



Preference-for-solitude and depressive symptoms in Chinese adolescents[☆]



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ABSTRACT

Social withdrawal has been associated with internalizing difficulties across development. Although much is known about shyness, little is known about preference-for-solitude; even less is known about how preference-for-solitude might relate to youth depression in non-Western countries. Using structural equation modeling, this study examined the links between preference-for-solitude and depressive symptoms in 201 young Chinese adolescents (86 boys; *M* age = 14.21 years). Consistent with past research demonstrating social withdrawal as a multidimensional construct, preference-for-solitude emerged as a related but distinct construct from shyness; youth who preferred to be alone were reliably differentiated from youth who were shy. Additionally, preference-for-solitude was positively associated with negative affect and negative self-esteem after accounting for shyness. These findings closely replicate past research conducted in North America and European settings, and suggest that interventions targeting preferred-solitary youth in early adolescence may prove particularly fruitful across cultures.

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1. Introduction

A significant number of adolescents across cultures struggle with affective disorders; these difficulties come with considerable personal and societal costs (Wolfe & Mash, 2008). Social withdrawal, the behavior of consistently withdrawing oneself from the peer group, has been linked to depressive symptoms in youth across cultures (see Rubin & Coplan, 2010). Despite these findings, the risks associated with withdrawal may depend on underlying motivations; different outcomes have been found for youth with differing combinations of social approach and social avoidance motivations (Bowker & Raja, 2011; Bowker, Markovic, Cogswell, & Raja, 2012; Thijs, Koomen, de Jong, van der Leij, & van Leeuwen, 2004). For example, *shyness* consists of high approach and high avoidance motivations (Asendorpf, 1990, 1993); shy youth are interested in interacting with others but withdraw because they are socially anxious. *Preference-for-solitude*, on the other hand, consists of low approach and low-to-high avoidance motivations; preferred-solitary youth withdraw due to a preference for solitary activities.

Although shyness has been associated with maladjustment across development (Rubin & Coplan, 2010), little is known about the implications of preference-for-solitude for adjustment, particularly during development. Indeed, although a preference to be alone has been examined in adulthood (e.g., Leary, Herbst, & McCrary, 2003), such inclination has rarely received empirical attention in childhood and adolescence. Of the limited research conducted, preference-for-solitude appears to be

maladaptive in early adolescence. Marcoen and Goossens (1989) found that an affinity for solitude was associated with loneliness and fewer intimate friends in early adolescence. Coplan, Zheng, Weeks, and Chen (2012) found that low approach motivation was associated with socially withdrawn behaviors in young adolescents, which in turn predicted peer difficulties. Wang, Duong, Schwartz, Chang & Luo (2013) and Wang, Rubin, Laursen, Booth-LaForce & Rose-Krasnor (2013) found that preference-for-solitude was associated with internalizing difficulties like depression and low self-esteem in early adolescence. Although these studies suggest that preference-for-solitude is maladaptive during early adolescence, much additional research is needed to confirm these findings.

Compared to the limited adolescent research on preference-for-solitude, even less is known about preference-for-solitude in non-Western cultures. Indeed, the majority of the research on preference-for-solitude has been conducted in North American and European countries. Yet social withdrawal is a culture-bound phenomenon (Chen, 2010)—withdrawn behaviors are defined and regulated by the rules and value systems of a given culture (Chen, 2010; Hinde, 1997). Because cultural values provide guidance for evaluating and responding to withdrawn behaviors (Chen, Rubin, & Li, 1995), cross-cultural research on preference-for-solitude in particular is needed to understand the heterogeneity of withdrawn youth.

Despite the limited research, some evidence suggests preference-for-solitude is similarly maladaptive for youth beyond the regions of North America and Europe. Researchers have found that Chinese children who prefer to be alone experience significant psychological, school, and social difficulties throughout childhood (Chen, Wang, & Cao, 2011; Coplan et al., 2012; Nelson, Hart, Yang, Wu, & Jin, 2012).

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For instance, Bowker and Raja (2011) found that preference-for-solitude was associated with peer difficulties in young Indian adolescents. Similarly, Liu et al. (2014) found that preference-for-solitude was associated concurrently and predictively with negative self-perceptions, low academic achievement, and peer difficulties in young Chinese adolescents.

Although these studies help address the lack of cross-cultural research on preference-for-solitude, they are not without limitations. None of these studies, with the exception of Bowker and Raja (2011), assessed preference-for-solitude *directly*. Rather, preference-for-solitude was assessed indirectly through measures like peer nominations, parent reports, or behavioral observations (e.g., observed solitary-passive play; Nelson et al., 2012). Even though such measures provide important information about child behavior, they may not adequately capture youth's internal motivation to be alone, particularly in older children and adolescents. Indeed, parent-child and parent-parent concordance is generally low for internalizing behaviors like withdrawal (e.g., Birmaher et al., 1997). Research has also shown that self-reports are psychometrically stronger than other-reports in assessing internal motivation states in older children and adolescents (Coplan & Bowker, 2013; Coplan & Weeks, 2010; Ganellen, 2007).

Another limitation to these cross-cultural studies pertains to the analyses used. Aside from Liu et al. (2014), all of the studies used analyses that do not account for errors in measurement (e.g., regression analyses; Hancock & Mueller, 2006). Psychological constructs are not readily observable, and advanced statistical techniques are particularly needed to capture the complexity of multidimensional constructs like preference-for-solitude. Research that takes advantage of recent advances in statistical methodology (e.g., structural equation modeling) is especially warranted for gaining an accurate understanding of preference-for-solitude and its implications for adjustment across development.

Given the aforementioned gaps in research, the goal of this study was to examine the unique links between preference-for-solitude and depressive symptoms (negative affect; negative self-esteem) in young Chinese adolescents. Early adolescence is an especially relevant context for this study for several reasons. First, relationships with peers become increasingly important to youth as they enter early adolescence—cliques and crowds become prominent sources of influence (Veenstra & Dijkstra, 2011), and belonging to peer groups becomes a major concern (Rubin, Bukowski, & Laursen, 2009). Unsurprisingly, then, withdrawn behaviors are viewed as particularly aversive and non-normative during this period (Marcoen & Goossens, 1989; Rubin et al., 2009). Due to the increasing importance of peers and youth's negative views of withdrawal, early adolescence may be a notably difficult time for youth who prefer to be alone. Indeed, Wang, Duong, et al. (2013) and Wang, Rubin, et al. (2013) found that preference-for-solitude was more associated with internalizing difficulties like depression and low self-concepts in early adolescence compared with late adolescence.

Additionally, mental health problems, specifically depressive disorders, increase sharply in early adolescence (Hankin et al., 1998; Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993). Preadolescent onset of clinical depression also appears to be a serious risk factor for adult depression and other major affective disorders later in life (Harrington, Fudge, Rutter, Pickles, & Hill, 1990; Petersen et al., 1993). In fact, earlier onset of depression is predictive of more frequent and severe depressive episodes (Petersen et al., 1993). Thus, examining the correlates of depressive symptoms in early adolescence is critical for understanding the nature, course, and treatment of depressive disorders.

Although early adolescence may put all youth at risk for depression, Asian youth may be particularly at-risk for depressive symptoms. Research has shown that East Asians and Southeast Asians experience higher levels of internalizing difficulties than their non-Asian counterparts across development (e.g., Chen & Li, 2000; Young, Fang, & Zisook, 2010). In particular, evidence suggests that between 24% and 64% of Chinese adolescents exhibit significant depressive symptoms (Chan, 1995, 1997). Due to the low rates of treatment seeking in

Asians across development (Abe-Kim et al., 2007), the prognosis of depression is also generally worse for members of this ethnic group than for those in other ethnic groups. Thus, in addition to addressing the sparse cross-cultural research on preference-for-solitude, findings from this study could provide much-needed insight into the development of effective interventions and preventions directed at improving the well-being of Asian individuals.

Based on previous research, it was hypothesized that: a) preference-for-solitude would emerge as a distinct construct from shyness, and b) preference-for-solitude would be associated with higher levels of negative affect and negative self-esteem in young Chinese adolescents. Given that preference-for-solitude remains an understudied phenomenon during development, and because little is known about its implications for youth adjustment beyond the North American and European contexts, results from this study could provide a more comprehensive understanding of the heterogeneity of withdrawal and depression across development.

2. Method

2.1. Participants

The sample included 201 ninth graders (86 boys; M age = 14.21 years, SD = .62 years) in Beijing, China. All participants identified as Han Chinese, the predominant ethnic group in China. The percentage of youth living with two parents was 85%. Available demographic data classified the participants as middle to upper-middle class.

2.2. Procedure

Participants were first contacted by telephone; if both parents and adolescents expressed interest, an informational letter, parental consent form, and adolescent assent form were mailed to the home (consent rate = 100%; return rate = 100%), along with packets of questionnaires (see below). All questionnaires have been shown to be reliable and valid across cultures (e.g., Achenbach, Howell, McConaughy, & Stranger, 1995). All Chinese translations were conducted by researchers fluent in both languages; translations were back-translated and cross-checked for reliability and validity.

2.3. Measures

Preference-for-solitude and *Shyness* were measured using the: 1) Social Withdrawal Scale (SWS; Terrell-Deutsch, 1999), and 2) Youth Self-Report (YSR; Achenbach & Rescorla, 2001). The SWS is a self-report of withdrawal that ranges on a scale from 0 (not at all true) to 5 (always true). The YSR is a self-report of youth adjustment on a scale that ranges from 0 (not true) to 2 (very often true). This assessment of different withdrawal dimensions has been shown to be reliable and valid (Wang, Rubin, et al., 2013).

The preference-for-solitude scale consists of 4 item indicators (three SWS items and one YSR item), which include: "I like spending time alone more than being with other kids;" "I would rather be with other kids than be alone" (reversed); "I spend time alone because I want to be alone more than I want to be with other kids;" and "I would rather be alone than with others" (α = .85). The shyness scale consists of 3 item indicators (two SWS items and one YSR item), which include: "I am shy;" "I spend time alone because I want to be with other kids but I don't because I'm too shy or afraid;" and "I am too timid or shy" (α = .73).

Depressive symptoms were measured using the Child Depression Inventory (CDI; Kovacs, 1992). The CDI comprises 27 groups of sentences, and sentences within each group correspond to a level of symptomology, ranging from 0 (symptom not present) to 2 (high level of symptom). Participants were asked to pick a sentence from a group of sentences that best described them during the past 2 weeks.

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