other to better understand what that person is experiencing (Berzoff, Flanagan & Hertz, 1996).

In Kohut's early work, he saw the infant as possessing a self-selfobject bond in which it experienced others as though they were parts of itself (Detrick & Detrick, 1989). At this stage of the *fragmented self*, the baby has isolated fragments of self that Kohut (1971) called *self-nuclei*. Kohut (1977) later took the perspective that the newborn baby has a *virtual self*, saying "that the newborn baby's self (whose existence *ab initio* I am willing to consider) is a *virtual self*, corresponding in reverse to that geometric point in infinity where two parallel lines meet" (Kohut, 1977, p. 101). Those in the baby's environment treat the infant as if it has a self, and Kohut suggested that

the newborn infant cannot have any reflective awareness of himself, that he is not capable of experiencing himself, if ever so dimly, as a unit, cohesive in space and enduring in time, which is a center of initiative and a recipient of impressions. (p. 99)

The process of developing a self comes about through interactions with selfobjects who respond with empathy to some of the baby's potentials and not to others (Kohut, 1977).

Kohut and Wolf (1978) traced the origins of disorders of the self to failures in the responses of selfobjects. If the child's needs for mirroring of his positive qualities are not met, if he lacks a selfobject whom he can idealize and with whose perfection he can merge, and if the child does not have a chance to experience and recover from minor failures of these same mirroring and idealizing selfobject needs, then he will not reach the stage of replacing these selfobjects and their functions, which would otherwise have resulted in the achievement of the autonomous self. Kohut and Wolf viewed the source of psychopathology as arising from deficit rather than conflict.

In view of the fact that it is a weakened or defective self that lies in the centre of the disorder, explanations that focused on conflicts concerning either the libidinal or the aggressive impulses of these patients could illuminate neither psychopathology nor treatment process. (p. 414)

One example of psychopathology is the *understimulated self*, which is caused by the ongoing failure of childhood selfobjects to provide stimulating responses. Individuals suffering from this psychopathology will seek out almost any available stimuli to combat the overwhelming sense of deadness. In children, this might include head-banging or risky behavior; in adults, this might include drug and alcohol use, gambling, and promiscuous behavior. Another form of psychopathology is the *fragmenting self*, which is brought about by a lack of integrating responses by one's childhood selfobjects.

Individuals with a fragmenting self show a lack of coordination in areas such as behavior

and mental functions that vary according to the level of functioning before the onset of the condition. Finally, an *overstimulated self* is generated due to the excessive responses from childhood selfobjects. If the child's need for mirroring was responded to excessively, then the individual is unable to experience joy from his external successes. If the child's need for idealizing was responded to excessively, then the individual will retain a persistent and intense desire to merge with an external ideal which will be perceived as a danger, reducing his capacity for enthusiasm (Kohut & Wolf, 1978).

In Kohut's relationship with his clients, he allowed selfobject transferences to occur, believing that clients would experience those transferences that represent what was missing, such as early mirroring or idealizing needs. Important in this work was the optimal responsiveness of the therapist to help repair disruptions and removal of obstacles to empathic attunement that could come about through the countertransference (Goldstein, 2001). In his work with clients, Kohut used empathy, which he viewed as "the capacity to think and feel oneself into the inner life of another person" (Kohut, 1984, p 82). This stance lowers the resistance to the transference and allows the transference to develop so that the client's unconscious hopes and fears can be accessed more readily (Basch, 1984).

Kohut saw the cure of treatment taking place when the client's internal structures are built up enough through the therapist's support of self that the client begins to turn to an increasing number of selfobjects for support and strength. This allows the client to eventually move away from the treatment relationship independently without needing to be pushed away by the therapist (Kohut, 1984). This process provides an example of

transmuting internalization in adulthood. Change also takes place as a result of insight achieved through empathic interpretations made by the therapist (Goldstein, 2001).

Self Psychology and the Capacity to Be Alone

As described in the previous chapter on object relations, an individual's capacity to be alone relies on his or her relationship to good internal objects, allowing one to feel secure even in the absence of external objects or stimuli. From an object relations perspective, good enough mothering in childhood promotes the development of good internal objects which are available at any time, including when one is alone. This internalization of good objects shows parallels with Kohut's process of transmuting internalization. While Powell (1995) pointed out that Kohut "did not ... develop a theory of internal object relations" (p. 87), the process of transmuting internalization follows a similar path as the development of good internal objects, with the former resulting in "the acquisition of self-regulating functions when such regulation had previously come from the environment" (p. 89). The outcome here, with the help of "empathic or attuned caretakers" (Goldstein, 2001, p. 80) who serve as early selfobjects, is the availability of self-regulating functions when one is with others or alone, and these functions overlap with those provided by having a positive relationship to good internal objects, which Winnicott believed is the basis for one's capacity to be alone. The transmuting internalization of selfobject functions may therefore also provide a basis for the capacity to be alone.

Cross-Cultural Perspectives on Self Psychology

When reflecting on the influence of culture on selfobject relationships, Roland (1996) described the concept of radical American individualism as a backdrop for the

development of Kohut's formulation of Self Psychology and contrasted this individualism in American culture with the hierarchical intimacy relationships in Asian culture. Roland emphasized that the individualistic culture in Northern Europe and North America stresses individual self-containment and self-reliance and that these attributes are especially valued in the United States. "America is noted by many commentators to have the most radical individualism of Western societies, with unusual physical and social mobility, and extreme emphasis on self-directedness and self-reliance, and a resultant fragility of relationships" (p. 462). Kohut's development of self psychology and selfobject needs took place in a culture of individualism and not surprisingly emphasized the importance of an individual's development of a center of initiative and an internalization of selfobject relationships that are crucial to functioning in such a culture.

The self and selfobject relationships of Asian individuals differ greatly from those of Americans, as Asian children develop inside hierarchical intimacy relationships in which the self is more of a *we-self* than an *I-self* (Roland, 1996). In these relationships, there is less psychological distance between one's self and others, with an emphasis on deferring to elders or others who are superior in the hierarchy and an attunement to the non-verbal communication of others. Also important in these hierarchical relationships is a responsibility on the part of the superior to fulfill the subordinate's need for dependency by responding to a subordinate's request for help. In turn, a subordinate's request for help boosts the superior's self esteem by allowing him to fulfill his need to be nurturing in his role as a superior. The subordinate can serve as a selfobject for the superior in this manner, creating a reciprocal and interdependent relationship.

While Roland (1996) may have correctly assessed that American culture reveres individualism to a heightened extent as compared with Asian culture, American society is the same place where solitary people, single people, and other individuals who march to their own drummer are stereotyped and discriminated against, as described by DePaulo and Morris (2006). It is interesting that even in a society that is known for its individualism, those who spend more time alone than is culturally normative or who pursue activities independently are stigmatized for their individuality. Roland's emphasis on American "radical individualism" (1996, p. 462) may have served to strengthen his comparison between selfobject relationships in American individuals versus Asian individuals, but it also rendered invisible those who lead lives that are more independent than the norm.

The Role of Selfobjects in Solitude

A particular area of focus that sheds light on one's ability to find psychological support in solitude is the concept of the selfobject that is not a person. While Kohut placed great emphasis on human selfobjects, it is also possible for one's selfobject needs to be met by personal interests such as playing a musical instrument, forging iron tools, or running on snowshoes. Since one can satisfy one or many selfobject needs in this manner, greater possibilities exist for finding healthy pleasure in solitude and in pursuing activities independently.

The link between creativity and solitude has been put forth by theorists and lay persons alike, with claims made for the necessity of solitude for some creative pursuits (Buchholz, 1997; Koch, 1994; Storr, 1988; Suedfeld, 1982), and a number of theorists have also examined selfobject functions that can be provided by the arts and other

creative interests (Dissanayake, 2006; Ornstein, 2006; Rotenberg, 1988). With these two perspectives in mind, a case can be made that solitude offers a unique opportunity for selfobject experiences that may differ from those encountered with others or that may be difficult to achieve in the company of others.

Buchholz (1997) expressed that "the alonetime need permeates every pore in life, but in certain enterprises, such as artistic production, its presence is ever more palpable" (p. 225). She showcased some of the more distinctive writers who are known for both their creativity and proclivity for solitude: May Sarton, who wrote about the importance of balancing solitude with intimacy in order to achieve optimal creativity; Virginia Woolf, who described the privacy and creativity available in *A Room of One's Own*; and Henry David Thoreau, who wrote of his inner experience of solitude at Walden Pond. Buchholz presented research that the most strongly shared attribute of geniuses, artists, and leaders is a preference for introversion and that adolescents who strongly value their solitude are also those who display the most creativity and talent. In fact, Buchholz advocated adequate alonetime for children in contrast to constant parental programming of children's free time, expressing the need for solitary time in which a child can develop imagination, learn to cope with boredom, and independently devise creative solutions. Micromanaging a child's every moment deprives him or her of developmental opportunities for growth, such as the expansion of curiosity, which in turn fuels the desire to learn and explore inner and outer landscapes. While creativity may be fueled at times by inspiration from interactions with others and from experiences in group settings (Buchholz, 1997), solitude holds a valued and crucial place in the development and growth of the creative spark.

In studying the artistic process, Rotenberg (1988) examined the role played by the selfobject concept. He used the term *selfobject* to refer "to an object *experienced subjectively* as serving selfobject functions" (p. 197) and included as selfobjects inanimate items such as objects of art. He proposed that an art object can serve a variety of selfobject functions for both the artist and the one who experiences the artistic product. The viewer of the art object participates in the artistic creation by interacting with the object through reaction and interpretation. Rotenberg argued that the selfobject's "boundaries do not end with the physical boundary of the self" (p. 204), but that the boundaries of self and other, or in this case, self and art object, exist along a continuum with its environment and that this is true for both artist and viewer. He proposed that this merging between self and object is a non-pathological occurrence of everyday life and that intersubjective communication can be part of one's experience with art, made up of an internal dialogue with the artistic elements encountered. The symbolic elements experienced through the art can serve as selfobjects and enhance the viewer's and artist's self-organization through a process that Rotenberg called *transformational functioning*, which underlies the traditional selfobject functions of mirroring, idealizing, and twinship. When the self experiences a relationship with a selfobject that provides information, such as a rhythm or a spatial concept, these data serve an ordering function that the self takes in by aligning with it or processing the information, and the result is a transformation that results from the "order-seeking needs of the self" (p. 208). An artist or viewer is therefore fully able to undergo a selfobject experience with a work of art that offers a self-ordering function to enhance growth and change.

Following a review of the literature describing the healing power possible in creative pursuits, Ornstein (2006) discussed artwork that was created in World War II concentration camps and the "vitalizing selfobject functions that creative activity and the writing of memoirs provide" (p. 386). She described sketches, drawings, and poetry created by artists as a means to transform "painful mental states into creative activity: a transformation that – at least temporarily – relieved their mental suffering and made successful communication of their experiences possible" (p. 390). These activities provided important selfobject functions for the artists and allowed the artists to make sense of their painful experiences while also offering a means through which to share their stories with those viewing the art. Creative works could provide images that allowed viewers to see themselves and identify with the artwork they were experiencing, offering a supportive, mirroring function. Ornstein identified a number of functions provided by art created during the Holocaust, including selfobject functions that increased the likelihood of emotional survival and recovery, the ability of sketches and drawings to act as witnesses to Holocaust events and to function as a form of "*internal resistance* against the effects of humiliation and degradation" (p. 392), and in creative works made after the Holocaust, the ability to act as memorials for the deceased. Art created during the Holocaust offered ongoing selfobject functions that helped artists deal with their horrific circumstances, and art created afterward allowed artists and viewers alike to remember, mourn, and begin healing.

After looking at Buchholz' (1997) examination of the importance of solitude in the creative process and in the development of creativity and curiosity in children, adding Rotenberg's (1988) description of the transformational functioning provided by the arts

opens a window onto some of the selfobject functions that are available in times of solitude. Ornstein's (2006) picture of healing and vital selfobject functions offered by art created in concentration camps further expands the range and power that such functions can have. While selfobjects have traditionally corresponded to people, it is the selfobject *function* that a person takes in, and works of art and other creative endeavors pursued in solitude can clearly provide valuable selfobject functions that foster one's growth and self-cohesion.

Summary

Considering the role of solitude in society and in an individual's life through the lens of self psychology provides an opportunity to notice the variations in levels of individualism across cultures, to forge links with object relations in discovering what makes possible the capacity to be alone, and to explore how the creativity that flourishes in solitude can result in the development of selfobject functions that contribute to enhancing one's cohesive self. By comparing the cultural differences between American and Asian perspectives on individualism and interdependence, not only does Roland (1996) emphasize that American society values self-reliance and self-directedness to a vastly greater extent than do Asian cultures, it is also illustrative that this depiction of intense American individualism is portrayed in a manner that renders invisible those in American society who are more self-reliant and independent than the norm. In examining the basis for the capacity to be alone, it is interesting to see that Kohut's process of transmuting internalization of selfobject functions appears to result in a similar outcome as Winnicott's development of good internal objects through good enough mothering, with both processes providing internal resources that enable the individual to tolerate and

find comfort in being alone. While Ornstein's account of art created in concentration camps is sobering, it also offers a sense of hope and a promise of healing through the selfobject functions provided by these artistic works. Finally, it may come as no surprise that the solitude so cherished by creative individuals and admired in writers notable for their solitary endeavors can promote the acquisition and enhancement of selfobject experiences that build and strengthen one's cohesive self.

CHAPTER VI

DISCUSSION

This thesis began by discussing the preponderance of negative views of solitude in the scholarly literature, including individuals' fears of being alone as well as studies showing negative health effects resulting from solitude. Despite the popular belief that marriage improves one's health, the research does not support this view. Similarly, loneliness need not be the outcome of solitude, and evidence suggests that solitude can provide many benefits, such as self-transformation and reconstitution of cognitive structures. The developmental need for solitude may even be as important as the need for attachment. The issue of stereotyping and discrimination against singles was presented as an important issue for solitary people, who may encounter these difficulties as they pursue independent activities.

Winnicott's (1958) theory of the capacity to be alone was discussed, as well as the basis for this capacity developing from the infant's ability to be alone in the presence of a nurturing caregiver. Winnicott believed that the capacity to be alone is "one of the most important signs of maturity in emotional development" (p. 416). Additional research was presented that supported the theory that a high tolerance for being alone correlates with more mature internal representations of the self and others, that people who were comfortable with solitude and not very lonely could use external objects for comfort during aloneness and could use time alone to deepen self-understanding, and that the

ability to find comfort in solitude was correlated with less depression, fewer depressive symptoms, and more satisfaction in life than in people unable to find comfort in solitude.

Viewing the healthy solitary person through the lens of self psychology provided an opportunity to examine the availability of selfobject functions in solitude, including but not limited to those provided by the arts. These selfobject functions can promote the development of one's cohesive self. Kohut's process of transmuting internalization of selfobject functions was compared with Winnicott's development of good internal objects through good enough mothering, suggesting that the outcome of both processes might equally result in one's capacity to be alone. Discussion of the cultural differences between Asian and American individuals highlighted the greater individualism shown in Americans, but this contrast rendered invisible those who lead lives that are more independent than the norm and who are subject to stereotyping and discrimination by the same American culture that is described as radically individualistic.

So how can a solitary lifestyle be based on a foundation of psychological health and provide additional psychological and emotional benefits? In many ways. Buchholz and Helbraun (1999) proposed that there is a primary need of “alonetime” in infancy that is of equal importance as attachment. Solitude is a central component of a solitary lifestyle, and the capacity to be alone is a hallmark of emotional maturity (Winnicott, 1958). One can use solitude to pursue activities that provide selfobject functions that foster the development of one's cohesive self. Long and Averill (2003) showed that some of the benefits of solitude include freedom from constraints imposed by interaction with others, freedom to pursue desired activities, creativity, self-transformation, reconstitution of cognitive structures, enhanced spirituality, and “feelings of connection with another

person” (p. 27). These are a select handful of answers to the thesis question and may represent just the tip of the iceberg.

Implications for Practice

Because psychotherapists are the intended audience for this thesis, one major goal is to create awareness in clinicians who may treat individuals who are solitary and who find pleasure and support in solitary activities. While the more common experience of psychotherapists treating a solitary individual may be that this solitude is the source of great pain and frustration in the client, it is important for the clinician not to blindly equate solitude with unwanted isolation. More investigation is needed before accurately arriving at such a conclusion. By carefully exploring the role and meaning of solitude in a client's life, clinicians can enter the client's world and avoid mistakenly pathologizing the healthy solitary person.

An additional goal of this thesis is to highlight some of the benefits of solitude so that clinicians will consider helping isolated clients transform their experiences of unwanted isolation into opportunities for personal growth, mastery, and restoration. For clients who largely experience time spent alone as painful, and for those clients who inevitably *will* have stretches of solitary time, it may be helpful for them to learn how to perceive this time differently and use the time in new ways that enhance self-esteem and pleasure. If an individual can improve one's relationship with oneself through healthy solitary activities such as journal writing, self care, meditation, or exercise, he or she may develop more inner resources and insight to bring to relationships with others, thus reducing the kind of solitude that is unwanted. It might prove interesting to study the

impact of such an intervention and investigate any changes in client sociability and comfort in solitude.

Alternative Paths to Healthy Solitude

While Winnicott (1958) believed that one's capacity to be alone is based on having developed the ability to be alone in the presence of his or her caretaker in infancy, it is worth considering alternative paths to healthy uses of solitude in adulthood.

In Anthony Storr's (1988) treatise on solitude, *Solitude: A Return to the Self*, he discussed the social isolation of well-known literary figures such as Beatrix Potter and Rudyard Kipling during their childhoods, describing how isolated children sometimes learn to use solitude as a place for creative play and imaginary worlds. He identified this isolation as the springboard for their later creative works. Storr wrote,

The idea that the development of imagination and invention in these writers began as compensation for the absence or severance of intimate attachments carries with it the implication that such development is second best; a poor substitute for the close, loving relationships which they should have enjoyed. In early childhood, this is probably the case. Nothing can entirely compensate for the absence of intimate attachments in the very young. However, what began as a compensation for deprivation became a rewarding way of life. (p. 122)

The research on resilience also offers an alternative perspective on how an adult may develop the capacity to be alone despite a childhood background of isolation and neglect. In Richardson's (2002) article on the metatheory of resilience, he described the resiliency process as "a life-enriching model that suggests that stressors and change provide growth and increased resilient qualities or protective factors" (p. 319). This process offers hope for a more positive outcome in the face of emotional neglect or other environmental factors that create an experience of childhood isolation. While many children who lack a nurturing relationship with their caretaker may fail to develop the

capacity to be alone, other children may respond in a healthily adaptive manner that demonstrates resilience and results in the capacity to be alone in childhood and adulthood. In fact, Bonanno (2004) proposed that resilience is a common occurrence and has been seen as rare only because previous studies on resilience were performed with participants who were in distress and/or seeking psychological treatment.

Neurochemical Motivation for Solitude

One theory put forth by Temple Grandin (2005) in *Animals in Translation* is the possibility that high levels of endogenous opioids in the brain reduce a person's desire for social contact. Social contact increases the level of opioids in the brain, resulting in a positive feeling, so individuals low in opioids increase social contact to restore their opioid levels, while individuals with already high levels of brain opioids have less of a need for social contact. While Grandin framed this theory in the context of individuals with autism as an explanation for social withdrawal, it is possible that the level of endogenous opioids affects the brain of neurotypical (non-autistic) individuals in a similar manner, resulting in a reduced desire for social contact. A fruitful area for further research might include testing the endogenous opioid levels of a large number of individuals, administering tests for social contact preference and comfort with solitude, and evaluating any resulting correlations.

Additional Areas for Further Research

Because therapists' attitudes can influence treatment and affect the therapeutic alliance, it would be useful and potentially enlightening to study psychotherapists' perceptions of individuals who lead solitary lifestyles.

Another area for further research is studying the parameters of solitary activity in individuals in order to map out the demographics of solitary people, to more fully identify the continuum from solitary to social (or discover that a continuum does not accurately represent this aspect of human behavior), and to explore individuals' motivations for seeking solitude and for pursuing activities independently.

Much has been written about the solitary lives of monks and other spiritual seekers (e.g., Trappist monk Thomas Merton (2006) and Gautama Buddha (Eliade, 1984), the founder of Buddhism). While such individuals were extreme examples of the healthy solitary person described in this thesis and do not represent the full spectrum of healthy solitary individuals, much can be learned from their stories in understanding the positive uses of solitude, such as reflection, meditation, personal transformation, and enlightenment.

While this thesis has used scholarly sources as its basis for research, literary works have also contributed to the body of knowledge about solitude. Authors such as Henry David Thoreau (1886) and May Sarton (1973) have written in depth about the richness of solitude, and this area could be explored further to deepen the understanding of the healthy solitary person.

Because there appear to be multiple routes to becoming a solitary adult and using solitude positively, it would be helpful to examine the developmental progression of solitary individuals, including individuals for whom solitude is unwanted. While some children may grow up finding pleasure and joy in their time alone, others may find solitude a useful adaptation to difficulty (Storr, 1988). Shedding light on this

developmental path might provide useful information in understanding solitary adults and also suggest interventions that could be helpful in developing children.

Introversion and healthy solitude are not interchangeable terms, but there is likely overlap between the two, so an investigation into the research on introversion is in order. For example, Hills and Argyle's (2001) research on happiness, introversion, and extraversion led to the discovery of a significant minority of subjects that could be considered happy introverts.

While some research exists about healthy uses of solitude, and research on the related field of singlism is beginning to contribute to current literature, the concept of the healthy solitary person appears to occupy new territory. For this reason, much preliminary research will be needed to provide the basis for this area of study, including but not limited to further defining and clarifying the concept of the healthy solitary person, understanding the solitary person's role in society, and exploring possible psychological and situational differences between solitary people and those who are culturally normative.

References

- Basch, M. F. (1984). Selfobjects and selfobject transference: Theoretical implications. In P. E. Stepansky & A. Goldberg (Eds.), *Kohut's legacy: Contributions to self psychology* (pp. 21-41). Hillsdale, NJ: The Analytic Press.
- Baumeister, R. F., Twenge, J. M., & Nuss, C. K. (2002). Effects of social exclusion on cognitive processes: Anticipated aloneness reduces intelligent thought. *Journal of personality and social psychology*, 83(4), 817-827.
- Berkman, L. F., Melchior, M., Chastang, J., Niedhammer, I., Leclerc, A., & Goldberg, M. (2004). Social integration and mortality: A prospective study of French employees of electricity of France-Gas of France: The GAZEL cohort. *American Journal of Epidemiology*, 159(2), 167.
- Berzoff, J., Flanagan, L. M., & Hertz, P. (1996). *Inside out and outside in: Psychodynamic clinical theory and practice in contemporary multicultural contexts*. New York: Aronson.
- Boden-Albala, B., Litwak, E., Elkind, M. S. V., Rundek, T., & Sacco, R. L. (2005). Social isolation and outcomes post stroke. *Neurology*, 64(11), 1888-1892.
- Bond, D. L. (1991). Loneliness and solitude: Some influences of object relations on the experience of being alone (Doctoral dissertation, Boston University, 1990). *Dissertation Abstracts International*, 51(9-B), 4585.
- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28.
- Buchholz, E. S. (1997). *The call of solitude: Alonetime in a world of attachment*. New York: Simon & Schuster.
- Buchholz, E. S., & Helbraun, E. (1999). A psychobiological developmental model for an 'alonetime' need in infancy. *Bulletin of the Menninger Clinic*, 63(2), 143-158.
- Cheuvront, J. P. (2008). *Life-long coupled relationships and psychoanalysis: Reconsidering developmental milestones and measures of normality in clinical theory*. Unpublished manuscript.
- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59(8), 676-684.
- DePaulo, B., Moran, R. F., & Trimberger, E. K. (2007, September 28). Make room for singles in teaching and research, *Chronicle of Higher Education*, p. B44.

- DePaulo, B. M., & Morris, W.L. (2005). Singles in society and science. *Psychological Inquiry*, 16(2), 57-83.
- DePaulo, B. M., & Morris, W. L. (2006). The unrecognized stereotyping and discrimination against singles. *Current Directions in Psychological Science*, 15(5), 251-254.
- Detrick, D. W., & Detrick, S. P. (1989). *Self psychology: Comparisons and contrasts*. Hillsdale, NJ: The Analytic Press.
- Dissanayake, E. (2006). Fons et origio: A Darwinian view of selfobject theory and the arts. *Psychoanalytic Inquiry*, 26(3), 309-325.
- Eliade, M. (1984). *A history of religious ideas: Volume two From Gautama Buddha to the triumph of Christianity*. Chicago: University of Chicago Press.
- Feinberg, S. C. (1986). Object relations and the capacity to be alone (Doctoral dissertation, University of Tennessee, 1985). *Dissertation Abstracts International*, 47(2-B), 784-785.
- Fischer, C. S., & Phillips, S. L. (1982). Who is alone? Social characteristics of people with small networks. In L. A. Peplau & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 21-39). New York: John Wiley & Sons.
- Goldstein, E. G. (2001). *Object relations theory and self psychology in social work practice*. New York: The Free Press.
- Grandin, T. (2005). *Animals in translation: Using the mysteries of autism to decode animal behavior*. New York: Simon & Schuster.
- Heinrich, L. M., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, 26(6), 695-718.
- Hills, P., & Argyle, M. (2001). Happiness, introversion-extraversion and happy introverts. *Personality and Individual Differences*, 30, 595-608.
- Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4), 472-503.
- Koch, P. (1994). *Solitude: A philosophical encounter*. Peru, Illinois: Open Court.
- Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.
- Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press, Inc.

- Kohut, H. (1984). *How does analysis cure?* Chicago: The University of Chicago Press.
- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psycho-Analysis*, 59, 413-425.
- Krohn, A. S., & Mayman, M. (1974). Object representations in dreams and projective tests. *Bulletin of the Menninger Clinic*, 38, 445-466.
- Larson, R., & Lee, M. (1996). The capacity to be alone as a stress buffer. *The Journal of Social Psychology*, 136(1), 5-16.
- Leary, M. R., Herbst, K. C., & McCrary, F. (2003). Finding pleasure in solitary activities: Desire for aloneness or disinterest in social contact? *Personality and Individual Differences*, 35(1), 59-68.
- Long, C. R., & Averill, J. R. (2003). Solitude: An exploration of benefits of being alone. *Journal for the Theory of Social Behaviour*, 33(1), 21-44.
- Merton, T. (2006). *An invitation to the contemplative life*. Ijamsville, MD: Word Among Us Press.
- Mitchell, S. A., & Black, M. J. (1995). *Freud and beyond: A history of modern psychoanalytic thought*. New York: Basic Books.
- Morris, W. L., Sinclair, S., & DePaulo, B. M. (2007). No shelter for singles: The perceived legitimacy of marital status discrimination. *Group Processes & Intergroup Relations*, 10(4), 457-470.
- Ornstein, A. (2006). Artistic creativity and the healing process. *Psychoanalytic Inquiry*, 26(3), 386-406.
- Powell, C. (1995). Internal object relations as intersubjective phenomena. In A. Goldberg (Ed.), *Progress in self psychology, Vol. 11. The impact of new Ideas* (pp. 87-96). Hillsdale, NJ: The Analytic Press.
- Roland, A. (1996). The influence of culture on the self and selfobject relationships: An Asian-North American comparison. *Psychoanalytic Dialogues*, 6, 461-475.
- Rotenberg, C. T. (1988). Selfobject theory and the artistic process, In A. Goldberg (Ed.), *Progress in self psychology, Vol. 4. Learning from Kohut* (pp. 193-213). Hillsdale, NJ: The Analytic Press.
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307-321.

- Sampson, H. (2005). Treatment by Attitudes. In G. Silberschatz (Ed.), *Transformative relationships: The control mastery theory of psychotherapy* (pp. 111-119). New York: Routledge.
- Sarton, May. (1973). *Journal of a Solitude*. New York: W. W. Norton.
- Segraves, M. M. (2004). Midlife women's narratives of living alone. *Health Care for Women International*, 25(10), 916-932.
- Storr, A. (1988). *Solitude: A return to the self*. New York: The 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. 21-39). New York: John Wiley & Sons.
- Thoreau, H. D. (1886). *Walden*. London: W. Scott.
- Vanderhorst, R. K., & McLaren, S. (2005). Social relationships as predictors of depression and suicidal ideation in older adults. *Aging & Mental Health*, 9(6), 517-525.
- Winnicott, D. W. (1958). The capacity to be alone. *The International Journal of Psychoanalysis*, 39, 416-420.
- Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. New York: International Universities Press, Inc.