


## COMMENTARY

# Alone but not lonely: The concept of positive solitude

Commentary on “Let there be light: The moderating role of positive solitude in the relationship between loneliness and depressive symptoms”

by Ost-Mor *et al.*

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Solitude is a part of everyone’s life, but as people grow older, they tend to spend more time alone (Larson, 1990; Pauly *et al.*, 2017). This is often due to losses that are more common in later life, such as the loss of friends or a spouse, leading to increased alone time at home. Retirement is also a life-changing event that alters the frequency and quantity of social interactions. Aloneness or solitude is typically associated with negative experiences of social isolation and loneliness. Loneliness is the distressing feeling of being alone or separated from others, while social isolation refers to the objective situation of having few social contacts and interacting with few people regularly (Hawkey and Cacioppo, 2010). Both social isolation and loneliness have determinantal negative consequences on health (Leigh-Hunt *et al.*, 2017). Loneliness was recently defined as a modern behavioral epidemic (Jeste *et al.*, 2020).

Nonetheless, positive experiences can also occur when one is alone. These experiences are now referred to as *positive solitude*. Positive solitude is a state of being alone that is characterized by positive feelings of peace, contentment, and relaxation. When alone, people can reflect, relax, deal with pressures, enhance their emotional regulation mechanisms, organize their thoughts, enjoy mental and behavioral freedom, feel creative, and even feel connected to an external entity, such as a god or a distant person (Averill and Sundararajan, 2014; Korpela and Staats, 2014; Larson, 1990; Long and Averill, 2003; Nguyen *et al.*, 2018; Ost Mor *et al.*, 2020). Palgi *et al.* (2021) recently added that it is a voluntary choice to spend time alone, and it can be beneficial for one’s mental health and well-being.

According to Palgi *et al.* (2021) for solitude to be a flourishing experience one has to choose to be alone rather than being forced into it by circumstances. It includes situations where people

deliberately choose to spend time alone, such as taking a walk in nature or working on their computer. But, also situations where people are already alone but use this time to enhance their personal growth, for instance, by doing something they enjoy, like listening to their favorite music. This could also include scenarios where a person is surrounded by others but chooses to engage in reflective thinking that adds more meaning to their well-being (Palgi *et al.*, 2021). This idea of positive solitude is reflected in the broad definition of Positive Solitude (PS) proposed by Ost-Mor *et al.* (2020), which states that it is “The choice to dedicate time to a meaningful, enjoyable activity or experience conducted by oneself. This activity/experience might be spiritual, functional, recreational, or of any chosen type, and might take place with or without the presence of others. It is independent of any external or physical conditions; yet, individuals have their own setting for engaging in PS” (Ost Mor *et al.*, 2020, p. 15).

Winnicott (1958) posited that the ability to be alone is a crucial skill for adults. He explained that this ability develops in a nurturing and secure environment during infancy. A person who internalizes a nurturing attachment with a caring figure can develop secure relationships with their internal entities and remain comfortable even in the absence of external figures, i.e. being alone. According to Long and Averill (2003), an individual’s ability to experience positive solitude is dependent on the development of a good attachment pattern in infancy and the ability to reflect. These personal qualities are necessary for individuals to feel comfortable and content in their own company. Larson (1997) also stressed that an individual’s ability to derive a positive experience from being alone is related to their internal resources and personal qualities that they acquire over time.

These authors emphasize the significance of a person's early environment and the processes they undergo during development for the cultivation of healthy resources to cope with being alone.

Recent research has shown that the positive solitude experienced by older individuals is different in quality and intensity than that experienced by younger people (Ost Mor *et al.*, 2020; Pauly *et al.*, 2017). Older individuals tend to report more positive feelings when alone than younger individuals, which can be explained by the theoretical arguments that individuals develop essential mental and personal resources over time, including the ability to regulate stress, find meaning in the present, focus on positive emotions, and suppress negative emotions (Carstensen *et al.*, 2003; Charles, 2010; Vaillant, 2002). The study conducted by Ost Mor *et al.* (2020) revealed also that several aspects of positive solitude were more suitable for the younger population than the older population. These included positive solitude as a spiritual or religious experience, such as praying alone, which evokes a feeling of closeness to God; enjoyment of escapism; positive solitude as a way to control thoughts in stressful situations; and positive solitude as a way to enhance performance and achieve goals. On the other hand, positive solitude in old age is characterized mainly by feelings of calmness, quietness, freedom from limitations, recreation, and an opportunity to regain mental strength (Ost Mor *et al.*, 2020).

Ost-Mor *et al.* (2023) paper aimed at exploring a new angle of the benefits of positive solitude in old age. Their research investigated whether the capacity to experience positive solitude can mitigate the negative impact of loneliness on symptoms of depression. They hypothesized that a greater degree of loneliness would be linked to a higher level of depressive symptoms (H1). And that a higher level of positive solitude would be associated with a lower level of depressive symptoms (H2). Finally, they hypothesized that positive solitude would moderate the relationship between loneliness and depressive symptoms, specifically that higher levels of positive solitude would weaken the association between loneliness and depressive symptoms (H3).

The harmful consequences of loneliness in many areas of older people's lives recently received robust evidence from an updated prospective study of 492,322 individuals over 15 years (Sutin *et al.*, 2023). Experiencing loneliness was found to be linked with a significant increase of almost 60% in the risk of all-cause dementia. According to the cause-specific analyses, loneliness was a more robust predictor of Vascular Dementia compared to Alzheimer's Disease. Moreover, it was surprisingly found to be a strong predictor of Frontotemporal Dementia. The COVID-19 pandemic and the measures employed to mitigate its spread narrowed greatly several aspects of social life among older

adults, causing concern about a possible rise in loneliness. A recent study (Choi *et al.*, 2023) that used the 2020 Health and Retirement Survey (HRS) COVID-19 module found that almost 29% of people felt lonelier after the COVID-19 outbreak. The study also revealed that not having enough in-person contact with people outside the household was strongly associated with increased loneliness. Furthermore, receiving emotional support less frequently or more frequently than before was linked to increased loneliness, and positive associations were found between worse quality of family relationships and friend/neighbor relationships and feeling lonelier.

The prevalence of loneliness in old age, along with its negative consequences found in recent works, emphasizes the need to explore ways to reduce its effects. One such way is through positive solitude, as suggested in Ost-Mor and her colleagues' paper. According to their study, positive solitude can act as a protective factor for the mental well-being of older adults by enhancing their ability to cope with the negative effects of loneliness. The study found that loneliness had a positive association with depressive symptoms, while positive solitude had a negative association with depressive symptoms. Moreover, positive solitude was found to moderate the link between loneliness and depressive symptoms, indicating that higher levels of positive solitude could weaken this association. Ost-Mor's study is an innovative approach that highlights the potential of positive solitude as an internal resource to cope with loneliness and depression – two prevalent issues among aging individuals. The authors have proposed positive solitude skills training as a part of national health programs to help individuals develop effective strategies to deal with these challenges. Additionally, they suggest acknowledging the need for being alone as an important aspect of maintaining emotional regulation and cognitive functions.

However, it is worth noting that there are some limitations to Ost-Mor and colleagues' study that need to be addressed. For instance, the study was conducted on a sample of 520 community-dwelling older adults between the ages of 68 and 87 in Israel who filled out an online questionnaire at one time point. Therefore, the findings cannot be generalized to the wider older population, who may have less digital orientation. Moreover, the study's sample was limited to Israeli participants within a specific age range. To validate the findings, it would be beneficial to use the 2012 and 2016 waves of the HRS, which include questions on positive solitude, to conduct a study on a larger and more representative sample of adults aged 50 and over (Sonnega *et al.*, 2014). The HRS is also a longitudinal panel survey, and therefore, it would be possible to explore causal effects. Another important consideration

when examining positive solitude is the duration of time that an individual spends alone during waking hours. It is essential to differentiate between momentary solitude and prolonged solitude. The former relates to brief periods of time spent alone and the latter to a more extended period of time spent alone. This distinction raises some important research questions, such as whether there is a specific length of time for solitude to generate positive effects and whether prolonged solitude jeopardizes the positive effects of solitude. Individual differences should be explored in this respect.

When discussing the benefits of being alone, especially in old age, there is an additional significant matter that needs to be acknowledged. Older people are often subjected to ageist attitudes and behaviors that limit their ability to remain active in social life (Ayalon and Tesch-Römer, 2018). Therefore, while being alone has its advantages, it is important for older adults to remain active and engage with others, including immediate family, social inner circles, and more distant social circles. This is essential for their well-being, quality of life, and overall happiness. Positive solitude should not be used as a reason to exclude older adults from a vibrant and meaningful social life. It is crucial to find a balance between spending time alone and engaging in social activities.

## Conflict of interest

None.

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## References

- Averill, J. R. and Sundararajan, L.** (2014). Experiences of solitude issues of assessment, theory, and culture. In: R. J. Coplan and J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp 90–108), Wiley Blackwell. <https://doi.org/10.1002/9781118427378>.
- Ayalon, L. and Tesch-Römer, C. (Eds.)** (2018). Contemporary Perspectives on Ageism. In: *International Perspectives on Aging 19* (pp 564). Cham, Switzerland: Springer Open. <https://doi.org/10.1007/978-3-319-73820-8>.
- Carstensen, L. L., Fung, H. H. and Charles, S. T.** (2003). Socioemotional selectivity theory and the regulation of emotion in the second half of life. *Motivation and Emotion*, 27, 103–123. <https://doi.org/10.1023/A:1024569803230>.
- Charles, S. T.** (2010). Strength and vulnerability integration: a model of emotional well-being across adulthood. *Psychological Bulletin*, 136, 1068–1091. <https://doi.org/10.1037/a0021232>.
- Choi, E., Farina, M., Zhao, E. and Ailshire, J.** (2023). Changes in social lives and loneliness during COVID-19 among older adults: a closer look at the sociodemographic differences. *International Psychogeriatrics*, 35, 305–317. <https://doi.org/10.1017/S1041610222001107>.
- Hawkey, L. C. and Cacioppo, J. T.** (2010). Loneliness matters: a theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40, 218–227.
- Jeste, D. V., Lee, E. E. and Cacioppo, S.** (2020). Battling the modern behavioral epidemic of loneliness: suggestions for research and interventions. *JAMA Psychiatry*, 77, 553–554.
- Korpela, K. and Staats, H.** (2014). The restorative qualities of being alone with nature. In: R. J. Coplan and J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp 377–385), Wiley Blackwell.
- Larson, R. W.** (1990). The solitary side of life: an examination of the time people spend alone from childhood to old age. *Developmental Review*, 10, 155–183. [https://doi.org/10.1016/0273-2297\(90\)90008-R](https://doi.org/10.1016/0273-2297(90)90008-R).
- Larson, R. W.** (1997). The emergence of solitude as a constructive domain of experience in early adolescence. *Child Development*, 68, 80–93. <https://doi.org/10.1111/j.1467-8624.1997.tb01927.x>.
- Leigh-Hunt, N. et al.** (2017). An overview of systematic reviews on the public health consequences of social isolation and loneliness. *Public Health*, 152, 157–171.
- Long, C. R. and Averill, J. R.** (2003). Solitude: an exploration of benefits of being alone. *Journal for the Theory of Social Behaviour*, 33, 21–44. <https://doi.org/10.1111/1468-5914.00204>.
- Nguyen, T. T., Ryan, R. M. and Deci, E. L.** (2018). Solitude as an approach to affective self-regulation. *Personality and Social Psychology Bulletin*, 44, 92–106. <https://doi.org/10.1177/0146167217733073>.
- Ost Mor, S., Palgi, Y. and Segel-Karpas, D.** (2020). The definition and categories of positive solitude: older and younger adults' perspectives on spending time by themselves. *International Journal of Aging and Human Development*, 93, 943–962. <https://doi.org/10.1177/0091415020957379>.
- Ost-Mor, S. et al.** (2023). Let there be light: The moderating role of positive solitude in the relationship between loneliness and depressive symptoms. *International Psychogeriatrics*, 1–5. <https://doi.org/10.1017/S1041610223000698>.
- Palgi, Y., Segel-Karpas, D., Ost Mor, S., Hoffman, Y., Shrirra, A. and Bodner, E.** (2021). Positive solitude scale: Theoretical background, development and validation. *Journal of Happiness Studies*, 22, 3357–3384. <https://doi.org/10.1007/s10902-021-00367-4>.
- Pauly, T., Lay, J. C., Nater, U. M., Scott, S. B. and Hoppmann, C. A.** (2017). How we experience being alone: age differences in affective and biological correlates of momentary solitude. *Gerontology*, 63, 55–66. <https://doi.org/10.1159/000450608>.
- Sonnega, A., Faul, J. D., Ofstedal, M. B., Langa, K. M., Phillips, J. W. R. and Weir, D. R.** (2014). Cohort profile: the health and retirement study (HRS). *International*

*Journal of Epidemiology*, 43, 576–585. <https://doi.org/10.1093/ije/dyu067>.

**Sutin, A., Luchetti, M., Aschwanden, D., Zhu, X., Stephan, Y. and Terracciano, A.** (2023). Loneliness and risk of all-cause, alzheimer's, vascular, and frontotemporal dementia: a prospective study of 492,322 individuals over 15 years. *International*

*Psychogeriatrics*, 35, 283–292. <https://doi.org/10.1017/S1041610222001028>.

**Vaillant, G. E.** (2002). *Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development*. New York: Little, Brown Spark.

**Winnicott, D. W.** (1958). The capacity to be alone. *The International Journal of Psycho-Analysis*, 39, 416–420.