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Subtypes of Social Withdrawal: An Examination of Differences in Social Status, Social Adjustment, and Peer-reported Behavior

(Under the direction of A. MICHELE LEASE)

The purpose of this study was to investigate whether certain subtypes of withdrawn children show evidence of difficulties with social acceptance and negative feelings about their social situation. Additionally, differences between subtypes in terms of other social behaviors, such as aggression and prosocial behavior, were examined. Groups of each of three withdrawn subtypes, passive-withdrawn, active-isolate, and unsociable, were created based on peer nominations of withdrawn behavior, and were compared to one another and to a non-withdrawn control group. Results indicated that the active-isolate group showed evidence of poorer social acceptance and social adjustment, whereas the passive-withdrawn and unsociable groups did not differ from each other or the control group. Results demonstrate the need to determine subtypes of social withdrawal for both research and clinical purposes.

INDEX WORDS: Social withdrawal, Social status, Social adjustment

SUBTYPES OF SOCIAL WITHDRAWAL:
AN EXAMINATION OF DIFFERENCES IN SOCIAL STATUS, SOCIAL
ADJUSTMENT, AND PEER-REPORTED BEHAVIOR.

by

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CHAPTER 1: INTRODUCTION

In the developmental psychopathology literature, childhood disorders typically are divided into those of an externalizing nature, in which the maladjustment is manifested in outward, overt behaviors, and those of an internalizing nature, in which the maladjustment is directed inward towards the self. Alternatively, Rubin and Mills (1991) have described these two categories as problems of undercontrol (i.e. externalizing) and problems of overcontrol (i.e. internalizing). According to Rubin and Mills (1991), it is the problems of undercontrol, or externalizing behaviors, that receive more attention in the clinical setting and, thus, in the research literature as well. They hypothesize that this is due to the ease with which externalizing symptoms can be detected due to their overt nature. Further, children are attending daycare and educational programs at earlier ages and for longer periods of time, causing behavior control to be that much more important for caregivers. Finally, they hypothesize that it is due to the stability of externalizing behaviors, such as aggression. It also may be the case that externalizing symptoms are of much more concern in our society, especially to teachers. In the classroom, it is the child who is “acting out” that is more troublesome and disruptive and, therefore, receives more attention.

Internalizing symptoms, such as anxiety, depression, and social withdrawal, tend to be overlooked both clinically and in research literature. This is due, in part, to the fact that internalizing behaviors have been viewed historically as unstable (e.g., Kohlberg, LaCrosse, & Ricks, 1972). Furthermore, early research indicated that social withdrawal

is not predictive of more serious maladjustment into adolescence or adulthood, including anxiety and mood disorders, and therefore does not merit the same research attention as acting-out, externalizing behaviors, such as aggression (Rubin & Mills, 1991). In daycare settings and in the classroom, internalizing children may be overlooked because of their quiet -- hence, “good” -- behavior. Those children are not troubling to teachers or caregivers and therefore do not require much of their time. Furthermore, an internalizing child is unlikely to ask for help; it is possible that these children would prefer to be left alone.

Among internalizing symptoms, social withdrawal is unique in that it is not a core symptom of any diagnosable disorder, unlike anxiety or depression. Yet it is an associated symptom of a wide range of disorders, such as major depression and dysthymia, autism, the personality disorders, and various anxiety disorders (American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders- Fourth Edition, 1994). The precise role that social withdrawal plays in psychological maladjustment appears to be complex. It may be that social withdrawal is a benign behavior for some children; on the other hand, for some children it may be a symptom of an underlying disorder.

One complicating issue in the social withdrawal literature is that there is no consistent, universally-applied definition. Rubin and Stewart (1996) defined social withdrawal as “the consistent display of solitary behavior when encountering familiar and/or unfamiliar peers” (p. 280). However, researchers have used other terms, such as social isolation, shyness, and inhibition, interchangeably with the term “social withdrawal.” These terms can have different meanings. For example, Rubin and Stewart (1996) defined social

isolation as a result of peer rejection (p. 279), indicating that peer acceptance is the critical factor. Temperament characteristics, such as shyness or inhibition, also can have different meanings. Rubin and Stewart (1996) defined inhibition as “wary and fearful (behavior) when encountering *novel* situations” (p. 279) and shyness as the tendency to become inhibited in *new social* situations. Whereas all of the above terms seem to be related, they may refer to different types of children. For example, the inhibited child who is wary and fearful may be more prone to internalizing disorders than the child who is isolated as a result of peer rejection; in the latter case the child may be isolated due to a preexisting externalizing disorder. For the purposes of this study, social withdrawal was characterized by the nonengagement in play of a child with peers. Use of this general definition should reduce confusion about the behavior being assessed.

A second issue facing researchers is the method by which socially withdrawn children are selected or identified. Rubin and Mills (1991) stated that research addressing the risk status of socially withdrawn children has suffered from methodological flaws, including the use of teacher assessment methods to identify socially withdrawn children, which have questionable validity in measuring this construct. The choice of selection method may make a critical difference in the number and characteristics of the children selected. Researchers in the past have relied on teacher ratings, parent ratings, peer ratings, and laboratory observations or naturalistic (playground) observations. However, these methods do not necessarily select the same children. Serbin, Marchessault, McAffer, Peters, and Schwartzman (1993) found that teacher ratings of social withdrawal correlated weakly with playground observations of withdrawn behavior. In contrast, peer ratings have been shown to agree more highly with observation methods in the

identification of withdrawn and aggressive-withdrawn children (Serbin, Lyons, Marchessault, Schwartzman, & Ledingham, 1987). It has been hypothesized that peers may be better raters of social withdrawal than teachers because they have more access to the behavior (Serbin et al., 1993). Further, classroom behavior (the primary forum of teachers) may be quite different from playground behavior (the primary forum of peers).

Some studies, however, have indicated that even among peers there are differences in the ability to identify socially withdrawn behavior, depending on the age of the peer rater. A study by Younger and Boyko (1987) found evidence that children are able to recall increasingly detailed descriptions of withdrawn behavior from first to fifth and seventh grade. Furthermore, Younger, Gentile, and Burgess (1993) found that shy or timid behavior becomes more noticeable (and bothersome) to peers as children age. Those studies indicate that as children mature, withdrawn behavior is not only recognized more, it is viewed more negatively.

A third issue facing researchers is the question of whether there are subtypes of socially withdrawn children. Rubin and Mills (1991) pointed out that past research has not distinguished between children manifesting different forms of social withdrawal. They made the point that children who are isolated by the peer group might be very different from children who purposely isolate themselves from peers (Rubin & Mills, 1991). Furthermore, children may isolate themselves from peers for different reasons, ranging from felt anxiety about being around others to an individual preference to be solitary. Rubin and Mills (1991) proposed that differentiating types of children who exhibit socially withdrawn behavior may help to better understand developmental pathways for these children.

If socially withdrawn children are a heterogeneous group, then this may account for the confusion and ambiguity in research regarding current functioning and outcomes for these children (see literature review below). Much of the latest research on social withdrawal points to the possibility that there may be two, three, or even four subtypes of this behavior. Furthermore, subgroup differences have been found regarding peer acceptance (Harrist, Zaia, Bates, Dodge, & Pettit, 1997), social information processing (Harrist et. al., 1997), play behavior (Asendorpf, 1990) and the existence of concurrent internalizing symptoms (Rubin & Mills, 1988). Therefore, differentiating between subtypes of social withdrawal also may relieve some of the confusion regarding current psychological functioning of socially withdrawn children.

Much of what we do know about social withdrawal comes from the peer relations literature, particularly the research on peer rejection. The past two decades have seen a significant increase in research production in the area of peer relationships (Parker, Rubin, Price, & DeRosier, 1995). Starting in the 1970's, the goal was to further investigate Piaget's theory that peer relationships were critical in cognitive and social (moral) development (Parker et. al., 1995). That might have been motivated both by changes in theoretical perspectives regarding developmental psychology and by an increase in exposure of children to peers at younger ages in daycare settings (Parker et. al., 1995). One critical question often raised in research is whether difficulties with peer relationships, such as peer rejection, are indicative of concurrent or future psychological maladjustment. Some studies that have investigated rejected children have subdivided this group into those children who appear to be aggressive, withdrawn, or both. Those studies have been successful in finding critical differences in subtypes of rejected

children in terms of self perceptions, peer perceptions of both social and nonsocial behavior, social competence, and loneliness (Hymel, Bowker, and Woody, 1993; Parker and Asher, 1992; Volling, Mackinnon-Lewis, Rabiner, and Baaradaran, 1993).

The current study investigated the characteristics of withdrawn subtypes of peer-nominated socially withdrawn children. The first goal was to examine differences in social acceptance for subtypes of socially withdrawn children. The second goal was to determine if the subtypes differed on measures of social adjustment. The third goal was to determine if subtypes differed on various characteristics of social behavior. The variables examined included peer-nominated social status and popularity, self-reported levels of socio-emotional adjustment, and other behaviors (aggression, prosociality, oddness, coolness, etc.) based on peer nominations. Through this investigation, it was hoped that more information could be obtained about whether different types of social withdrawal do indeed point to differences in the social psychological health of the children who manifest the behavior. Furthermore, it was hoped that through the use of peer nominations of behavior and social status, more insight could be obtained about the manner in which these children are viewed by peers.

CHAPTER 2: REVIEW OF THE LITERATURE

The Relation of Social Withdrawal to Normal and Abnormal Development

Theorists from many schools of thought have asserted that peer relationships are important in child development. It is generally believed that children who consistently withdraw from social interaction with peers risk failure to develop important social skills. The common link across various schools of thought (e.g. developmental constructivist, social learning, psychoanalytic) appears to be the idea that peer relationships are necessary for fulfilling social and emotional needs. A variety of reasons are offered to explain the importance of these relationships. According to Parker and colleagues (Parker, Rubin, Price, & DeRosier, 1995), developmental constructivists believe that social relationships provide children with a method of gaining knowledge, language skills, problem-solving skills, and moral values; social learning theorists believe that peer relationships contribute to children's learning of social rules and help children create self-attributions; and the psychoanalytic view stresses the importance of peer relationships for the purpose of expression of internal turmoil and emotionality, especially in adolescence. Regardless of the theoretical orientation, benefits are believed to be derived from healthy interactions with peers.

Although it is a general belief that peer relationships are necessary for normal development, many early studies of social withdrawal have demonstrated that this behavior is not predictive of later maladjustment. According to Rubin and Mills (1989),

several studies conducted in the 1960's and 1970's cited no relation between social withdrawal and future maladjustment. Further, Kohlberg, LaCrosse, and Ricks (1972) reviewed studies investigating the predictability of adult mental health from childhood behavior and found that social withdrawal did not predict later maladjustment. In addition, it was concluded that social withdrawal is not even a stable behavior but that it is associated with "specific developmental phases and crises" (Kohlberg, LaCrosse, & Ricks, 1972, p. 1255). Additionally, Robins (1966) found that certain behaviors associated with social withdrawal (e.g. difficulties with contemporaries, avoiding being with others, and shyness), as recorded in school records, clinic records, and police records, did not predict future antisocial behavior.

As stated earlier, Rubin and Mills (1991) suggested that those early studies investigating the outcomes of social withdrawal were methodologically flawed in three ways. First, only clinical samples were used in these studies, which indicates that results can be generalized only to clinical populations. Second, in some studies measures of withdrawal symptoms relied on teacher ratings, which may not be the most accurate method of identifying this behavior. Third, and most importantly, the outcome measures primarily evaluated "externalizing symptoms," such as "psychosis" or schizophrenia (Kohlberg, LaCrosse, & Ricks, 1972), overall "adjustment", characterized as the holding of a secure job and a low divorce rate, or antisocial behavior. Those studies tended not to examine whether socially withdrawn behavior could predict increased rates of internalizing disorders, such as mood and anxiety disorders. Because social withdrawal is considered a problem of overcontrol, however, this behavior might be expected to be more highly associated with internalizing rather than externalizing symptoms.

Rubin and Mills (1991) criticized the social withdrawal literature based on methodological grounds. However, the theoretical or developmental significance of social withdrawal must also be addressed, perhaps in light of the theorists who suggest that peer relationships are important to healthy social and emotional development. The question of whether socially withdrawn behavior should be linked to maladjustment depends on three issues: the stability of the behavior, the concurrent and predictive validity of the behavior, and the quality versus quantity of social relationships among children with this behavior.

The first issue concerns the stability of the behavior. It is difficult to argue that a transient, contextually-driven behavior (a state vs. a trait) will have a powerful, long-term impact on social and emotional outcomes. In contrast, a stable behavior, such as a trait characteristic, would be more likely to have enough influence over the long-term to affect social and emotional outcomes. On one hand, studies reviewed by Kohlberg, LaCrosse, and Ricks (1972) concluded that social withdrawal in childhood was an unstable behavior pattern. Further, a recent study conducted by Ladd and Burgess (1999) found that teacher-rated socially withdrawn behavior of subjects was not highly stable from kindergarten through second grade when compared to aggressive behavior; it also was found that withdrawn behavior tended to decline in this age range.

In contrast, there is evidence that the stability of peer-rated social withdrawal holds over many age levels. For example, moderate stability of social withdrawal was found by Rubin, Hymel, and Mills (1989) who investigated children from kindergarten through fifth grade. They found a moderate degree of stability for peer-rated social withdrawal from second through fifth grade and laboratory observed social withdrawal from second

through fourth grade. Results of a longitudinal study of students in fifth grade through eighth grade conducted by Schneider, Younger, Smith, and Freeman (1998) also indicated that peer nominated social withdrawal was stable across a three year period. In addition to stability across time, the study also concluded that socially withdrawn behavior is stable across settings based on agreement between parent interviews and peer ratings of social behavior. Finally, a study of withdrawn behavior by Moskowitz, Schwartzman, and Ledingham (1985) found evidence that peer-rated social withdrawal is a moderately stable behavior, particularly in middle and high school students. From these studies, it appears that the bulk of research using a rating source other than teachers has found social withdrawal to be a stable behavior across time and settings. Analysis of more recent research yields mixed results, possibly due to differing methods of rating socially withdrawn behavior. In general, studies not supporting the stability of social withdrawal have used teacher ratings, whereas studies supporting the stability of social withdrawal have used peer ratings of behavior or direct observation.

A second issue concerns the theoretical and/or clinical significance of a child socially withdrawing from the peer group. As noted previously, Rubin and Mills (1991) criticized previous research efforts for not examining the relationship between social withdrawal and internalizing symptoms. When the outcome measure being studied involves constructs of an internalizing - rather than externalizing - nature (see Rubin and Mills, 1991), social withdrawal has been shown to relate to nonoptimal functioning. Concurrently, socially withdrawn children have been shown to display lower self-concepts and indicate that they are more anxious and depressed than more sociable children (Strauss, Forehand, Smith, & Frame, 1986). In addition, a study by Bell-Dolan,

Reaven, and Peterson (1993) revealed that high levels of both peer-rated and teacher-rated social withdrawal in fourth, fifth, and sixth graders correlated with high levels of self-reported depression.

Few studies have investigated the long-term behavioral correlates of social withdrawal for children; however, a study by Moskowitz and Schwartzman (1989) indicated that there are negative outcomes for socially withdrawn children. They conducted a six year longitudinal study of children in first, fourth, and seventh grades who were determined to be high on manifest levels of either aggression, withdrawal, or both using peer nominations. Six years later, subjects were measured in the laboratory using intelligence tests and self-reports of affect, behavior, and school achievement. Additionally, medical records were obtained to gather information regarding individual's physical and mental health. Results showed that the socially withdrawn group, compared to the control group, was more likely to report low perceived school competence. Interestingly, socially withdrawn females were more likely to have had an abortion. Additionally, those individuals that were both highly aggressive and withdrawn had lower intelligence scores compared to withdrawn and control groups and reported poorer social and school competence as well as more general problems with behavior than the control group six years after identification. In another study, Rubin, Chen, McDougall, Bowker, and McKinnon (1995) found that, compared to childhood aggression and social competence, social withdrawal in seven-year-old children was a better predictor of loneliness, felt insecurity, and negative self-regard in adolescence.

Finally, one study has demonstrated that certain types of social withdrawal may predict internalizing difficulties, whereas others may not. Specifically, in a study of

kindergarten and second grade children, Rubin, Hymel, and Mills (1989) found that high levels of observed passive solitary play (i.e. constructive or exploratory play) in kindergarten were related to low perceived self-competence and loneliness in fourth grade and low perceived self-worth and depression in fifth grade. However, observed active solitary play (i.e. immature and rambunctious sensorimotor play) did not correlate with low perceptions of social competence, low perceived self-worth, loneliness, or depression in fourth or fifth grade. Conclusions drawn about the predictiveness of social withdrawal over time may vary depending upon the subtype of social withdrawal that the child displays.

A third theoretical issue, and perhaps the most important, concerns the meaning of social withdrawal in a child's social life. That is, is a relatively low frequency of interactions with peers (i.e. social withdrawal) related to the quality of their relationships. In one study, elementary school children determined by teachers to display low frequencies of social interaction were found to be less liked by their peers than sociable children (Strauss et al., 1986). In contrast, two studies seemed to indicate that withdrawn children do not demonstrate difficulties with peer relationships. First, Ladd and Burgess (1999) found that teacher-rated social withdrawal of children in kindergarten, compared with aggressive and aggressive/withdrawn children, did not predict problems with peer acceptance or peer victimization in second grade. Furthermore, withdrawn children had nearly the same number of mutual friendships as did the normal control group. Second, a study by Schneider (1999) concluded that peer-identified socially withdrawn children aged eight to nine-years-old had access to close, high-quality friendships with other children. Thus, it may be that whereas socially withdrawn children are less accepted by

the peer group as a whole, these children do not differ from non-withdrawn children in regard to quantity and quality of mutual friendship.

Boiven, Hymel, and Bukowski (1995) suggested that the relationship between social withdrawal and internalizing problems is mediated by acceptance or rejection by peers. They suggested that children who come to a peer group with inhibited tendencies (whom they label socially withdrawn) are “likely to impede social relationships and lead to peer rejection” (p. 767). In turn, inhibited children develop a negative self-perception over time. This negative self-perception eventually leads to depression. Boiven and Hymel (1997) conducted a follow-up study investigating whether a child’s social status serves as a mediator in the relation between social behavior and social self- perceptions. In their study, Boiven and Hymel found that rejected peer status mediated the contribution of withdrawal to the prediction of loneliness. They concluded that while social withdrawal is commonly associated with feelings of loneliness, some of these feelings are accounted for by rejection from peers. Thus, a child who is socially withdrawn but not rejected by peers should report less feelings of loneliness than the withdrawn child who is rejected by peers.

Evidence of Subtypes of Social Withdrawal

Some researchers have claimed that the ambiguous data regarding the association of social withdrawal with concurrent and predictive behavioral maladjustment is due to the fact that socially withdrawn children are actually a heterogeneous group (e.g. Rubin, Hymel & Mills, 1989; Rubin & Mills, 1991). They have proposed that the correlates of socially withdrawn behavior may become clearer if subtypes of the behavior are differentiated. Although most studies of social withdrawal have not differentiated

between subtypes of this behavior, a few studies, such as Rubin, Hymel, and Mills (1989) (discussed above) have yielded evidence indicating that social withdrawal is indeed a heterogeneous behavior (Rubin & Mills, 1988; Asendorpf, 1990; Harrist, Zaia, Bates, Dodge, & Pettit, 1997; Younger & Daniels, 1992). These studies have found anywhere from two to four subtypes of social withdrawal; however, a primary theme identified with different subtypes is the question of whether the socially withdrawn behavior is voluntary or involuntary. In other words, does the child withdraw from the group, or does the group push away the child?

A study by Younger and Daniels (1992) examined children's reasons for nominating a peer as socially withdrawn. Elementary school children nominated peers as being socially withdrawn based on seven items from the Revised Class Play (RCP) that comprise the withdrawal scale (Masten, Morison, & Pellegrini, 1985). Children's reasons for nominating a particular peer for each item was then recorded and put into one of two categories. The first category contained reasons that were attributed to passive withdrawal of the nominated child (e.g. "He wants to play by himself"; "She's always afraid when she meets someone for the first time"). The second category included reasons that were attributed to active-isolation of the nominated child (e.g. "No one wants to play with him"; "He has trouble making friends because he is really mean"). They found that children perceive social withdrawal as a consequence of either rejection due to bothersome behavior (actively-isolated) or self-isolation due to perceptions of social ineffectiveness (passive withdrawal). Younger and Daniels (1992) concluded that because children can differentiate between these two types of social withdrawal, and because the two types may have very different consequences with respect to social status,

the two types should be differentiated in research literature and with respect to predicting outcomes.

Rubin and Mills (1988) conducted a longitudinal study of withdrawn children over second, fourth, and fifth grades in which the children were subdivided into two categories of withdrawn behavior based on observations and peer ratings: passive-anxious and active-immature. Passive-anxious children were observed to spend their free time playing alone quietly: they were nominated by peers as someone who would rather play alone, whose feelings get hurt easily, and who is shy and usually sad. In contrast, active-immature children were observed to play alone in an immature manner (i.e. solitary-sensorimotor): they were nominated by peers as someone who can't get others to listen, who has trouble making friends, and who is often left out. Passive-anxious children were found to display stable withdrawal behaviors across time. This type of withdrawn behavior also was found to be related to concurrent peer rejection, internalizing difficulties, and negative social self-perceptions. Furthermore, passive-anxious behavior predicted depression and loneliness in fifth grade. In contrast, the withdrawn behavior of the active-immature children was found to be infrequent and unstable over time, and was associated with aggression and other externalizing problems.

In a subtyping scheme related to Rubin and Mills (1988), Harrist, Zaia, Bates, Dodge, and Pettit (1997) found four subtypes of social withdrawal; however, teacher ratings, rather than observation and peer ratings, were used to form the subtypes. Harrist et al. (1997) used a cluster analytic method to group a socially withdrawn sample of children into four subtypes: unsociable, passive-anxious, active-isolate, and sad/depressed. Based on teacher ratings of 567 children in kindergarten, 150 socially withdrawn children were

identified and subsequently clustered. The study examined the social status as well as social-information processing patterns of the clusters over the subsequent three years. The kindergarten clusters were based on teacher ratings of the following clustering variables: isolates self, timid, anxious, immature, sad/depressed, lacks restraint, and angry/defiant. The first subtype, labeled unsociable (62% of withdrawn children), showed the least amount of socially maladaptive behaviors. Compared to the other withdrawn groups, this group had the lowest means for all clustering variables except for angry/defiant, for which it had the second lowest mean. The unsociable subtype was described as being socially competent but with a high motivation for solitary play. That subtype also was more likely to be of neglected social status (i.e. ignored or overlooked by peers; Rubin et. al., 1998). both in kindergarten and during the following three years. In regard to social-information processing, the unsociable subtype made significantly fewer hostile attributions about a peer's behavior than the non-withdrawn control group.

The active-isolate subtype (14% of withdrawn children) in the Harrist et. al. (1997) study received elevated teacher ratings for immaturity, lack of restraint, and anger/defiance compared to the other withdrawn groups and the non-withdrawn control. This group was said to have shown the most maladaptive social patterns of all the social withdrawal types. Regarding social status, the active-isolate group was highly rejected by peers (i.e. actively disliked), and the rejection rate increased as the children aged. Additionally, this group was found to be less accurate in interpreting social information compared to unsociable, sad/depressed, and nonwithdrawn groups. Over the post-kindergarten three year period, the active-isolate group was significantly less accurate in social-information interpretation than all other groups. Whereas hostile attributions did

not differentiate the active-isolate type from the nonwithdrawn control group, this group proposed fewer responses to social dilemmas compared to all but the sad/depressed group.

The third Harrist et al. (1997) subtype, named passive-anxious (12% of withdrawn children), was described as being highly timid, anxious, and self-isolating. Compared with both withdrawn and control groups, this group had significantly higher ratings for the “timid” and “anxious” variables, and had significantly higher ratings for “isolates self” compared to all but the sad/depressed group. Therefore, it was suggested by Harrist et al. (1997) that the social isolation experienced by those children is “self-imposed” (p.291). Whereas this group tended not to be rejected by peers in kindergarten (they were more likely than expected to be of average social status), the authors hypothesized that peer rejection may come in later years when social anxiety may be more of a risk status for peer rejection (see also Younger and Daniels, 1992). Concerning social-information processing, whereas the passive-anxious type had the second highest number of interpretation errors (i.e. accurately understanding social information from others) compared to other groups, the number of errors was not significantly different from the other subtypes. This subtype also significantly underattributed hostility to a peer's behavior, compared to the active-isolate type and the nonwithdrawn control group.

Finally, the fourth cluster found by Harrist et. al. (1997), sad/depressed (11% of withdrawn children), received significantly higher ratings for the “sad/depressed” variable than any other type. However, this subtype appeared to show a combination of characteristics associated with the active-isolate and the passive-anxious subtypes; they received significantly higher teacher ratings for timid behavior as well as immature

behavior compared to the control group. Additionally, the sad/depressed type received significantly higher ratings for the “isolates self” variable compared to all groups except the passive-anxious group. In terms of social status, this group was found most likely to be rejected compared to all other types, yet their social information processing patterns were similar to the control group. However, the sad/depressed cluster was dropped by Harrist et. al. (1997) in subsequent analyses. This was due to the fact that when cluster analyses of the 150 identified withdrawn children were again analyzed in the post-kindergarten years, the authors found that the three cluster solution was more understandable and that there was no indication of the presence of a sad/depressed group at that time. The longitudinal pattern for the sad/depressed subtype was for the subjects to either move to the passive-anxious subtype or the unsociable subtype. Therefore, it seems that the sad/depressed subtype is unstable and may be better accounted for if included in one of the other subtypes.

A study by Asendorpf (1990) examined three subtypes of social withdrawal: avoidant, shy, and unsociable. Asendorpf categorized children according to types based on the child’s approach and avoidance motivation. Types were determined using teacher nominations of children fitting the following descriptions. Unsociable children were defined as having a low approach motive along with a low avoidance tendency - they prefer to play alone in a “solitary-constructive” manner (p. 254). This group seems comparable to Harrist et al.’s (1997) unsociable group (i.e. socially competent but with a high motivation for solitary play). In contrast, avoidant children were proposed to have both a low approach and a high avoidance tendency; those children rarely seek out interaction with others and actively avoid other children in play. This subtype seems most

comparable to the active-isolate subtype in Harrist et. al. (1997): both tended to display an elevated level of aggressive behaviors. The third subtype of socially withdrawal behavior is the shy child, hypothesized to be in an “approach-avoidance conflict” (p. 254). That subtype is thought to display both a high approach tendency and a high avoidance tendency. Therefore, shy children, according to Asendorpf, show more onlooking or “wait and hover” behavior, and conciliate the conflict through constructive parallel play. This subtype appears to be comparable to Harrist et. al.’s (1997) passive-anxious type. Both groups appear to display low levels of aggression and high levels of social inhibition.

Asendorpf’s (1990) three socially withdrawn subtypes were selected out of a total of 241 preschool and kindergarten children. After the subtypes were determined, the children were measured using parent and teacher ratings of behavior as well as observation during play. The first subtype, avoidant (15% of withdrawn children), was found to be high on measures of aggressiveness, “wait and hover” behavior in peer groups, and nonconstructive solitary play (p.255). The second type, shy (30% of withdrawn children), was found to be high on shyness measures, low on aggressiveness measures, and found to be inhibited in social interaction during dyadic play. This type of play is named “constructive parallel play” and is different from the “wait and hover” type in that the child is fully occupied with little onlooking behavior occurring. The third type, unsociable (53% of withdrawn children), did not deviate from average children on any of the measures (parent ratings, teacher ratings, observations of dyadic play), and did not appear to be lacking in social knowledge (Asendorpf, 1990). Asendorpf believes that this is because even the unsociable type is a heterogeneous group, with some

children engaging in constructive play and some engaging in unconstructive play. When the unsociable group was separated out as to whether they were constructive or nonconstructive in play, Asendorpf found the nonconstructive group to be emotionally unstable and dependent. In contrast, the constructive-unsociables were emotionally stable and independent in their play. From these results, Asendorpf stressed that there appear to be distinct differences between subtypes of socially withdrawn children.

In summary, four studies have found at least two subtypes (passive and active) and two have found an additional one (unsociable type.) In general, it appears that some socially withdrawn children -- the passive/anxious children -- are shy, timid, and anxious. These children are hypothesized to be conflicted between their desire to be with others and their desire to avoid social contact. Other socially withdrawn children -- the active-isolate children -- are aggressive and immature. It has been speculated that they withdraw because the social group has rejected them. Still, some other socially withdrawn children -- the unsociable subtype -- appears to have competent social skills. These children may withdraw merely out of a desire to play independently.

Subtypes of Rejected Children

Some of the evidence relating to the social and emotional functioning of withdrawn children comes from the literature on children who are either unpopular, or rejected by, their peers. Many studies have been conducted in which children with rejected peer status have been subdivided into groups, depending on their social behavior with peers (e.g. aggression or withdrawal). In fact, most of what we know about socially withdrawn behavior comes from the peer rejection literature. Boiven and Hymel (1997) found that

rejected peer status mediated the contribution of withdrawal to the prediction of loneliness. However, it is important to note that children who are determined to be withdrawn from a pool of already rejected children may be fundamentally different from other types of withdrawn children. Essentially, these studies say nothing about socially withdrawn children who are not rejected. For example, based on Harrist et al.'s (1997) study, it appears that one subtype of socially withdrawn child, the unsociable type, tends to be neglected (i.e. overlooked) rather than rejected (i.e. actively disliked).

Studies that investigate subtypes of rejected children generally find that rejected withdrawn children can be characterized by higher levels of self-reported loneliness (Parkhurst & Asher, 1992), higher levels of peer-rated unhappiness (Volling, Mackinnon-Lewis, Rabiner, & Baradaran, 1993) and negative peer ratings in the area of social competence and in non-social behaviors (e.g. athletic skills, attractiveness, and stylishness) (Hymel, Bowker, & Woody, 1993). Furthermore, when compared to non-rejected withdrawn kids, rejected withdrawn kids had more problems with peer group entry, responses to failure situations, teacher and peer group expectations, response to provocation, and reactive aggression (Volling, Mackinnon-Lewis, Rabiner, & Baradaran, 1993). This supports Boiven and Hymel's hypothesis (1997), as reviewed above, that peer status serves as a mediator for social outcomes for withdrawn children. Essentially, the fact that a group of withdrawn children also are rejected (peer status) seems to have some correlation to their social behaviors and outcomes compared to non-rejected withdrawn children. Overall, it appears that rejected-withdrawn children show evidence of internalizing difficulties. However, the social problems associated with these children can be at least partially attributed to their rejected social status.

Whereas rejected-withdrawn children were rated negatively by peers in only some areas, rejected-withdrawn-aggressive children were rated negatively by peers in nearly every behavior investigated, both social (social competence, leadership, cooperation, sense of humor) and non-social (athletics, academics, attractiveness, stylishness) (Hymel, Bowker, & Woody, 1993). Furthermore, compared to the other groups, unpopular-aggressive-withdrawn children tended to overestimate their competencies in multiple domains compared to peer ratings of their competencies (Hymel, Bowker, & Woody, 1993). Therefore, when rejected-withdrawn children also have aggressive behavioral tendencies, peers tend to view them more negatively than if they were non-aggressive.

Although those studies tell us something about rejected children who are withdrawn and little (e.g. Volling et al., 1993) or nothing about withdrawn children who are not rejected, there is evidence that there is heterogeneity among unpopular withdrawn children (depending upon level of aggression). Furthermore, there also appears to be significant differences among withdrawn children dependent upon social status (whether rejected or non-rejected).

Summary

Integration of the research seems to indicate that there are three main types of social withdrawal -- actively-isolated, passive/anxious, and unsociable. These three types tend to differ on internalizing versus externalizing behaviors, play behavior, and peer acceptance. The implications of these differences lead one to expect different social and emotional outcomes for each subtype.

For the passive/anxious subtype, one hypothesis is that their anxious social behavior becomes more bothersome as the peer group ages, so that by fourth grade, these children

move from average to rejected social status (Harrist et. al., 1997). This in turn may cause more social anxiety, leading to the development of clinical internalizing difficulties, such as anxiety or depressive disorders, as proposed by Boiven, Hymel, and Bukowski (1995). A major theory about the etiology of social withdrawal proposed by Rubin and Mills (1991) seems to apply to this subtype. Essentially, Rubin and Mills' (1991) theory is that the behaviorally inhibited child, who displays psychological and physiological reactions to novel stimuli that include reticence and withdrawn behavior, form anxious-resistant attachments with their parents due to their hyperarousability and difficulty to soothe. The insecure maternal attachment leads the child to feel insecure about him/herself and relationships with others. Thus, the insecure and inhibited child naturally withdraws from social situations. Social relationships may seem threatening, therefore the child avoids them before they start. Anxious parents try to control the child's "unskilled" (i.e. avoidant) social behavior by becoming increasingly directive in the child's play. This controlling parenting style increases the child's insecurity, and thus the child continues to withdraw socially. Hence, an inhibited, insecure toddler becomes a socially withdrawn child.

For the actively-isolated subtype, it may be that these children withdraw *after* they have learned that others avoid, or reject, them. From peer relations literature, we know that rejected-withdrawn-aggressive children tend to overestimate their social competencies (Hymel, Bowker, & Woody, 1993). It may be that the actively-isolated subtype, similar to the rejected-withdrawn-aggressive subtype, sees him/herself as socially competent, while others do not. Therefore, it may be their lack of motivation to change their behavior that is presumably causing them to be rejected; and because other

children withdraw from them, the actively-isolated subtype plays in a solitary manner.

Of most interest, though, is the unsociable subtype of social withdrawal. This subtype appears to be the most similar to average children compared to the other two subtypes. This subtype shows no defining characteristics other than the fact that they tend to play by themselves. Furthermore, unlike the passive/anxious subtype and the actively-isolated subtype, there does not appear to be any overarching theory to explain their behavior. It could be that children in this group are neither actively excluded from the peer group nor self-isolating as a result of anxiety or timidity but merely out of a preference to play alone. In general, these children may not need much social contact. Therefore, unsociable children may be the least likely of the socially withdrawn subtypes to develop maladaptive behaviors later on. Consequently, this group is important to identify in studies of social withdrawal for three reasons: (a) they may dilute the predictiveness of the behavior, (b) studies of social withdrawal may not always generalize to them, and (c) they may not be appropriate targets for intervention.

Purpose of Study

The purpose of this study was to further investigate differences between subtypes of social withdrawal in school-aged children. It was believed that whereas some children exhibit the behavior of social withdrawal, the reason for this behavior may vary between withdrawn children. Therefore, social status and maladaptive symptoms may vary as well. In line with this view, the present study examined differences between subtypes in peer-nominated social status, self-reported loneliness and social dissatisfaction, self-reported self-esteem and self-concept, and peer-reported behavioral characteristics.

The subtypes investigated paralleled three of the subtypes found by Harrist et al.

(1997). Those subtypes are passive/anxious (timid, shy, self-isolating), actively-isolated (angry, immature, uninhibited), and unsociable (socially competent but highly motivated toward solitary play). However, unlike Harrist et al. (1997), peer nominations were used instead of teacher ratings to create the socially withdrawn subtypes. It was believed that because peers have more access to social behavior, a more accurate rating of social withdrawal behavior could be derived from peer ratings versus teacher ratings (Serbin, Marchessault, McAffer, Peters, & Schwartzman, 1993). In addition to differences in raters, cutscores were used to create socially withdrawn groups versus a clustering method.

Of these three subtypes of social withdrawal, it was the unsociable group that was of most interest. Compared to the passive/anxious subtype and the actively-isolated subtype, the unsociable subtype appears to be the least studied in research literature. As opposed to the other two subtypes, which are believed to withdraw due to a maladaptive social style (e.g. anxiety, or aggression-related isolation), children in the unsociable subtype were believed to withdraw as a result of personal preference or an introverted personality type. It was believed that, compared to the other two subtypes, the unsociable group would exhibit the least maladaptive social patterns as well as the least maladaptive levels of social adjustment.

CHAPTER 3: METHOD

Participants

Participants were 516 school children from twenty-six 4th through 6th grade classrooms located in three rural elementary schools in the southeast. One school was majority-black and the other two were majority-white. Participants ranged from 9 through 13 years of age. Across the entire population of those schools, 48% qualified for free lunch status and 9% qualified for reduced lunch status. According to school records, 56% of the sample were “White” students, 42% were “Black” students, and 2% were “Asian”, “Hispanic”, or “Mixed” students. The ethnic compositions of the three schools were highly homogeneous: 91% of the participants were in classrooms/schools in which their ethnic group was the numerical majority. Fifty-one percent of the participants were girls.

Procedure

Students in participating classrooms were given consent forms to take home. These forms included a place for parents to choose whether they were giving consent or denying consent for their child to participate in the study. Both parental consent and child assent were required for participation in the study. This sample was divided into 26 peer groups based on classroom. The measures that a participant completed were specific to his or her peer group (i.e. peers within the child’s classroom). Only the names of peer group members with parental consent to participate were included on the measures.

Questionnaires were group administered and read aloud in the classroom by one of the researchers while another researcher circulated among the students and helped with individual questions. During data collection, nonparticipating children were asked to read or draw quietly at their desks. For each classroom, data was collected over two days, one hour each day. Both participants and non-participants in each participating classroom were thanked for their time with a small gift for each session of data collection.

Measures

Identification of Socially Withdrawn Groups. On each survey, participants were asked to nominate up to three children in the peer group for each of 30 behavioral descriptions. Three behavior-nomination items, created based on withdrawal subtypes found in previous literature (Harrist, Zaia, Bates, Dodge, & Pettit, 1997), were used to identify socially withdrawn subtypes. The items were introduced with the following description: “Some kids don’t seem to play with other kids very much. They usually play by themselves. There could be many reasons for this. Think about the kids in your class who don’t play with other kids”. The behavior-nomination items which pertained to social withdrawal followed. The first one, “Some kids get along well with others, but prefer to play alone,” was used to characterize children from the unsociable subtype of social withdrawal, as this subtype is thought be adequately socially competent. The second one, “Some kids play by themselves because nobody wants to play with them,” was used to characterize children from the actively-isolated subtype of social withdrawal, as this subtype is thought to be isolated by the social group. The third item, “Some kids act like they want to play with another group of kids, but they seem afraid or shy, and

mostly watch,” was used to characterize children from the passive/anxious subtype of social withdrawal, as this subtype is thought to be anxious and timid.

Measurement of a subtype of behavior based on one item may be considered unconventional. However, this method is commonly used in peer relations literature (see Parkhurst & Asher, 1992). The reliability of the items is compensated for by the fact that nominations come from multiple peer raters, depending on the size of the peer group. Previous studies have demonstrated that the behavioral nomination method yields scores with high split-half reliabilities, ranging from .78 to .98 (Perry, Kusel, & Perry, 1988) and moderate to high test-retest reliabilities, ranging from .35 to .84 over one year (Coie & Dodge, 1983).

Sociometric Status Nominations. Participants viewed a roster with the names of their specific peer group members and then nominated three group members that they “play with the most” (like-most) and three that they “play with the least” (like-least) at school. Numbers of like-most and like-least nominations each participant received were summed and standardized within each classroom, to a mean of 0 and a standard deviation of 1. Next, social preference (like-most - like-least) and social impact (like-most + like-least) scores were calculated. Finally, children were assigned to social status groups (i.e., popular, average, rejected, neglected, and controversial) based on the Coie and Dodge (1983) method. Children were classified as popular if they had a social preference score greater than 1, a like-most score greater than 0, and a like-least score less than 0; rejected if they had a social preference score less than -1, a like-most score less than 0, and a like-least score greater than 0; neglected if they had a social impact score less than -1, and like-most and like-least scores less than 0; and controversial if they had a social impact

score greater than 1, and like-most and like-least scores greater than 0. All remaining children were classified as average.

Perceived Popularity. Participants nominated up to three children whom they thought of as most-popular and least-popular. Research has indicated that for middle school students, children who are considered to be sociometrically popular (i.e. liked-most) are different from children who are rated high on perceived popularity (i.e. most-popular) (Parkhurst & Hopmeyer, 1998). Perceived popularity is thought to be related to dominance and visibility, whereas sociometric popularity is thought to be related to trustworthiness and kindness (Parkhurst & Hopmeyer, 1998). Numbers of most-popular and least-popular nominations each participant received were summed and standardized, within class and gender, to a mean of 0 and a standard deviation of 1.

Loneliness and Social Dissatisfaction. Participants completed a twenty-four item scale of loneliness and social dissatisfaction with peer relationships at school developed by Asher and Wheeler (1985). Examples of items include “It’s hard for me to make friends at school,” “I’m lonely at school,” and “It’s hard to get kids at school to like me.” Eight of these twenty-four items are filler items regarding the participants’ hobbies and subjects at school, such as “I like to paint or draw.” For each item, participants were asked to respond on a scale of 1 to 5 as to how well each statement describes them, where a response of 1 = not at all, 2 = a little, 3 = somewhat, 4 = a lot, and 5 = very much. Scores for this sample ranged from 16 to 69, with a mean of 32.62 and a standard deviation of 11.68. Internal consistency indicators of this scale have demonstrated very good reliability (Cronbach’s alpha = .90, Asher & Wheeler, 1985).

Other psychometric qualities of this scale are well documented (Asher, Hymel, & Renshaw, 1984; Asher & Wheeler, 1985).

Social Self Concept and Self-Esteem. The self-concept and self-esteem measure included items from the Self-Esteem Questionnaire, which was designed to measure global feelings of self-worth as well as self-worth in relation to a variety of contexts in early adolescents (grades 5 through 8), (DuBois, Felner, Brand, Phillips, & Lease, 1996). For this investigation, items pertaining to global and social self-esteem and self-concept were used. Sample items include “I feel good about how well I get along with other kids,” and “I like being just the way I am.” For each item, participants were asked to respond on a scale of 1 to 4 as to how well the statement described them, where a response of 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. For social self-esteem, scores ranged from 8 to 32, with a mean of 24.58 and a standard deviation of 4.55. For global self-esteem, scores ranged from 9 to 36, with a mean of 28.15 and a standard deviation of 4.96. For social self-concept, scores ranged from 8 to 32, with a mean of 24.76 and a standard deviation of 4.51. Each of the subscales has adequate internal consistency (coefficient alphas ranged from .81 to .91; DuBois et al., 1996). Further evidence for the validity of this measure is presented in DuBois et al. (1996).

Behavioral Items. Several of the other behavior nominations on the survey were combined to create the following subscales of behavior: odd, cool, proactive aggression, reactive aggression, good student, prosocial, hyperactivity/impulsivity, disruptiveness and internalizing. Nominations for each participant were summed and standardized, within class, to a mean of 0 and a standard deviation of 1. Items pertaining to each subscale, as well as alpha coefficients for each subscale, are listed in Table 1.

Table 1

Behavior nomination items pertaining to subscales of peer-nominated behavior

Scale Name	Scale Items
Odd (.88)	Somebody who just seems odd, because they say things that don't make sense. This person seems odd or weird This is a person who seems strange and different from other kids your age.
Cool (.90)	This person is really cool. Just about everybody in school knows this person. This person gets chosen by the others as the leader. Other people like to have this person in charge. This is a person who others in class admire. Other children want to be like this person and to be around him/her. Somebody who others listen to- this person has a lot of influence. This type of person has a lot of control- they decide who gets to be in the "in crowd" or popular group.
Proactive Aggression (.84)	Somebody who tries to get what he or she wants by hitting, shoving, pushing, or threatening others. Some children tell others that they will stop liking them unless the friends do what they say, try to keep certain people from being in their group during activities, and when they are mad at someone, they get even by keeping the person from being in their group of friends. This is a person who bullies and picks on other kids.
Reactive Aggression (.85)	This person gets angry and loses his/her temper easily when teased or treated meanly. Even when others don't mean to make them mad, this type of person overreacts and is easily pushed to anger.
Good Student (.82)	This person make good grades, is smart, and usually knows the right answer. This is a person who tries hard to do good schoolwork.
Prosocial (.92)	Somebody who is really good to have as part of your group, because this person is agreeable and cooperates- he or she pitches in, shares, and gives everyone a turn. This person is dependable and someone you can trust. Somebody who is easy to talk to- this person is usually happy and cheerful, talks easily with others, and is a good listener. This is a person who plays fair. This is the type of person who is good at solving problems: when kids are arguing and having trouble getting along, this person can help them solve the problem. This is the type of person who helps others who are hurt, sick, or sad; they show a lot of concern for others.

Table 1 continued.

Hyperactivity/ Impulsivity (.88)	<p>This person has a way of upsetting everything when he or she gets into a group- he or she doesn't share and tries to get everyone to do things their way.</p> <p>Somebody who gets out of his/her seat a lot, makes lots of noise, and bothers other people who are trying to do their work.</p> <p>This person interrupts others, can't wait for his/her turn, and barges in when others are playing or talking.</p> <p>This person loses things, gets in trouble for not doing their work, and does not follow directions.</p> <p>This person doesn't pay attention to what is going on- somebody whose mind seems to wander a lot or who seems "spacey."</p>
Disruptiveness (.83)	<p>This person has a way of upsetting everything when he or she gets into a group- he or she doesn't share and tries to get everyone to do things their way.</p> <p>This person doesn't follow the rules and talks back to the teacher.</p> <p>Somebody you can't trust- this person takes other's belongings without asking, lies, and destroys other people's things.</p>
Internalizing (.79)	<p>This person gets his or her feelings easily hurt.</p> <p>This person often seems sad or unhappy.</p> <p>This person worries a lot and is scared of lots of things.</p>

Note: Alpha coefficients are listed in parentheses after each scale name.

CHAPTER 4: RESULTS

Correlations between withdrawal items and social status and social adjustment indices.

Intercorrelations between withdrawal items were as expected. The correlations should be somewhat high, as they are all designed to measure the construct of social withdrawal. However, they should not be too high, as they are designed to indicate different types of withdrawal, based on conceptual reasons as to why the behavior occurs. Intercorrelations were $r = .50$ between passive/anxious and actively-isolated, $r = .53$ between actively-isolated and unsociable, and $r = .60$ between passive/anxious and unsociable. These correlations fit with this reasoning.

All three indices of social withdrawal correlated moderately with numbers of like-most, like-least, and most-popular nominations (see Table 2). Higher levels of all three types of social withdrawal were moderately associated with lower levels of liking, higher degrees of dislike, and lower perceived popularity. However, for all three indices of social withdrawal, there were strong associations with being nominated as least-popular. Correlations of peer acceptance measures to withdrawn subtype item nominations, as indicated in Table 2, indicated that, of the three subtype items, actively-isolated nominations were particularly strongly related to least-popular nominations and like-least nominations.

All three indices of social withdrawal also correlated moderately with self-reported social stress. Specifically, high levels of all three indices of social withdrawal were

Table 2

Correlations between withdrawal items and measures of social status and social-emotional adjustment

	Unsociabl e	Passive/anxious	Actively- isolated
<u>Social Status</u>			
Liked-most	-.24	-.30	-.38
Liked-least	.29	.30	.55
Most-popular	-.30	-.33	-.30
Least-popular	.48	.50	.67
<u>Social adjustment</u>			
Loneliness and Social Dissatisfaction	.30	.26	.36
Global Self-esteem	-.23	-.16	-.28
Social Self-esteem	-.26	-.22	-.34
Self-concept	-.29	-.26	-.37

Note: All p-values < .001.

associated with higher levels of loneliness and social dissatisfaction and a poorer social self-esteem and self-concept. Of the three subtype items, the actively-isolated item was most highly correlated with loneliness and social dissatisfaction and global and social self-esteem. The passive/anxious item had the weakest correlations with these measures, compared to the other two social withdrawal items.

Creation of withdrawn groups

Three socially withdrawn subtypes were created in order to compare children demonstrating a strong tendency towards one particular subtype of withdrawal to the other subtypes. Therefore, in order to be included in a socially withdrawn subtype, a child had to have a high frequency of nominations for a particular social withdrawal item and a somewhat lower frequency of nominations for the other two social withdrawal items, relative to his or her classmates. In order to create the groups, nominations for the entire participating sample were standardized by peer group to a mean of 0 and a standard deviation of 1. Subjects having a z-score of 1.0 or above for the “prefer to play alone” item and a z-score of .75 or less for the other two withdrawal items were considered unsociable. Subjects having a z-score of 1.0 or above for the “nobody wants to play with them” item and a z-score of .75 or less for the other two withdrawal items were considered actively-isolated. Subjects having a z-score of 1.0 or above for the “want to play with other kids, but seem afraid or shy” item and a z-score of .75 or less for the other two withdrawal items were considered passive/anxious. A control group also was created to compare these withdrawn groups to a sample of non-withdrawn children. It was desired that the control group did not contain children that were exceedingly outgoing,

however. Therefore, subjects having a z-score between -.5 and .5 for each of the withdrawn subtype items were included in the control group.

The sizes of the withdrawn groups were as follows: unsociable $n = 23$ (37% of withdrawn children), passive/anxious $n = 22$ (35% of withdrawn children), and actively-isolated $n = 17$ (27% of withdrawn children). [Eighty-two socially withdrawn children were excluded from analyses due to their exceeding the cutoff on more than one item. A breakdown of those 82 children, as well as their means and standard deviations for each withdrawal item, is listed in Table 3 for descriptive purposes.] Forty-two children met the criteria for the control group. The withdrawn subtype group sizes were relatively equal, which deviated from previous research on subtypes of social withdrawal (Asendorpf, 1990; Harrist, Zaia, Bates, Dodge, & Pettit, 1997) in which the unsociable group (or the group that was most descriptively similar to the unsociable group) composed approximately 2/3 of all withdrawn children. However, those studies used a very different method of creating withdrawn subtype groups (e.g., cluster analysis, teacher nominations) from the method used in this study. Means and standard deviations of social withdrawal item nomination z-scores for each of the groups is listed in Table 3.

Comparison between withdrawn subtypes

The purpose of the following set of analyses was to compare differences between the withdrawn subtype groups. Therefore, the control group was not considered in this set of analyses.

Social status. In order to examine whether the subtypes of social withdrawal differed on social status indices, including like-most, like-least, most popular, and least popular

Table 3

Means and standard deviations of social withdrawal item nominations by group.

	Unsociable		Passive/anxious		Actively-isolated	
	item		item		item	
	M	SD	M	SD	M	SD
Control group n = 42	-.08	.29	-.02	.25	-.07	.29
Unsociable group n = 23	1.52	.62	-.08	.52	-.13	.49
Passive/anxious group n = 22	-.12	.57	1.41	.45	-.08	.45
Actively-isolated group n = 17	-.25	.62	-.20	.46	1.91	.82
Unsociable/passive n = 24	1.35	.57	1.59	.57	-.24	.45
Unsociable/active n = 14	1.41	.46	.11	.42	1.81	.84
Passive/active n = 8	.04	.73	1.40	.49	1.64	.94
Unsociable/passive/active n = 36	1.87	.76	2.05	.78	2.13	.87

Note: Means and standard deviations are recorded as z-scores. UP group= +.75 z-score on unsociable and passive/anxious items. UA group= +.75 z-score on unsociable and actively-isolated items. PA group= +.75 z-score on passive/anxious and actively-isolated items. UPA group= +.75 z-score on all three social withdrawal items.

(see Table 4 for means and standard deviations), a MANOVA was conducted, resulting in a significant overall effect ($F [4, 118] = 6.53, p = .001$). Exploratory ANOVAs were conducted to investigate differences between subtypes for the individual social status indices. Those analyses revealed significant ($p < .05$) differences between withdrawn subtypes for liked-most ($F [2, 60] = 4.26, p = .02$), liked-least ($F [2, 60] = 13.24, p < .001$), and least popular variables ($F [2, 60] = 9.21, p < .001$). For the liked-most variable, post-hoc t-tests revealed that the actively-isolated group had significantly fewer nominations than the passive/anxious group, ($F [1, 37] = 4.52, p = .04$), and the unsociable group, ($F [1, 39] = 8.0, p = .007$). For the liked-least variable, post-hoc t-tests revealed that the active-isolate group received significantly more nominations than the passive/anxious group ($F [1, 37] = 7.81, p = .008$) and the unsociable group ($F [1, 39] = 25.89, p < .001$). The only difference between the passive/anxious and unsociable subtypes was for like-most nominations: the passive/anxious group received significantly more nominations for liked-least than the unsociable group ($F [1, 44] = 5.62, p = .02$). For the least-popular measure, the actively-isolated group received significantly more nominations than the passive/anxious group ($F [1, 37] = 12.55, p = .001$) and the unsociable group ($F [1, 39] = 14.44, p < .001$).

Overall, it appears that the actively-isolated subtype showed the most maladaptation of the three groups in terms of peer acceptance (see Table 4). Compared to the other two withdrawn groups, the actively-isolated group was less likely to be nominated as liked-most and more likely to be nominated as liked-least and least-popular. Also, the

Table 4

Means and standard deviations for measures for withdrawn subtype groups

	Unsociable		Passive/anxious		Actively- isolated		Control	
	M	SD	M	SD	M	SD	M	SD
<u>Social status</u>								
liked-most	-.00	.79	-.17	.80	-.73	.84	-.36	.81
liked-least	-.40	.62	.13	.88	1.05	1.19	-.04	.84
most popular	-.30	.51	-.10	.98	-.40	.58	-.39	.67
least popular	.06	.82	.11	.83	1.16	1.02	-.09	.71
<u>Social adjustment</u>								
Loneliness and Social Dissatisfaction	32.34		33.53	11.46	44.59	12.19	33.10	11.26
		9.82						
Social self-esteem	24.37	5.38	25.66	4.48	21.15	4.47	24.40	4.51
Global self-esteem	27.78	5.60	28.30	5.12	24.28	4.64	27.69	5.40
Social self- concept	23.49	4.72	25.59	3.80	20.96	5.41	24.22	4.33

Note: Social status means are recorded as z-scores.

unsociable subtype appears to be better off sociometrically than the passive/anxious subtype. Although the unsociable subtype was average for liked-most nominations, this subtype was much lower on liked-least nominations than the passive/anxious subtype.

A chi-square analysis of subtype by sociometric social status ($\chi^2 = 31.21, p = .001$) revealed that the subtypes were not equally distributed across sociometric status groups (see Table 5). These results need to be evaluated with caution, however, as some cells contained less than 5 subjects. First, the actively-isolated subtype was more likely to be of rejected status (71%) than any other status. The passive/anxious subtype was fairly evenly dispersed among the five areas of status, with the highest likelihood of being average (27 %) and the lowest likelihood of being popular (9%). Interestingly, those in the unsociable group were most likely to be popular (33%) or average (38%) and unlikely to be rejected (4%) or controversial (0%).

Social adjustment indices. The purpose of this set of analyses was to examine differences between the subtypes on measures of social adjustment. A MANOVA was conducted between the withdrawn groups for all four social adjustment indices, including loneliness and social dissatisfaction, social and general self-esteem, and self-concept, resulting in a moderately significant effect ($F [8, 110] = 2.37, p = .02$). Exploratory ANOVAs revealed significant ($p < .05$) differences between withdrawn groups for loneliness and social dissatisfaction ($F [2, 58] = 7.35, p = .001$), social self-esteem ($F [2, 58] = 4.17, p = .02$), global self-esteem ($F [2, 58] = 3.37, p = .04$) and social self-concept ($F [2, 58] = 4.58, p = .01$). Post-hoc t-tests revealed that the actively-isolated subtype reported the most maladaptive social adjustment, compared to the other withdrawn

Table 5

Frequency of withdrawn subtype groups by sociometric status

	Unsociable		Passive/anxious		Actively- isolated	
	n		n		n	
Popular	8	33%	2	9%	1	6%
Rejected	1	4%	5	23%	12	71%
Neglected	6	25%	5	23%	2	12%
Controversi al	0	0%	4	18%	1	6%
Average	9	38%	6	27%	1	6%

subtypes. The actively-isolated group reported significantly more loneliness and social dissatisfaction than either the passive/anxious group, ($F [1, 36] = 8.19, p = .007$) or the unsociable group, ($F [1, 37] = 14.11, p < .001$). Additionally, the actively-isolated group reported significantly lower social self-esteem than both the passive/anxious group [$F (1, 36) = 9.41, p = .004$] and the unsociable group ($F [1, 37] = 4.15, p = .05$), significantly lower global self-esteem than both the passive/anxious group ($F [1, 36] = 6.17, p = .02$) and the unsociable group ($F [1, 37] = 4.99, p = .03$), and significantly lower self-concept than the passive/anxious group ($F [1, 36] = 9.51, p = .004$).

Behavioral Characteristics. Withdrawn subtypes were compared in terms of number of nominations for particular behavioral descriptions to further examine differences in subtype characteristics. Means and standard deviations of the withdrawn groups and the control group for these behavior nomination scales are listed in Table 6.

A MANOVA was conducted to investigate withdrawn group differences on the externalizing subscales overall. Those subscales included proactive aggression, reactive aggression, impulsive/hyperactive symptoms, and disruptiveness. That analysis revealed a major overall effect for withdrawn group differences on externalizing measures ($F [8, 114] = 8.87, p < .001$). Analyses of variance of withdrawn subtype groups by those externalizing scales revealed significant differences between withdrawn groups ($p < .05$) for all four externalizing scales: proactive aggression ($F [2, 60] = 13.54, p < .001$), reactive aggression ($F [2, 60] = 11.84, p < .001$), impulsive/hyperactive symptoms ($F [2, 60] = 31.78, p < .001$), and disruptiveness ($F [2, 60] = 34.24, p < .001$). Post-hoc t-tests revealed that, compared to both the passive/anxious and the unsociable groups

Table 6

Means and Standard Deviations of Withdrawn Groups on Behavior Nomination Scales

	Unsociable		Passive/anxious		Actively- isolated		Control	
	M	SD	M	SD	M	SD	M	SD
Odd	-.27	.51	-.17	.58	1.22		.02	.51
					1.09			
Cool	-.13	.44	-.06	.78	-.52	.46	-.30	.72
Proactive	-.35	.63	-.37	.40	.70		.04	.71
Aggression					1.07			
Reactive	-.39	.66	-.13	.75	.79	.95	-.07	.72
Good Student	.50	1.33	-.04	.78	-.45	.63	-.12	.71
Prosocial	.48	1.09	.21	.76	-.59	.72	-.31	.63
Impulsive/ hyperactive	-.46	.36	-.33	.55	1.16	1.09	.06	.72
Disruptive	-.43	.54	-.34	.47	1.27		.04	.75
					1.08			
Internalizing	.20	.62	.25	.75	.26	.93	-.19	.50

Note: Means are recorded as z-scores.

respectively, the actively-isolated group was significantly more proactively aggressive ($F [1, 37] = 18.71, p < .001$; $F [1, 39] = 15.59, p < .001$), more reactively aggressive ($F [1, 37] = 11.20, p = .002$; $F [1, 39] = 21.75, p < .001$), displayed more impulsivity/hyperactivity ($F [1, 37] = 30.77, p < .001$; $F [1, 39] = 45.61, p < .001$), and was more disruptive ($F [1, 37] = 39.49, p < .001$; $F [1, 39] = 44.32, p < .001$).

Individual ANOVAS were conducted for the remaining five behavioral nomination scales, including odd, cool, good student, prosocial, and internalizing. Results indicated significant effects for four of the subscales: odd [$F (2, 60) = 24.52, p < .001$], cool [$F (2, 60) = 3.20, p = .048$], good student [$F (2, 60) = 4.65, p = .013$], and prosocial [$F (2, 60) = 7.42, p = .001$]. No between group effects were found for the internalizing scale ($p > .05$). Post hoc t-tests revealed that, compared to the passive/anxious subtype and the unsociable subtype respectively, the actively-isolated subtype was nominated as being significantly more odd [$F (1, 37) = 26.51, p < .001$] [$F (1, 39) = 34.96, p = .001$], less cool [$F (1, 37) = 4.51, p = .04$] [$F (1, 39) = 7.22, p = .01$], and less prosocial [$F (1, 37) = 11.06, p = .002$] [$F (1, 39) = 12.47, p = .001$]. Furthermore, the actively-isolated group was significantly less studious than the unsociable group [$F (1, 39) = 7.46, p = .009$].

Comparison of withdrawn subtypes with controls

The purpose of this set of analyses was to compare the withdrawn subtype groups against a group of non-withdrawn children; therefore, the control group was included in this set of analyses.

Social Status. The purpose of this set of analyses was to compare the withdrawn subtypes with non-withdrawn children for social status measures (see Table 3 for means and standard deviations). A MANOVA was conducted to compare withdrawn subtypes

against the control group for overall social status differences, including like-most, like-least, most-popular, and least-popular measures. Results indicated a significant overall effect ($F[6, 200] = 5.15, p < .001$) for social status measures. Exploratory ANOVAs were conducted for each social status variable, resulting in significant effects for liked-most ($F[3, 101] = 2.95, p = .036$), liked-least ($F[3, 101] = 9.72, p < .001$), and least popular ($F[3, 101] = 9.93, p < .001$). Individual t-tests between each group and the control group indicated that the actively-isolated group deviated significantly from the control group on measures of both likeability and popularity. Compared to the control group, the active isolate group received more nominations for liked-least [$F(1,57) = 15.99, p = .0002$] and more nominations for least-popular [$F(1,57) = 29.00, p = .0001$]. Differences between the control group and the passive/anxious and the unsociable group were nonsignificant ($p > .05$).

Social Adjustment. Differences between the withdrawn groups and the control group were also analyzed in terms of social adjustment (see Table 3 for means and standard deviations). A MANOVA for all four social adjustment measures, including loneliness and social dissatisfaction, social self-esteem, global self-esteem, and social self-concept, resulted differences that approached significance ($F[12, 251] = 1.72, p = .06$). Because of this, exploratory ANOVAs were conducted, revealing significant effects for loneliness and social dissatisfaction ($F[3,99] = 4.91, p = .003$), social self-esteem ($F[3, 99] = 2.97, p = .035$), and social self-concept ($F[3, 98] = 3.41, p = .02$). Compared to the control group, the actively-isolated group was more lonely and socially dissatisfied [$F(1,56) = 11.53, p = .001$], had lower social self-esteem [$F(1,56) = 6.05, p = .017$] as well as global self-esteem [$F(1,56) = 4.97, p = .03$], and had lower self-concept [$F(1,55) = 5.67, p =$

.021]. Differences between the unsociable and passive/anxious subtypes and the control group were nonsignificant ($p > .05$).

Behavioral Characteristics. The purpose of this set of analyses was to examine differences in behavioral characteristics between the withdrawn subtypes and the control group. A MANOVA for the four externalizing subscales, proactive aggression, reactive aggression, hyperactivity/impulsivity, and disruptiveness, was conducted. The result indicated a significant overall effect ($F [12, 259] = 5.72, p < .001$) for externalizing behavioral characteristics. Exploratory ANOVAs resulted in significant differences for proactive aggression ($F [3, 101] = 9.31, p < .001$), reactive aggression ($F [3, 101] = 4.19, p < .001$), hyperactivity/impulsivity ($F [3, 101] = 20.45, p < .001$), and disruptiveness ($F [3, 101] = 21.56, p < .001$). Post hoc t-tests revealed that, compared to the control group, both the unsociable group and the passive/anxious group respectively were significantly less proactively aggressive ($F [1, 64] = 5.06, p = .03$; $F [1, 62] = 6.31, p = .01$), less impulsive/hyperactive ($F [1, 64] = 14.13, p < .001$; $F [1, 62] = 4.88, p = .03$), and less disruptive ($F [1, 64] = 7.04, p = .01$; $F [1, 62] = 4.46, p = .04$). The actively-isolated subtype, compared to the control group, was found to be significantly more proactively aggressive ($F [1, 57] = 7.61, p = .007$), more reactively aggressive ($F [1, 57] = 14.08, p < .001$), more impulsive/hyperactive ($F [1, 57] = 20.66, p < .001$), and more disruptive ($F [1, 57] = 24.99, p < .001$).

Individual ANOVAS were conducted for the remaining five behavioral nomination scales, including odd, cool, good student, prosocial, and internalizing. Results indicated significant effects for odd ($F [3, 101] = 21.08, p < .001$), good student ($F [3, 101] = 4.19, p = .008$), prosocial ($F [3, 101] = 8.44, p = .001$) and internalizing ($F [3, 101] = 3.49, p =$

.02). Post hoc t-tests revealed that, compared to the control group, the unsociable group was less odd ($F [1, 64] = 5.09, p=.03$), more studious ($F [1,64] = 6.02, p=.02$), more prosocial ($F [1,64] = 14.13, p<.001$), and had more internalizing symptoms ($F [1,64] = 7.82, p= .007$). The passive/anxious subtype, compared to the control group, was found to be significantly more prosocial ($F [1,62] = 8.54, p= .005$) and had more internalizing symptoms ($F [1,62] = 8.01, p = .006$). The active isolate subtype, compared to the control group, was found to be significantly more odd ($F [1,57] = 33.81, p< .001$), and had more internalizing symptoms ($F [1,57] = 2.47, p = .02$).

CHAPTER 5: DISCUSSION

The purpose of this study was to examine differences between socially withdrawn subtypes of children in terms of social status, social adjustment, and peer-nominated behavioral characteristics. First, items pertaining to each withdrawn subtype were correlated with social status and social adjustment measures. Next, withdrawn subtype groups were created and compared to each other using social status measures, social adjustment measures, and behavioral nominations. Finally, using the same measures, each group was compared to a nonwithdrawn control group.

Correlational analyses demonstrated that all three subtypes of withdrawal related at least moderately to lower levels of social acceptance and more maladaptive levels of social adjustment. The results showed that social withdrawal, whatever the purpose or reason, is associated with lower levels of likeability by, and popularity with, peers. Furthermore, social withdrawal, regardless of subtype, was also associated with feelings of loneliness and social dissatisfaction and a poorer social self-esteem and self-concept. Furthermore, all three withdrawn subtypes were viewed by peers as having significantly more internalizing behaviors compared to a non-withdrawn control group. Overall, these results support the common belief that the behavior of social withdrawal is indicative of a tendency toward social and emotional problems.

Of the three subtypes, the actively-isolated subtype appears to be the most maladaptive in terms of peer acceptance. That subtype had the strongest correlation for liked-least and least popular measures as well as liked-most. Furthermore, children

nominated for that subtype were most likely to be rejected by peers. In terms of overall social acceptance, this subtype demonstrated the most rejection when compared to both other subtypes and the control group.

The actively-isolated group also demonstrated the most maladaptation in terms of social adjustment compared to both other subtypes and the control group. These findings were not unexpected, especially given the extensive research into the social and emotional problems facing peer-rejected withdrawn children (Parkhurst & Asher, 1992; Volling, Mackinnon-Lewis, Rabiner, & Baradaran, 1993; Hymel, Bowker, & Woody, 1993). Compared to both the control group and the other two withdrawn subtype groups, the actively-isolated group demonstrated the highest degree of loneliness and social dissatisfaction, and the poorest social self-esteem, global self-esteem, and social self-concept.

In terms of behavioral characteristics, again the actively-isolated group was found to be the most deviant compared to both of the other withdrawn subtypes and the control group. This group can be characterized by peers as being significantly more odd, and as displaying significantly more externalizing symptoms. The actively-isolated was found to display significantly more internalizing symptoms only when compared to the control group. Furthermore, the actively-isolated group was considered significantly less prosocial and less “cool” by peers than the other two withdrawn subtype groups, and significantly less studious than the unsociable group. These findings are in line with previous research given that antisocial qualities are associated with peer rejection. However, it is also possible that because this group tended to be socially rejected, peers may have biased their behavioral nominations in a negative manner towards members of

this subtype. In summary, of the three withdrawn subtypes and the non-withdrawn control, the actively-isolated subtype appeared to have the poorest peer relations, the poorest level of social adjustment, and the most behavioral difficulties.

In contrast to the actively-isolated group, the passive/anxious group and the unsociable group appeared to be more similar than different. The passive/anxious group was not found to differ from the unsociable group on most measures of social status and social adjustment. One difference was that the passive/anxious group was more likely than the unsociable group to be nominated as liked-least. Furthermore, in terms of sociometric status, the passive/anxious group was most likely to be average and least likely to be popular. Therefore, in terms of social acceptance, it would seem that the passive/anxious group was better off than the actively-isolated group, but had a poorer acceptance rate than the unsociable group. When compared to the nonwithdrawn control group, the passive/anxious group was found to be no different in terms of social status and social adjustment. Behaviorally, the passive/anxious group was seen by peers as demonstrating less externalizing behaviors and more prosocial and internalizing behaviors compared to the control group. In summary, while the passive/anxious group did not report more social adjustment problems than the control group, peers did see this group as having more internalizing symptoms than the control group. Interestingly, peers also saw this group as having more prosocial behaviors than the control group despite their anxious withdrawn behavior.

Again, the unsociable group demonstrated few differences from the passive/anxious group in terms of social status and social adjustment. However, unsociable group did have the most favorable results in terms of sociometric status- of the five categories, they

were most likely to be popular or average and least likely to be rejected or controversial. This would indicate that children in the unsociable group had a relatively high likelihood of being accepted by peers. When compared to the non-withdrawn control group, the unsociable group demonstrated no differences in terms of both social status and social adjustment. Behaviorally, peers saw the unsociable group as less externalizing and less odd, and more studious, prosocial, and internalizing compared to the control group. As with the passive withdrawn group, it is interesting that peers saw this group as having more prosocial behaviors than the control group.

One notable finding from this study was that the passive/anxious group and the unsociable group did not differ from nonwithdrawn controls with regard to social status and social adjustment. These two groups were not found to be statistically different from the control group on any of the four peer acceptance measures or any of the four internal social stress measures. Together with the correlational results, this information implies that while these two types of withdrawal are associated, as a group, with poorer than average peer acceptance and feelings of social stress, the problems associated with these two subtypes of social withdrawal are not severe enough to be considered different from that of a non-withdrawn child (i.e. the control group). In fact, approximately one third of the unsociable children were found to be popular. It is possible that even though these two subtypes of social withdrawal did not differ from other children in terms of social status or social adjustment, there may be other areas in which they differ, such as overall social style.

Another interesting finding is that, for most measures, differences *between* the passive/anxious group and the unsociable group were non-significant. This finding was unexpected considering that the passive/anxious item was designed to select children who were socially anxious, wherein the unsociable item was designed to select children who were socially skilled but perhaps introverted. One possible explanation for this is that these subtypes of withdrawn children are not all that different from each other. A child could feasibly be both socially anxious and socially skilled. However, the manner in which the items were written were meant to discriminate children who wanted to play with others, but whose anxiety prevented them from playing, from those children who simply did not want to play with others due to personal preference.

Another possible explanation for these results could be that peers in fourth, fifth, and sixth grades have difficulty differentiating between the passive/anxious and unsociable subtypes of withdrawal. Children at that age may not be able to determine if a child withdraws as a result of felt social anxiety or due to a personal choice unrelated to internalizing difficulties. As reviewed above, Younger and Daniels (1992) found that by fourth grade, children are able to perceive social withdrawal as a consequence of either rejection due to bothersome behavior (actively-isolated) or self-isolation due to perceptions of social ineffectiveness (passive withdrawal). However, whether children can perceive solitary play as a social preference is unknown.

Overall, these results add merit to the idea that withdrawn children are not homogeneous in terms of social and emotional maladaptation. More important than the fact that a child withdraws may be the reason for the withdrawal. Whereas social withdrawal may be a quality that is generally disliked by peers, there are some types of

withdrawal that peers especially dislike. Actively-isolated withdrawn children had the highest likelihood of being rejected, which is not surprising given that the distinguishing characteristic of these children is that they withdraw after already being rejected. However, the unsociable withdrawn children were most likely to be popular, average, or neglected, indicating that peers find this type of withdrawn child less offensive compared to the other two types. The fact that children with differing types of withdrawal demonstrate differing levels of peer acceptance could also partly explain why these children have differing feelings about their social well-being. The unsociable child who plays on his/her own but is still relatively accepted, or at least tolerated, by other children may be less likely to feel badly about his/her social situation than the actively-isolated child who has no choice but to play by him/herself.

Research implications of these results include the need for a careful definition of what type of withdrawal is being studied. In Rubin's line of research, the etiological theory of social withdrawal tends to focus on children who are socially anxious, and whose withdrawal is a result of the combination of inhibited temperament, insecure attachment, and directive parenting style (Rubin & Mills, 1991). This line of research seems to apply most closely to the passive/anxious subtype. In contrast, research literature that studies rejected-withdrawn children is directed at children whose withdrawal is functionally linked with social rejection, which applies most closely to the actively-isolated subtype. In essence, there may be two distinct bodies of literature already that are examining subtypes of social withdrawal in children. It may be prudent in these literatures for researchers to clarify that they may be examining only one type of social withdrawal, rather than including all socially withdrawn children under one term.

Similarly, clinical intervention implications of these results also indicate the need to determine the reason for a child's socially withdrawn behavior before an intervention plan can be created. It would seem that the behavior of social withdrawal alone would not necessarily constitute a need for clinical intervention. Furthermore, it would seem highly likely that one who is self-isolating from social interaction would have different intervention needs than a child who withdraws after being ostracized from the peer group. Even though all three subtypes of withdrawn children were nominated by peers as exhibiting internalizing behaviors, such as sadness and worries, only the actively-isolated group differed from the control group on social adjustment measures, indicating that they are more likely than the other subtypes to feel badly about their social situation. These results fit with the findings of Boiven and Hymel (1997), who found that rejected peer status mediated the contribution of withdrawal to the prediction of loneliness. Therefore, it may be that the actively-isolated subtype, characterized by being rejected by peers, may be more at risk for internalizing problems than the other subtypes, even though one of the other subtypes (passive/anxious) is characterized by definition as exhibiting social anxiety!

Limitations to this study include the fact that, in the creation of pure withdrawn subtype groups, many withdrawn children who did not strongly fit into a particular category were left out. Although the wording of the set of withdrawal items was intended to assist children in discriminating between subtypes, the design of the study permitted subjects to nominate a peer for more than one subtype of withdrawal. Therefore, a single child could have been nominated for all three withdrawn subtype items. Furthermore, because a child had to have a somewhat high frequency of nomination for one subtype

and a lower frequency for the other two subtypes, there had to be a degree of agreement between peers for a subject to be included in a subtype group. That is, “mixed” types were not included in the study. This was done purposefully in the design of the study, so that “pure” subtypes of withdrawal could be compared. However, it would also be interesting to use cluster analysis to group the children, thus extending the Harrist et al. (1997) study.

Another limitation was that the strong association between liked-least nominations and actively-isolated withdrawal nominations is probably partly attributable to the similarity in wording between the two items: “nobody wants to play with them” vs. who do you “like to play with the least.” These items were not necessarily designed to select the same children. Just because one child does not prefer to play with another does not indicate that no one else wants to play with that child either. Conversely, some children are not opposed to playing with children that others do not like. However, despite the fact that these items were not intended to select the same children for different reasons, it is not surprising that children who received a large number of actively-isolated nominations also received a large number of liked-least nominations.

A further limitation to this study was the lack of the use of clinical norms to determine severity levels of the indices. Although statistical differences were found between the withdrawn subtypes and the control group, this does not necessarily indicate that any of the subtypes of social withdrawal were approaching clinical levels of maladaptation either concurrently or in the long-term future. Further research is necessary to determine whether these subtypes of social withdrawal can be associated with clinically at-risk social or emotional problems.

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