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A review of the research on social withdrawal in children and adolescents

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A review of the research on social withdrawal in children and adolescents

Abstract

Recent research on peer relations has differentiated two groups of socially isolated children, one due to social withdrawal and the other because of aggressive behavior. Aggression has seen more research and more conclusive evidence of the development of later problems while much of the peer relations literature has previously regarded the socially withdrawn child as questionable in terms of risk. Developmental theorists, however, maintain that interpersonal experiences enable children to gain a sense of other's perspective and relate to peers in social settings. Lack of, or continuously negative interactions will affect development of social cognition, limiting the learning gained through interactions between persons or a person within a group.

Social isolation has been associated with risk of later maladjustment when due to aggressive behavior. The greater visibility and more conclusive research on aggressive, isolated children's potential for subsequent delinquency in adolescence contrasts with the sparse and inconclusive research on socially withdrawn children. However, as schooling is, in part, a time for social development, more interest has been expressed regarding the study of withdrawal and risk. The inconclusive research, problems with methodology, and lack of studies specific to social withdrawal in non-aggressive children has created controversy over social withdrawal as a predictor of future problems and concurrent maladjustment.

The research discussed in this review paper examines the significance of the study of social withdrawal and the theories behind social withdrawal as a problem for the developing child. Findings from studies exploring peer relations and social withdrawal are discussed, as well as methodological considerations and areas for further study.

A REVIEW OF THE RESEARCH ON SOCIAL WITHDRAWAL
IN CHILDREN AND ADOLESCENTS

An abstract of a Research Paper
Submitted
In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

Ryan Lee Channel
University of Northern Iowa
September 1998

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Introduction

The years prior to a child's first school experience and the many years of schooling thereafter are considered critical in developing peer relations and providing the social learning that comes from interacting with peers (Parker & Asher, 1987; Piaget, 1926; Rubin, 1993; Rubin, LeMare, & Lollis, 1990). Positive peer relations are dependent upon the quality of interactions between individuals. Children who are helpful, considerate, and tend to recognize the feelings of others as they interact will have more and more successful relations with peers. Not all children, however, are successful in their relations with peers. The term "social maladjustment" is used to describe behaviors which do not facilitate social interactions and suggest a lack of prosocial and cooperative behavior in combination with anxious, withdrawn, or hostile behavior contributing to difficulties in peer relations (Beirman, Smoot, & Aumiller, 1993). Social maladjustment in childhood can lead to later problems in adolescence and adulthood, such as delinquency, dropping out of school, and criminal activity (Parker & Asher, 1987).

Research has differentiated two categories of maladjusted behavior: 1) the external condition of aggression recognized by physical and verbal aggression, disruptive behavior, and attention seeking, and 2) the internal condition of social withdrawal, characterized by shyness, anxiety, and oversensitivity. Both patterns of behavior are identified as broad, independent factors underlying maladjusted behavior in children and may lead to rejection by the peer group (Younger, Gentile, & Burgess, 1993). The two category approach to social maladjustment is significant because prior to the 1980s most literature regarded the socially withdrawn student as questionable in terms of risk for maladjustment. Researchers have had more success in defining aggression and establishing concurrent maladjustment and future problems (Parker & Asher, 1987).

Parker and Asher (1987) found childhood aggression has a high likelihood of evolving into more serious forms of antisocial behavior, especially those involving

criminal activity. In their research of social withdrawal, Mills and Rubin (1993) observed that social withdrawal was the leading cause of internalizing problems in childhood and indicative of psychological overcontrol as anxieties and fears lead to inaction in social settings. Social maladjustment manifested as social withdrawal or aggression is a concern because neither of the behavioral patterns can be narrowed to fit an “if, then” situation. There is no one definitive characteristic for either, but a variety of behaviors will indicate one of the patterns is present. Determination of risk then becomes problematic as the defining characteristics indicative of problems are so varied.

Social withdrawal in childhood has gained increasing attention as a possible risk factor in healthy child development, as an inhibitor of normal peer relations, and subsequent maladjustment in middle and high school. Research on social withdrawal has thus far raised many questions but provided few answers, especially as a predictor of adolescent disorders. Aggression, the more visible category of maladjustment, has received the most attention in studies of socially isolated children. Few studies, however, have focused strictly on social withdrawal and the risk factors for different age groups remains inconclusive, though social withdrawal appears as a symptom in many manuals on childhood disorders suggesting the concurrent and future problems associated with social withdrawal are significant (Rubin & Asendorpf, 1993).

Purpose of review. Externalizing problems, aggression being most prominent, are discussed first in nearly every article regarding peer relations and risk of maladjustment (Hymel, Woody, & Bowker, 1993; Parker & Asher, 1987). Aggression has been extensively researched and has found to be positively correlated with future problems such as delinquency and dropping out of school (e.g., Coie, Lochman, Terry, & Hyman, 1992; Parker & Asher, 1987). Social withdrawal is more frequently a topic in the peer relations literature, yet the research to date is minimal. The present research review was done, in part, to discover what information exists on social withdrawal and what conclusions have been reached. Further, the literature on the transition from elementary

to middle and high school and the impact of social withdrawal during this period is examined. Initial impressions from the literature review are that a clearer understanding of the interplay between social withdrawal and the peer group awaits more comprehensive and conclusive studies.

Researchers have expressed concern that many studies have been confused by a lack of clear distinction between the various terms within the peer relations literature. Social isolation, for example, in this paper will be defined as rejection by the peer group and social withdrawal defined as one of two behavioral categories thought to cause the peer group to socially isolate a child. As discussed below, these two terms have been used interchangeably in the literature on social withdrawal, confusing research findings and hindering cross-study comparisons.

It is important to distinguish social withdrawal from social isolation, discussed further below, and from other behaviors leading to isolation. A variety of reasons have been suggested as causing social isolation: ostracism by the group, anxious withdrawal from the group, and strong disinterest in the peer group. All the factors listed above serve to effectively isolate children from their peers, but it is not thought that all these behaviors have the same concurrent problems or are predictive of similar types of future maladjustment. Therefore, if social withdrawal is included in a larger category of behaviors leading to social isolation, we cannot conclude that social withdrawal leads to later problems in and of itself.

Definitions

The fact that evidence of maladjustment in socially withdrawn children remains questionable is discussed by researchers of social withdrawal, such as Rubin and Asendorpf (1993), as a problem of semantics. The use of discrepant definitions for the same term has led to difficulties in application and validity of research. The following terms are used in the research reviewed; some are fairly concrete and void of controversy, whereas others are subject to the interpretation of researchers.

Aggression. A behavior found in the larger category of externalizing disorders, aggression is defined by physical and verbal abusive actions, disruptive behavior, and noticeable attention seeking which effects peers (Younger, Gentile, & Burgess, 1993). Aggression has been linked to poor peer relations, subsequent maladjustment and future disorders such as delinquency (Parker & Asher, 1987).

Social withdrawal. Rubin and Asendorpf (1993) describe social withdrawal as the “Behavioral expression of solitude” (Coie & Cillessen, 1993). Social withdrawal is characterized by the tendency to withdraw from peers when given the opportunity to interact with others. A distinction should be made between “shyness” and “social withdrawal”, which are often used synonymously. Shy children are quiet, hesitant in interactions with strangers, unsure of themselves, and exhibit discomfort in groups. Various levels of shyness exist, some severe, but shyness is not social withdrawal. Shyness may be better described as a possible characteristic of social withdrawal, a behavior that may be exhibited in conjunction with others to create the distinct pattern of behaviors that are social withdrawal. Those other characteristics of social withdrawal are oversensitivity, apprehension, submissiveness, and low self-esteem. Typically these characteristics are severe, and more influential in social settings than shy behaviors alone.

Active isolation. Younger and Daniels (1992) “...refers to the peer group’s tendency to reject the child, despite the child’s possible wish to interact with others. Active-isolation descriptions include behaviors associated with rejection, such as rambunctiousness, aggressiveness, disruptiveness, or immaturity, as well as direct statements of rejection” (p.956). Active isolation in childhood is commonly due to aggressive behavior, but in adolescence researchers have suggested that peers may actively isolated others because of socially withdrawn behavior.

Loneliness. Davis and Franzoi (1986) defined loneliness as “...the subjective experience of remoteness and social isolation” (p.595). A further distinction, discussed

in the review of findings, describes emotional and social types of loneliness. Emotional loneliness entails a lack of any attachment, having no true friends, and social loneliness involves feeling a lack of group belonging (Asher, Parkhurst, Hymel, & Williams, 1990).

Social isolation. Socially isolated children are avoided by the peer group, they do not choose to withdraw from interactions with their peers. The socially withdrawn child who avoids peer relations may become socially isolated if peers perceive the behavior negatively (Rubin & Asendorpf, 1993).

Conflicts in terminology may have affected any conclusions researchers have drawn on the issue of social withdrawal as a risk factor. The terms “social isolation”, “sociometric neglect” and “sociometric rejection” (status categories based on numbers), “shyness”, and “inhibition” were all found as descriptors used in conjunction with the discussions of social withdrawal (Rubin & Asendorpf, 1993). Equating five or six terms, in various studies, with what might be social withdrawal based on the notions of individual researchers has hampered present conclusions, as the purpose and conclusions of the studies are confused by terms not considered synonymous by all researchers.

Conflicting Views on Maladjustment and Social Withdrawal

The purpose of this review was to gather information on peer relations concentrating on behaviors associated with social withdrawal. Social withdrawal has yet to be well-defined and is connected inconsistently to concurrent childhood problems and future maladjustment. Part of the inconsistency is due to debate over the significance of social withdrawal. Researchers are not in agreement as to the nature or detrimental effects of social withdrawal. In a review of studies, Rubin (1993) found some researchers saw social withdrawal as a transient phenomenon unrelated to adolescent or adult maladjustment. Earlier research by Kohlberg, LaCrosse, and Ricks (1972) stated that withdrawal from the peer group was not a significant source of concern and a review of longitudinal studies of children’s peer relationships by Parker and Asher (1987) uncovered little evidence linking withdrawal to later negative outcomes. Parker and

Asher went on to explore the possibility of “six-hour unpopular children” who have friends outside the classroom and are therefore at less risk for problems (p.381).

Supporting these findings, which question the risk status of socially withdrawn children, is the long-held psychoanalytic view that childhood internalizing disorders, specifically depression, cannot be experienced until the superego has developed in adolescence (Kashani, Husain, Shekim, Hodges, Cytryn, & McKnew, 1981).

Rubin, LeMare, and Lollis (1990) found little data to support claims for or against the predictive significance of social withdrawal. Exploring the research, they uncovered neither correlates or consequences well-established in regard to childhood social withdrawal. Several researchers have alluded to the emotional and behavioral overcontrol of social withdrawal and subsequent isolation from peers as warranting further observation and intervention (Rubin, 1993; Rubin, LeMare, & Lollis, 1990; Strain & Kerr, 1981). Rubin and Asendorpf (1993) note that “In source after source, social withdrawal is contrasted with aggression as one of the two most consistently identified major dimensions of disturbed behavior in childhood” (p.8). Other researchers have also found clinicians and parents place much importance on withdrawn behaviors as indicators of peer relation difficulties (Achenbach & Edelbrock, 1981; Evans & Wilson, 1982). Rubin (1993) found the withdrawn child is subject to negative social and emotional life experiences and because of this finding, disagreed with evidence equating social withdrawal and nonrisk status.

Theoretical Perspectives on Social Withdrawal

Developmental theory. Inconclusive evidence regarding the risks associated with social withdrawal has meant that much of the present discussion is theory-based and awaits conclusive evidence from sound research. The discussion of social withdrawal by developmental psychologists is supported by their belief in peer relations as influential factors in child development, with adequate and positive relations with peers forming the

social context for children to acquire social skills. Rejection, which social withdrawal leads to, represents the lack of opportunity for socially competent interactions (Coie & Cillessen, 1993). Johnson (1980) stated that peer relations are "...an absolute necessity for healthy cognitive and social development and socialization" (p.125). This statement reflects the position of developmental theorists and basis for a resurgence in recent years regarding peer relations and the behaviors which may hinder those relations. Peer relations have taken a central role in assessing and classifying problems of childhood development and social adjustment (Achenbach & Edelbrock, 1978; Quay, 1979; Ross, 1980). The relatively recent growth of research can be traced back to the work of Piaget (1926) and Sullivan (1953).

Piaget's (1926) work on child development presented knowledge construction as developing from subject-object interactions and in the case of human-human interactions, social cognitions were the outcome. These social cognitions represented the thoughts, beliefs, and ideas of the child about the social world. Interactions with peers allowed children to develop communication skills and make moral decisions through peer relationships. The togetherness and mutuality of peer interaction broadens the child's cognitive perspective and brings about the realization that the world is a social, not individual place. Social interactions will involve conflict, forcing the child to an awareness of other children's perspectives and forming the concept of self versus others' thinking. With conflict will come negotiation if children are more aware of other's viewpoints, feelings, and needs and realize others' perspectives are different than their own in significant ways. Beneficial and responsive relationships then develop through cooperation and sensitivity to peers (Piaget, 1926).

Sullivan's (1953) interpersonal theory of psychiatry defines personality as formed by social relationships. A child's peers are change and growth agents, serving as catalysts for further social development. Peers build the framework for cooperative interactions and engagement in competition. In the elementary years and before, roles

are formed regarding those with authority and those who will follow. Sullivan's ideas closely align with Piaget's as friendships demonstrate equality, mutuality, and reciprocity for children. Social learning theorists hold that peers serve as control agents, pointing out or ignoring abnormal behavior such as aggression and reinforcing acceptable, culturally appropriate behaviors, often those related to gender or having prosocial characteristics (Rubin, LeMare, & Lollis, 1990). The act of socially withdrawing and its impact on peer relations as understood through Piaget, Sullivan, and social learning theorists has encouraged the recent support for these works.

Continuation of early developmental and social learning theory centers on the interplay between peer relations and maladaptive behavior. Considering peer interactions and peer relations critical for normal social cognitive and social-behavioral competence, Rubin (1993) found this reasoning "....suggests that children who preclude themselves from interacting with others may place themselves at risk of not developing, at a normal rate, those social and social-cognitive skills that are derived from peer interaction, and the opportunities it affords to develop skill in negotiation, persuasion, and conflict resolution" (p.299). The withdrawn, noninteractive child has fewer opportunities for social relations and instead of developing socially, the child recognizes his or her social difficulties, withdrawing further and increasing the negative experience.

Socioecological. Another view of peer relations involves the environment of the child in combination with the child's internal characteristics. Within the social environment are characteristics which may act as stressors or supports for children, such as size, complexity, density, and provisions of their social world, and thus facilitating or limiting adequate functioning (Franzoi, Davis, & Vasquez-Suson, 1994). Setting conditions in conjunction with the child's behavior will influence parental sensitivity, the feelings directed toward the child, knowledge of child rearing, and opinions on discipline (Rubin, LeMare, & Lollis, 1990). Financial or living conditions are examples of negative

setting conditions that impact family relations; subsequently stress may be displayed in interactions of mother, father, and children (Rubin, LeMare, & Lollis, 1990).

Three factors are at work in the above discussion of environment and child: the internal characteristics or temperament of the child, socialization, and setting conditions. The child may have an external temperament displaying overactive behaviors and being difficult to soothe or an internal temperament having a low arousal threshold, therefore easily agitated and difficult to soothe. In both cases the temperament of the child is detrimental to interactions. From these temperaments, Rubin et al. (1990) hypothesized two pathways to social withdrawal. The child in pathway one is more hostile and aggressive because of temperament and the environment, where living conditions are poor and the relationship with parents is more focused on issues of discipline rather than nurturing. These early influences lead to aggressive and inappropriate peer interactions, subsequent exclusion from the peer group, and further antisocial and solitary activities ensue. Thus, in pathway one, social withdrawal and isolation from the peer group are a forced consequence of the aggressive child and his or her negative environment. Pathway two involves children who, because of their internal temperament and low arousal threshold, have withdrawn early in life. Social withdrawal has been brought about by the child's wariness, anxiety, and insecurity in new environments. Initial social withdrawal by the child, then, will lead to peer perceptions of abnormal behavior and subsequent rejection by the peer group. Again, children in pathway one, where aggression creates rejection leading to social withdrawal and pathway two, in which social withdrawal is initially present, all have limited chances for social and social-cognitive skill development (Rubin, LeMare, & Lollis, 1990).

Cognitive-social abilities. Children must have the ability to define the situation they find themselves in, not only by their perspective, but with the realization of the needs of their peers and setting (Bierman, Smoot, Aumiller, 1993; Merten, 1996) These social perceptions, necessary for adequate peer relations, are guided by schemas of social

information (Younger, Gentile, & Burgess, 1993). Schemas are cognitive structures which allow categorization of social experiences by: 1) directing attention to relevant social information; 2) influencing the categorization and encoding of experiences to memory in a particular configuration; 3) facilitating recall of schema-related information; and 4) assisting the prediction of future behavior based on categorized experiences (Younger, Gentile, & Burgess, 1993). For all children, initiating and maintaining peer relations will involve monitoring and responding to interpersonal cues and adjusting behavior accordingly. Socially awkward, incompetent, or strange behavior may indicate an inability to read cues, a general insensitivity to peer expectations and feedback which can be used to modify social behavior (Bierman, Smoot, Aumiller, 1993).

Cognitive-social theory posits that socially withdrawn children are not using social comparison processes, which worsens their peer relations, and thereby they have less chance for social experiences that create well-developed schemas to guide interpersonal interactions. Schemas also contribute to peer status as the socially withdrawn children will be categorized by their behaviors that constitute the schema for social withdrawal.

Social perspective. Difficulties in peer relations are the result of inappropriate interpretations and responses to social situations. These deficits are thought to arise from fewer opportunities to observe and experience normal social behavior which would lead to the development of adequate social cognitions (Coie et al., 1990; Merten, 1996; Parker & Asher, 1987). Fewer opportunities to interact are thought to be due, in turn, to the negative setting created by inappropriate responses, initially.

Withdrawn, low-accepted children do not have the ability to understand thoughts, feelings, and intentions of others, often misinterpreting the intentions of peers, and typically viewing them as negative (Rubin & Asendorpf, 1993). Davis (1980) described "perspective taking" as an individual's tendency to entertain the psychological point of view of another person, using empathetic reasoning to consider the consequences of their own social behavior for peers. In contrast to the maladaptive social behavior common to

poor peer relations, adaptive social behavior is marked by mature, sociocentered thinking and evaluation of actions against peer group standards. Well-adjusted children are able to think socially and to appraise self relative to their peers (Rubin & Asendorpf, 1993).

Models of risk research. Theorists have provided two models of risk research with peer interactions serving different roles for each. The basis of the causal model is that peer interactions are multidimensional and essential in the socialization of the social, cognitive, and moral development of children. Supporters of this model believe that to be excluded from typical peer interactions is to be systematically removed from typical socialization, and that deprivation of interpersonal support will ensue. Abnormal thought and behavior, such as the anxiety and removal from social situations common to social withdrawal, are outcomes and these children are vulnerable to stress and mental breakdown. In this model, it is the lack of peer relations which drives subsequent disorders (Parker & Asher, 1987).

The incidental model suggests peer problems are effected by internal problems of the child. The causes of poor peer relations are the internal behavioral problems of the child, and peer avoidance and low acceptance are consequences. The disorders will peak in adulthood, but negative impact will be seen on peer interactions in childhood (Parker & Asher, 1987). The incidental model supposes behaviors such as social withdrawal determine the quality of peer interactions. Peer interactions are not seen as contributors or cause of maladjustment; hence peer relations are considered to be incidental to the socially withdrawn behavior and possible later disorders.

Whether social withdrawal causes poor peer relations or negative peer interactions create social withdrawal, the theories guiding research on social withdrawal are based on children and their interactions in the social environment. Through social interactions, the child develops an understanding of others' actions and appropriate responses in social situations. The framework for social functioning is established in the environment, not in isolation. How the environment is set-up to meet the needs of the

child and compatibility between the child's internal characteristics and those of the environment will play a critical role in social adjustment, and may lead to social maladjustment in the form of social withdrawal.

Review of Studies

Current research is based on the theoretical viewpoint that social interactions are necessary for normal growth and development. Using this idea, both social isolation (due to aggression or withdrawal) and social withdrawal are viewed as detrimental to development and exploration of their actual impact has thus been studied with this developmental theory as a foundation for much research. The following review has been organized with an attempt to highlight the main points that converge in studies of social withdrawal. Review of the literature revealed numerous methods of studying peer relations and the implications of maladaptive behavior in such relations. Peer status, student and teacher perspectives, concurrent and future problems related to social withdrawal, the reason for rejection (both by aggression and social withdrawal), and other variables were found to take on various levels of significance in the literature. Also, some researchers alluded to the necessity of environmental considerations as discussed in the theoretical section.

Social Withdrawal Characteristics and Consequences

Characteristics. Social withdrawal was earlier defined as anxious, insecure behavior causing the child to withdraw from interactions with others. Studies support that definition and additional characteristics of social withdrawal in children and adolescents. As discussed above, social withdrawal is initially determined by one or more of the following, peer nominations, peer and teacher assessment, or observations. Rubin (1993) analyzed data from the 10-year Waterloo Longitudinal Project (WLP), the most extensive study of social withdrawal reviewed in the literature, and found social withdrawal to be a stable behavior, not transient as previously thought by some researchers (e.g., Ensminger, Kellam, & Rubin, 1983). Concurrent behaviors found to be

associated with social withdrawal were insecurity, negative self-perceptions, dependency on adult intervention during peer conflicts, and socially deferent actions (Rubin, 1993). Following the students, beginning with two cohorts of kindergarten children, Rubin also found social withdrawal to be related to other internalizing difficulties such as anxiety and depression (1993). Using data from pre-kindergarten and kindergarten, Rubin et al. (1990) found socially withdrawn children to be immature and socially deferent, as well. The young children were also socially anxious and their anxious, hesitant actions led frequently to social failure. In older age groups, fifth and sixth grades, Rubin (1993) reported that early adolescents were disliked by their peers and expressed more loneliness and depression than average agemates.

Consequences. Social withdrawal can be the cause of negative self-esteem, loneliness, and depression, as well as the indicator of poor perspective taking skills (Rubin, LeMare, & Lollis, 1990). Socially withdrawn children, by definition, stay remote from peers leading to impaired self-confidence, sadness, loneliness, and depression (Engfer, 1993). Research has found the socially withdrawn child to be more depressed (Parkhurst & Asher, 1992; Rubin, Hymel, & Mills, 1989). This depression is brought on by a lack of positive reinforcement or feedback in social relations. In connection, socially withdrawn children have less success in achieving their social goals and the social failure creates or worsens negative self-perceptions of social competence and feelings of loneliness. These negative self-perceptions increase the likelihood of depression in adolescents.

Perceptions of Social Withdrawal

Self-perceptions. Socially withdrawn children, both submissive and rejected by peers, reported greater loneliness than their aggressive-rejected peers (Hymel, Woody, & Bowker, 1993). These socially withdrawn and rejected children felt greater social dissatisfaction when compared to average status peers. The socially withdrawn children saw themselves as less well-accepted by peers, and less competent academically and

behaviorally. The children mentioned negative self-esteem and dissatisfaction with peer relations, indicative of a lack of social support, intimacy, and group belonging (Hymel, Woody, & Bowker, 1993).

Social withdrawal was associated with negative self-perceptions in the study by Hymel et al. (1993), both concurrently and predictively, as children saw themselves as less competent and felt no change would occur in their future. Most important was that withdrawn and nonaggressive unpopular children painted a particularly negative, but accurate self-portrait, both in social and nonsocial domains. The accuracy of self-reports describing perceived negative and undesirable attributes was established using teacher and peer ratings, as well as observation. These accurate and negative self-perceptions, as discussed earlier, lead to internalizing disorders, most commonly depression (Boivin, Thomassin, Alain, 1989; Hymel, Rubin, Rowden, & LeMare, 1990; Rubin, Hymel, LeMare, & Rowden, 1989; Williams & Asher, 1987).

Aggression is the other behavior most associated with maladjustment and rejection by peers and it is helpful to discuss the differences between social withdrawal and aggression, as they vary considerably even though the outcome of peer rejection is the same. Self-perceptions are significant in demonstrating the different concerns between aggression and social withdrawal. Aggressive-rejected children reported feeling less competency in regard only to their behavioral conduct (Hymel, Woody, & Bowker, 1993) whereas socially withdrawn children expressed feeling less competent in their social skills, as well as behavioral conduct. In the same study, aggression did not correlate with negative self-perceptions in either grades two or five (Hymel, Woody, & Bowker, 1993). However, Hymel et al. (1990) found significant concurrent relations in second and fifth-grade children between negative social self-perceptions and indicators of social withdrawal. This suggests that social withdrawal is a feeling-oriented problem, rather than being located in actions to be perceived. Withdrawn children report accurate and negative conceptions of themselves and aggressive children seem to fail to

acknowledge their observed social difficulties on self-report measures (Hymel, Bowker, & Woody, 1994). Though the risk associated with social withdrawal is questionable because socially withdrawn children were found to be cooperative and did not cause class disturbances, the data supporting negative self-perceptions in socially withdrawn children and subsequent internalizing disorders is the basis for conclusions of risk (Boivin, Thomassin, Alain, 1989; Hymel, Bowker, & Woody, 1994; Hymel, Rubin, Rowden, & LeMare, 1990; Hymel, Woody, & Bowker, 1993; Rubin, Hymel, LeMare, & Rowden, 1989; Williams & Asher, 1987).

Peer perceptions and the maintenance of social withdrawal. Researchers believe that peer rejection, whether caused by socially withdrawn behaviors or initiating socially withdrawn behaviors, may be a factor in the maintenance of rejected status. Children are thought to attribute stable characteristics to the negative behavior of their rejected peers. This means the children, having formed negative expectations of their rejected peer, will act negatively toward the peer; the target child then returns the negative behavior in defense, fulfilling the expectations of the perceiver (Coie & Cillessen, 1993). This self-fulfilling prophecy applies to rejected children also, as the rejected child believes they will fail in social interactions, acts inappropriately guided by their beliefs, and does ultimately fail, feeling less socially competent as a consequence (Coie & Cillessen, 1993).

In ethnographic studies of middle school, the situations of isolated, rejected students with reputations as outside the peer norms were nearly impossible to change unless a change of setting, such as moving schools, was to occur (Evans & Eder, 1993; Kinney, 1993). Other researchers (Hymel, Rubin, Rowden, & LeMare, 1990; Coie & Cillessen, 1993) also found that reputation maintains status as peer perceptions guide responses toward the rejected child and the child keeps the reputation that fits peer perceptions regardless of changes made by the rejected child. Early research has made mention of negative treatment of the maladjusted child by the peer group serving to

continue the behavior of the child. Peers effectively reinforce the social withdrawal through their treatment of the rejected child (Cowen, Pederson, Babigian, Izzo, & Trost, 1973).

Friendships. Discussion of withdrawal and rejection often focuses on group dynamics, although peer relations also involve close friendships. Friendship can be distinguished from group acceptance in terms of the distinct benefits of each. Friendship creates a close and accepting context where children are more able to explore behaviors and express opinions not necessarily accepted by the peer group. Because friendships are voluntary, those involved must understand commitment, responsibility to the relationship, and exhibit loyalty to the friend in order to have a successful friendship. Friendship, then, provides intimacy, a source of social support for both partners, and creates allies in group conflicts. Group or peer acceptance on the other hand provides opportunities for leadership and developing assertiveness. The acceptance of peers fulfills needs of community and group belonging (Furman & Robbins, 1985). As with group relations, the socially withdrawn child may have problems establishing and maintaining relations at the individual level, as well.

Loneliness surfaces in the literature on friendship, also, as Sullivan (1953) thought preadolescent friendships were significant in impeding loneliness and thoughts of isolation. More recently, Parker and Asher (1993) found friendship quality and acceptance by the peer group contributed separately but equally to the prediction of loneliness. The combination of low quality friendships and low peer acceptance common to social withdrawal will be more detrimental to self-perceptions and increase feelings of loneliness. Children who have a close relationship with a peer, a best friend, will be less lonely than children without a best friend, regardless of the level of peer acceptance (Parker & Asher, 1993).

In close friendship, a certain degree of conflict and disagreement is common (Berndt and Perry, 1986). What will decide the strength of a friendship is the ability of

both partners to resolve their conflicts quickly and amicably, not how successfully conflict is avoided entirely (Vespo & Caplan, 1988). Parker and Asher (1993) presented four general factors from a review of friendship studies which determine the quality of the relationship; a) the extent to which the relationship encourages opportunities for play, companionship, and recreation; b) the degree of intimate disclosure and exchange between partners; c) the extent to which friends share, help, and guide one another; and d) the perception of the children seeing the relationship as real and beneficial to their needs for self-worth.

Using the four determinants of friendship quality, Parker and Asher (1993) studied the dynamics of friendships with respect to six qualitative aspects: 1) validation and caring; 2) conflict and betrayal; 3) companionship and recreation; 4) help and guidance; 5) intimate exchange; and 6) conflict resolution. Children were assessed using sociometric measures, a loneliness measure, a questionnaire on important aspects of friendships, and a measure of friendship satisfaction. After determining which students were in the low-accepted category, quality of friendship was determined. The low-accepted category had the largest variability within-group on five of the six qualities listed. This indicates that some behavioral categories within the low-accepted group, such as aggressive students, may still have high quality friendships. The loneliness associated with social withdrawal could be indicative of aspects regarding friendship quality (Parker & Asher, 1993). The lack of social interactions brought about by social withdrawal may limit the withdrawn child's effectiveness at conflict resolution. The findings suggest not all low-accepted children are without friends if they have relationship skills, which socially withdrawn children do not.

Schema and Peer Perceptions

Social withdrawal does not seem to represent a well-defined, coherent concept or social schema underlying children's perceptions of the social behavior of their peers (Younger & Boyko, 1987; Younger & Piccinin, 1989). An early onset of the aggressive

schema and later development of the schema for processing socially withdrawn behaviors enables young children to recall aggression in their peers much better than social withdrawal (Younger, Gentile, & Burgess, 1993). With age, the recall of social withdrawal was found to increase substantially, so much as to be better recognized and recalled than aggressive behaviors (Younger, Gentile, & Burgess, 1993). To explain the later onset of recognition of social withdrawal, researchers have suggested the presence of an undifferentiated, social-evaluative perspective in young children (Coie & Pennington, 1976; Yarrow & Campbell, 1963; Younger, Schwartzman, & Ledingham, 1985), whereas older children use a second, active-passive dimension to process peer behaviors (Younger, Schwartzman, & Ledingham, 1985). The social-evaluative dimension allows young children to separate behaviors into categories of good and bad or to make competent and incompetent distinctions. The active-passive dimension allows further qualitative distinctions as forms of "bad" behavior are separated, such as aggression and social withdrawal (Younger, Schwartzman, & Ledingham, 1986). Because young children work on a very positive/negative dichotomy, their focus is on concrete and observable behaviors (Younger, Gentile, & Burgess, 1993). As aggression is a behavior done to others, it fits well into the social-evaluative dimension. Younger et al. (1993) found abundant evidence that children view aggression negatively across ages and it is the most reliable correlate of peer rejection to be identified (Parker & Asher, 1987). Social withdrawal is more neutral in the view of young children and less noticeable as a consequence (Younger, Gentile, & Burgess, 1993). Older children, using the active-passive dimension are cued into the underlying dispositions, traits, and motives of their peers, making social withdrawal less ambiguous (Younger, Gentile, & Burgess, 1993).

In studies of the schemas used to process behavioral information, the Pupil Evaluation Inventory (PEI) has been used to determine evaluator cognitions. Examining the perceptions of child assessors, Younger et al. (1993) found children in lower grades

used the single dimension of good-bad, assessing children by prosocial or maladjusted characteristics. The characteristics of social withdrawal defined by the PEI, such as playing alone, are not seen as bad in first grade, nor are these behaviors inappropriate many times. However, at higher grade levels, the active-passive dimension was used, distinguishing aggression from social withdrawal as forms of maladjusted behavior and social withdrawal items formed a cohesive category, distinct from items loading for aggressive behavior (Younger, Gentile, & Burgess, 1993).

Age and Social Withdrawal

Differentiation with age. Studies of elementary age children and early adolescents, seventh grade, showed maladjustment was described by aggressive acts (Younger, Gentile, & Burgess, 1993; Younger, Schwartzman, & Ledingham, 1986). First-grade and fourth-grade children were found to nominate peers concurrently for aggression and social withdrawal demonstrating no distinction between the two behaviors in their peers (Ledingham, 1981; Younger, Gentile, & Burgess, 1993). Not only was socially withdrawn behavior confused by young children, Younger et al. (1993) found it was not even present in descriptions of maladjustment until seventh grade, aggression being the sole focus. An age-related shift was noticeable in the seventh-grade group as peers were rated either aggressive or socially withdrawn, not high on both behavioral styles (Ledingham, 1981; Younger, Gentile, & Burgess, 1993; Younger, Schwartzman, & Ledingham, 1986). The studies point to a decrease in concurrent nominations, for example, a child clearly suffering from social withdrawal as assessed by adult observation, may be placed in the aggressive group or not noticed at all by children in grades one and four. It appears from these studies that younger children have not clearly defined for themselves what socially withdrawn behavior may mean (Younger, Schwartzman, & Ledingham, 1986). Younger et al. (1986) reasoned that social withdrawal is not noticed until later in childhood or even adolescence because peer groups and social activities are not as important for young children. Also, while

aggression is reinforced by society as inappropriate early in life and physically noticeable, therefore hard to ignore, social withdrawal is not directed at peers or clearly defined by adults for children's benefit. The difficulty of assessing social withdrawal in young children may create problems establishing stability and predictive validity of later maladjustment (Younger, Schwartzman, & Ledingham, 1986).

Adolescence. Younger et al. (1993) concluded that children may not be perceived by their peers as socially withdrawn nor will they be rejected because of the withdrawn behavior. In adolescence, the passivity and chosen isolation of withdrawn children becomes more salient, is considered deviant from peer norms, and is disliked by peers (Younger, Schwartzman, & Ledingham, 1986). Because of this change in perception and subsequent reactions by the peer group, social withdrawal may be more important as an indicator of problems and as a predictor of future maladjustment (Younger, Gentile, & Burgess, 1993). Rubin and Mills (1988) agreed that social withdrawal is a more clearly defined and disliked behavior with increasing age and more likely to result in peer rejection.

The changing view of peers is partly explained by Hatzichristou and Hopf's (1996) findings that older children and adolescents differentiate more distinctly and qualitatively between peers. In other words, as young children place their peers' behavior into categories of good and bad, older children consider a greater variety of behaviors and reasons for each in the context of the environment. Anxiety in the peer group during a speech class will not be viewed the same as anxiety and withdrawal when opportunities arise for conversations during free-time or study halls. To further illustrate the age-related shift, studies have investigated adult perspectives on the two behaviors of aggression and social withdrawal, and find that both behaviors are distinct categories with well-defined limits in determining maladjustment (Achenbach, 1980a; Achenbach, 1980b; Ross, 1980). Younger et al. (1986) studied the ratings of first-, fourth-, and seventh-grade teachers to determine whether behavior change of children with age

actually created the category of social withdrawal or if the cognitions of the rater developed with age becoming more conceptually distinct. No grade related shifts in the organization of behavioral categories was found among the teacher ratings indicating that social withdrawal was perceived by the adult in all three grades and was not an age-related phenomenon. This suggests the changing dynamics among rejected children and rejected adolescents is due to cognitions of the rater, not behavior changes with age. In other words, social withdrawal does not suddenly appear in adolescence and not before. Children in the rejected group are described as aggressive and disruptive by their peers (Parker & Asher, 1987), while adolescents in the rejected group are perceived as being shy and sensitive to criticism and possible humiliation in the group setting (Hatzichristou & Hopf, 1996). Adolescents see the behaviors descriptive of social withdrawal as negative and a cause for rejection. Children see only aggression as a behavior to reject, although signs of social withdrawal may be displayed by their peers.

Appropriateness as developmental stage. Solitude is acceptable and commonplace for young children and is not viewed negatively by peers. Withdrawal from peers may be normal for young age groups and not representative of any maladjustment. Rubin (1982) found quiet, constructive, exploratory, and solitary play was acceptable in the preschool years. Solitary activities may be suggestive of maladjustment in the elementary years when children are provided opportunities for play at certain times such as recess and still a child persists on withdrawing from social contacts. Rubin and Mills (1988) indicated this type of behavior is reflective of social anxiety and negative self-perceptions of social competence.

Socially withdrawn behaviors are not directed at peers or adults. In the case of young children, the withdrawn child may exhibit behaviors which concern adults, but these behaviors may not fit the peer group's social-evaluative distinction (Younger, Gentile, & Burgess, 1993). As mentioned above, with increasing age, increased

interactions are the norm, making socially withdrawn behaviors atypical and dysfunctional in the view of peers (Younger, Gentile, & Burgess, 1993).

The available research on adolescent views of social withdrawal have important distinctions from preadolescent studies. First, overt aggression decreases in occurrence from kindergarten to the adolescence, thereby lessening the influence of aggression as a cause of rejection and low-acceptance (Coie, Dodge, & Kupersmidt, 1990). Withdrawal, instead of aggression, leads to rejection by peers (Asher, Parkhurst, Hymel, & Williams, 1990). The lack of aggression as a defining characteristic of rejected children causes a merging of the rejected and neglected peer groups. In younger age groups, rejection was defined in large part by aggressive actions, however, without aggression as a common characteristic, the rejected children more resemble neglected, both having low levels of social interaction (Franzoi, Davis, & Vasquez-Suson, 1994). An investigation of high school students by Franzoi et al. (1994) found little differentiation between neglected and rejected students in high school. The reason for this is that neglect (ignored by peers) and rejection (due to aggression) were easily separated in elementary school, but as aggression declines with age, there must be another defining characteristic of the rejected group, such as social incompetence and group avoidance. The neglected status child is thought to be ignored in childhood as are socially withdrawn children. Neglected, ignored children and socially withdrawn children, therefore, have similar behavioral characteristics, neither causing peer rejection in childhood. The relationship between observed and peer-assessed social withdrawal, meaning the child chooses to withdraw for various reasons, and peer rejection increase in magnitude with increases in age (Rubin & Mills, 1988).

Methodological Considerations in the Study of Social Withdrawal

Assessment

The following methods are used to assess peer relations and identify socially withdrawn children for further study: 1) peer nominations; 2) peer assessment of social

behavior; 3) teacher assessment of social behavior; and 4) behavioral observations of the rate and quality of peer interactions (Rubin, LeMare, & Lollis, 1990). Peer nominations are best described as assessing which children are liked and disliked, thereby establishing status categories in the classroom. Peer and teacher assessment of social behavior differs in that perceptions of behavioral style related to status, not status directly, is measured. Another measure of peer relations and behavioral style is self-report. Though used infrequently because of possible bias and inaccuracy in reporting, statements by the participant are considered by many researchers to be valuable when connected with observations and other evaluations (Hymel, Woody, & Bowker, 1993).

Peer nominations are used extensively because peers have an intimate knowledge of behaviors and characteristics important to the peer group. The peer as judge of other children can incorporate that knowledge as well as information across settings, experiences that many adults may not see. The use of many peers increases the number of raters and also provides perspective variance (Rubin, LeMare, & Lollis, 1990). Peer evaluations have shown high predictive validity for later psychopathology, adolescent maladjustment, and other problems in adolescence, and identifying “at-risk” students better than ratings by adults (Younger, Gentile, & Burgess, 1993; Younger, Schwartzman, & Ledingham, 1986).

Peer nominations. Peer nominations are commonly referred to as a sociometric measure of status. By this measure, children choose two or three classmates, depending on class size, they “Like Most” and two or three they “Liked Least”. On the basis of these peer nominations children are categorized into one of four or five status groups, popular, rejected, controversial, neglected, and average is sometimes included as a fifth category (Rubin, LeMare, & Lollis, 1990). Neglected and rejected categories are used in studies of maladjustment and peer relations. Peer nominations establish positive or negative reputation, but do not indicate the reasons for that reputation. Behavioral

correlates may be assigned to these status categories, an area of contention for some researchers studying social withdrawal (Rubin & Asendorpf, 1993).

Sociometry measures peer reputation, indicating the status of a child among peers. Social withdrawal is defined by behaviors and is not a status description. Therefore sociometric status descriptors and social withdrawal should be clearly delineated, yet sociometric neglect has become synonymous with the behavior of social withdrawal (Rubin, LeMare, & Lollis, 1990). Though behavioral style may suggest the status level among peers, there are problems with lumping studies together which seem to support a correlation between status and behavior (Parker & Asher, 1987). Studies in the 1980s connected the terms “neglect” and “social withdrawal”, and then suggested that neglected status did not vary significantly from average status in regard to maladaptive behavior. With this said, long-term risk of social withdrawal seemed unwarranted (Rubin & Asendorpf, 1993). Numerous researchers have used withdrawal in conjunction with their discussion of neglect, effectively making them one and the same (e.g., Coie, Dodge, & Coppotelli, 1982; Dodge, Murphy, & Buchsbaum, 1984; Moore, 1967; Thompson, 1962). Rubin found no one-to-one correspondence between sociometric categories and behavioral indicators of social withdrawal (Rubin, LeMare, & Lollis, 1990). The distinction that needs to be made is: peer nominations measure a quantity or degree of acceptance by peers, whereas social withdrawal represents a specific individual action. Social withdrawal is thought to be relevant to status and affecting peer nominations, but behavior and status are not synonymous. As Parker and Asher (1987) described the differentiation, peer acceptance asks the question “Is the child liked?” (p.359) and assessing behavior answers the question “What is the child like?” (p.359).

Peer assessment. The Pupil Evaluation Inventory (PEI) (Pekarik, Prinz, Liebert, Weintraub, & Neale, 1976) and the Revised Class Play (RCP) (Masten, Morison, & Pellegrini, 1985) measure require children to nominate their peers for specific behavioral

roles or based on character descriptions. The PEI factors measure Likability, Aggression, and Withdrawal, while the RCP measures Sociability/Leadership, Aggressive/Disruptive, and Sensitive/Isolated factors. Younger & Daniels found the RCP to be "...the most recently developed peer assessment measure of social withdrawal and has been widely used to identify children perceived by their peers to be aggressive or withdrawn" (p.955). Peer assessment can be used in conjunction with sociometric nominations to correlate perceived behavioral styles and status within the peer group.

A criticism of peer assessment of behavior comes from the work of cognitive-social psychologists who use recall and recognition memory tasks to assess social schemas. After giving a description of an individual, the child is asked to describe the behavior of the individual from memory. A well-developed social schema facilitates recognition and recall of salient descriptions. Peer assessment of behavior asks the child rater to report on behaviors seen in classmates prior to the assessment, which is then a memory tasks requiring a well-developed social schema to recall these behaviors. The assessment of behavior by peer nominations may assess how well the rater has processed and can recall the behavior of his or her peers, thus a measurement of the rater's social schemas is incorporated into peer assessment, possibly effecting the validity of the findings if the rater's social schemas are not well-developed (Younger, Gentile, & Burgess, 1993).

Teacher assessment. Rating scales for teachers are used in research studies to identify withdrawn children. A variety of scales are available for different age groups, the Preschool Behavior Questionnaire (Behar & Stringfield, 1974) for young children or the Child Behavior Profile (Edelbrock & Achenback, 1984) may be used for older children. The teacher rating scales produce factors similar to those for the peer assessment of behavior and differentiate between behaviors associated with withdrawal, aggression, and prosocial actions (Rubin, LeMare, & Lollis, 1990).

Although teachers are present for many of the interactions in the classroom, the adult perspective is much different than that of the child's and qualitatively more distinct. Teacher ratings provide only one perspective on the situation. Very little research exists on the correlation of teacher assessment, peer nominations, and observations.

Behavioral observation. Behavioral observation is considered the most valid method of assessing social withdrawal in children if well-defined methods are used (Rubin, LeMare, & Lollis, 1990). Observational records consist of behaviors categorized to define peer interactions. Most studies do not use this method of peer relation assessment as many settings must be incorporated to establish withdrawn behavior, requiring numerous hours of research.

Sample Characteristics

Studies of peer relations, specifically the implications of social withdrawal, are carried out in an attempt to generalize findings to a larger population, thus better understanding the significance of social withdrawal for many children and adolescents. To apply findings to a larger population, researchers must use samples which are representative of the target population. To this end, much of the research on social withdrawal and peer relations has fallen short of any useful generalization due to nonrepresentative samples. Below is a discussion of the types of samples used, reasons for their use, benefits, and possible problems.

School. School samples are most adequate for generalization to a larger, typical population of school-age children as school samples are representative of the majority. The heterogeneity of school samples assure the researcher that a wide range of variance in accepted and non-accepted behaviors will be present. Schools, however, are normally not equipped to handle cases of severe behavioral disorders, therefore the likelihood of severe cases being included in the sample is low. To then create a study using school samples which would adequately resemble the larger population, the sample size must be

quite large and the recommended longitudinal studies to establish the predictive validity of social withdrawal are difficult (Parker & Asher, 1987).

Clinic. Clinic samples enable the researcher to have the severe cases readily at hand for study and smaller sample sizes can be used with assuredness that socially withdrawn children are included. Clinic samples are problematic in that many times children are overlooked or do not have the means to seek clinical help. Therefore external variables limit the number of cases which make it to the clinic. Also, clinic populations are homogeneous and have no well-adjusted subjects to use as comparisons (Parker & Asher, 1987).

High-risk. Children considered high-risk have parents with psychology disorders. The children of adults with psychological disorders have a higher incidence of psychological problems themselves and are considered a high-risk category. These children are less representative of the majority and again, generalization to a larger population outside of other high-risk children, is not possible. High-risk children potentially have many other problems in their environment limiting any real application to more typical populations and their risks associated with social withdrawal (Parker & Asher, 1987).

Research Designs

Follow-back studies. Follow-back studies use samples of adults selected for some deviant adjustment and adults without the deviant characteristic. The use of follow-back studies leaves no possibility for predictive findings. By examining the cases of diagnosed adults and their school and clinical records, researchers are able to establish childhood functioning. Exploration the adults' childhood facilitates knowledge of childhood problems, but as follow-back studies cannot control other variables, no interpretation of predictive risk can be made (Parker & Asher, 1987).

Follow-up studies. The sample groups for follow-up studies differ on a chosen characteristic, such as social withdrawal, and each group's adjustment over time is documented. Because follow-up studies have target and comparison groups, predictive validity can be established. However, follow-up studies are hard to implement and it is difficult to keep the original cohorts intact long enough to obtain relevant and reliable data (Parker & Asher, 1987).

Summary of Methodological Problems Regarding Current Research on Social Withdrawal

Much past research investigating the problems associated with social withdrawal has consisted of samples of clinic and high-risk children, nonschool samples offering a narrow range of behaviors and not generalizable to larger populations (Rubin & Mills, 1988). Parker and Asher (1987) found only one study, by Ensminger, Kellam, and Rubin (1983), using a school sample and follow-up design, the research methods considered most appropriate to the investigation of social withdrawal. Without appropriate research, the evidence of concurrent problems and future disorders related to social withdrawal is inconclusive, yet the at-risk status of socially withdrawn children is often stated as an accepted fact and certain studies are typically referenced as proof of risk in the literature. Parker and Asher (1987) found socially withdrawn children were categorized as "at-risk" by many researchers, although the research they reviewed was not conclusive upon critical analysis. As example, Duck (1983) said "...the socially withdrawn, socially incompetent and aggressive child soon becomes the socially inept adult social casualty" (p.115). Putallaz and Gottman (1983) also commented on the constant reference to well-known studies as proof of risk without consideration of study quality (e.g., Cowen, Pederson, Babijian, Izzo, & Trost, 1973; Roff, 1963; M.Roff, Sells, & Golden, 1972; Ullmann, 1957). Research has suggested that social withdrawal is predictive of later disorders in adolescents, yet as Rubin (1993) pointed out neither the concurrent problems

nor future concerns related to social withdrawal can be discussed with any certainty after reading the existing literature on social withdrawal.

One reason for the uncertainty surrounding social withdrawal and the potential negative impact on a child's development, is the failure of past research to differentiate subtypes of social isolation leading to assessment of outcomes not suggestive of social withdrawal (Rubin, 1993). Rubin and Mills (1988) questioned the realism of suggesting socially withdrawn children will become participants in delinquent activities, while other studies have assumed psychosis or criminality relevant outcomes of childhood social withdrawal (Ensminger, Kellam, & Rubin, 1983; Robbins, 1966). Research, in some cases, is not differentiating between behavioral styles of aggression versus social withdrawal, subsequently the outcomes studied are not specific to one or the other. Externalizing outcomes such as delinquency, a more appropriate consideration in aggressive children, have been measured in studies of social withdrawal (Hymel, Woody, & Bowker, 1993).

Implications for Future Research

Rubin et al. (1990), in a review of literature on social withdrawal, identified numerous citings of social withdrawal's theoretical and clinical significance in child development material, yet very little discussion of conclusive evidence of risk. Though aggression, the other behavioral category contributing most to poor peer relations, has been used as a predictor of school dropout, delinquency, and criminality (Parker & Asher, 1987), little is known about the submissive, socially withdrawn group. Rubin et al. (1990) has suggested depression and other internalizing disorders may be the consequence of social withdrawal. Other researchers have suggested that the submissive, withdrawn child is most likely to be the victim of abuse by bullies (Olweus, 1978; Olweus, 1993) and to have lower self-esteem (Alsaker, 1989), but studies to empirically support these ideas are lacking (Parkhurst & Asher, 1992). Socially withdrawn children are "believed" to be rejected (it is not clear at what age), anxious and insecure, unhappy,

more lonely than average or aggressive peers, and to have low social and social-cognitive skills (Rubin, LeMare, & Lollis, 1990). Further, it was found that sound methodological studies, which avoided high-risk groups and use of follow-back designs, as well as longitudinal research guided by conceptual information, was needed to better understanding the interplay of peer group and individual characteristics and the impact of social withdrawal.

Current research on social withdrawal uses predominantly younger age children and investigates a restricted range of dependent variables, although researchers have suggested that social withdrawal in adolescence should be considered. Many studies (e.g., Coie, Dodge, & Coppotelli, 1982; Newcomb & Bukowski, 1984) consider only peer and teacher ratings, peer nominations, and observations in establishing the existence and impact of social withdrawal (Franzoi, Davis, & Vasquez-Suson, 1994). The young children in most studies makes it hard for researchers to address issues relevant to a greater range of ages. Franzoi suggested the variables common to adult studies by social and personality psychologists are applicable to the investigation of adolescents. Examining the number and quality of friendships, the degree of social interaction (not just participant or nonparticipant), individual perceptions of the social world, and social feelings (alone, involved, excluded) would permit a better understanding of the complexities regarding withdrawn children, the reasons for their withdrawal, and possible solutions to their problems (Franzoi, Davis, & Vasquez-Suson, 1994).

Age and the characteristic behaviors of rejected children is an area in need of further research. It was suggested above that social withdrawal is more problematic for adolescents, yet research on the characteristics associated with social withdrawal is heavily reliant on three-, four-, and five-year-olds. In middle childhood and adolescence, little information on withdrawal and its correlates exist (Rubin, LeMare, & Lollis, 1990). This lack of information is significant if the effects of withdrawal are more severe for the adolescent than the young child. Coie et al. (1990) identified only six studies of seventh

grade or higher examining the characteristic behavior of the socially withdrawn and rejected group and over 30 studies of younger children. As stability of status categories is only moderately stable over time, the possibility exists that the defining characteristics of rejection in upper ages may not be the same for adolescents as they are for young children. The application of findings from studies of elementary students and younger children, therefore, may not be valid for older age groups. More substantial evidence of the problems of social withdrawal at different ages would enable comparisons across age and present more conclusive evidence of risk.

Perceptions of the child. The literature on peer relationships and risk of social difficulties has neglected the child's understanding of his or her problems (Hymel, Woody, & Bowker, 1993; Parker & Asher, 1987). The child's perspective is helpful when assessing social difficulties, though their feelings may be hard for them to describe. Accurately assessing peer relations would necessitate evaluating the thoughts, feelings, and perceptions of the socially withdrawn child, although many researchers have hesitated to use self-report because self-perceptions are biased (Hymel, Woody, & Bowker, 1993). Studies utilizing self-reports have found sensitive and isolated children are more likely to report low self-concept, loneliness, and social dissatisfaction (Hymel, Rubin, Rowden, & LeMare, 1990). Self-perception research has suggested awareness of social incompetence is important as withdrawn children were found to have accurate and negative self-perceptions, while aggressive children had inaccurate but positive self-perceptions (Hymel, Woody, & Bowker, 1993). Children who are aware of their negative status would likely have adjustment problems different from unpopular children who are unaware of their status (Parker & Asher, 1987). Obtaining the perspective of the child is necessary because low-acceptance could be more negative for the child who wants to be accepted and interact with peers versus the child who does not care about acceptance by the peer group (Parker & Asher, 1987). The quality of children's social world is hard to define and their internal states unknown if only their peers' perceptions

are explored. Research is needed that examines social withdrawal from a variety of perspectives including that of the withdrawn child.

Cycle of behavior and negative interactions. The rejected subgroup is heterogeneous, providing multiple pathways for social difficulties and, as mentioned above, self-perceptions of rejected children are not all alike affecting future behavior and the negative outcomes of that behavior (Hymel, Woody, & Bowker, 1993). Children who have positive self-perceptions even though disliked by peers may protect themselves from the harmful effects of seeing one's self in a negative light. The negative self-perceptions thought to cause or worsen internalizing disorders, may also influence the actions of the child and their social world may live up to their low expectations (Mills & Rubin, 1993). Future behavior will be based on the their perceived lack of social skills and the treatment shown them in social interactions. This cycle may persist and worsen for the socially withdrawn child as opposed to a child who is rejected yet, with a positive self-perspective, can continue to interact without the expectations of failure. As example, Merten (1996) found the response of a group of submissive, withdrawn seventh graders was to withdraw further from the peer group, reducing already limited peer contact, causing more peer rejection as the withdrawn behavior exhibited by the students was considered abnormal by the peer group. Research on the perpetuation of social withdrawal through negative expectations requires more thorough investigation of the cognitions of children whose actions may be guided by their negative self-perceptions.

Without definitive evidence that social withdrawal leads to later disorders and without knowing if certain behaviors within the larger category of social withdrawal are of more concern (i.e., shyness or anxiety), it is not clear what approach will best benefit the withdrawn child. The socially withdrawn child's situation is more clear, however. Franzoi et al. (1994) found low-accepted children (including the socially withdrawn) differed from accepted, more popular children in the quality of their social experiences. Accepted, popular children had more and closer friends, were able to have more intimate

disclosure with peers, participated in more social activities, belonged to various clubs and had more honors, and they were content with their self-perceptions. The low-accepted children had fewer and lower quality experiences in all the above categories. The findings came from investigation of family background, individual characteristics of the adolescents, number of friends and activities, disclosure to friends and conflicts with friends, social feelings, self-perceptions, and social involvement (clubs, sports, social honors, offices held). Earlier Berndt (1983) had suggested similar approaches should be made, indicating that social status research (social withdrawal can be considered an offshoot of this) needed to consider environmental factors, such as community culture, familial relations, and peer subsystems and cultures (see Ladd, 1983; Putallaz & Gotmann, 1981). This more inclusive approach to the study of social withdrawal would leave fewer variables unaccounted for and provide a fuller view of the socially withdrawn child's environment.

Social withdrawal is associated with loneliness, negative self-perceptions, and depression, all factors problematic to healthy school and life experiences (Coie & Cillessen, 1993; Hymel, Woody, & Bowker, 1993). Students who consistently see themselves negatively are likely to worsen their situation in the peer group. The peer group may then encourage the rejection of the students thereby maintaining their reputation. The environment of the classroom, home, and community may provide support or contribute to the child's negative experience. Research on the socially withdrawn child should be considered in light of the environment socially withdrawn children find themselves in daily and include investigation of the dynamics of the peer group, how they come to reject other students and how receptive they are to students trying to change their social status.

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