

Alone Is a Crowd: Social Motivations, Social Withdrawal, and Socioemotional Functioning in Later Childhood

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The primary goals of this study were to test a conceptual model linking social approach and avoidance motivations, socially withdrawn behaviors, and peer difficulties in later childhood and to compare the socioemotional functioning of different subtypes of withdrawn children (shy, unsociable, avoidant). Participants were 367 children, aged 9–12 years. Measures included assessments of social motivations (i.e., self-reported shyness and preference for solitude) and social withdrawal (observations of solitary behaviors in the schoolyard and self-reports of solitary activities outside of school), as well as self- and parent-reported peer difficulties and internalizing problems. Among the results, both shyness and preference for solitude were associated with socially withdrawn behaviors, which in turn predicted peer difficulties. However, only shyness (but not preference for solitude) also displayed a direct path to peer difficulties. As well, results from person-oriented analyses indicated that different subtypes of socially withdrawn children displayed decidedly different profiles with regard to indices of internalizing problems. For example, whereas unsociable children did not differ from their nonwithdrawn peers on indices of internalizing problems, socially avoidant (i.e., high in both shyness and unsociability) children reported the most pervasive socioemotional difficulties. Findings are discussed in terms of the implications of different forms of social withdrawal for socioemotional functioning in later childhood.

Keywords: social withdrawal, social motivations, shyness, unsociability, internalizing problems

The need for affiliation has long been considered a basic human need (Murray, 1938; Shipley & Veroff, 1952). Contemporary theoretical models of social approach and avoidance now include both appetitive and aversive motives, both of which are considered to be dispositional in nature (Gable, 2006). Indeed, social approach and avoidance motivations are generally considered as basic sub-

strates of personality (Elliot, Gable, & Mapes, 2006) and are associated with a wide range of outcomes in adults (Gable & Strachman, 2008).

It has long been argued that a “conflict” between social approach and avoidance motivations underlies shy and anxious emotions and behaviors (e.g., Lewinsky, 1941; see Cheek & Melchior, 1990, for a review). It has since become increasingly clear that other specific combinations of social approach and avoidance motivations also can be particularly influential with regard to adults’ socioemotional functioning and wellbeing (e.g., Cheek & Buss, 1981; Mounts, Valentiner, Anderson, & Bosswell, 2006; Nikitin & Freund, 2008; Schmidt & Fox, 1995).

Drawing on Gray’s (1972) approach and avoidance theory, Asendorpf (1990, 1993) proposed a conceptual model postulating different psychosocial outcomes for *children* as a function of the combination of social approach and social avoidance motivations. According to this model, *sociable* children have low social avoidance and high social approach motivations and are thought to be outgoing, gregarious, and socially competent. Three subtypes of socially withdrawn children were also identified in this model, each conceptualized as removing themselves from opportunities for social interaction for different “reasons.” *Shy* children were described as having high social approach and high social avoid-

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ance motivations (i.e., refraining from social contact because of fear and anxiety, despite a desire to affiliate). *Unsociable* children were characterized by low social approach and low social avoidance motivations (i.e., a nonfearful preference for solitude). Finally, *socially avoidant* children were conceptualized as having low social approach and high social avoidance motivations (i.e., a preference for solitude accompanied by a desire to avoid social contact).

Regardless of the social motivations that may underlie different subtypes of social withdrawal, it has been argued that the later childhood years represent an increasingly stressful time for all socially withdrawn children. During later childhood and early adolescence, peers become an increasingly important part of children's social lives (Rubin, Bukowski, & Parker, 2006). In this regard, it has been suggested that all forms of social withdrawal might become progressively problematic as children get older because the more frequent display of nonsocial behaviors in peer contexts would increasingly violate age-related social norms (Rubin & Asendorpf, 1993). However, little is known about the conceptual mechanisms that may link social motivations, nonsocial play behaviors, and difficulties in the peer group in later childhood. Indeed, there have been few empirical studies of social motivations or subtypes of social withdrawal beyond the early childhood years.

The primary goal of the present study was to examine the potentially complex interrelations among social motivations, social withdrawal, and socioemotional functioning in later childhood. In this regard, we tested a conceptual model of the direct and indirect pathways linking indices of social approach and avoidance motivations, socially withdrawn behaviors, and social difficulties with peers. Further, we employed a person-oriented approach to examine the socioemotional implications of different subtypes of social withdrawal during this age period.

Subtypes of Social Withdrawal in Childhood

Social withdrawal refers to the process whereby children remove themselves from opportunities for social interactions with peers (Rubin, Coplan, & Bowker, 2009). From preschool to high school, most children spend the majority of their waking hours in the company of peers (Ladd & Golter, 1988; Larson & Richards, 1991). Moreover, the unique benefits of peer interaction for children's social, emotional, cognitive, and moral development are well established (Rubin et al., 2006). From this perspective, the concern has been raised that children who frequently refrain from social interactions in the presence of peers might be missing out on these important and unique opportunities. Indeed, social withdrawal in childhood has generally been associated with a host of concurrent and later socioemotional difficulties (Rubin et al., 2009). However, in more recent years, researchers have shifted from a broader unidimensional approach to a consideration of different motivational and emotional substrates that may underlie children's social withdrawal (Coplan & Armer, 2007).

Shyness

Shyness is a temperamental trait characterized by excessive wariness and feelings of unease in the face of social novelty and perceived social-evaluation (Rubin et al., 2009). Shy children

appear to experience an approach-avoidance conflict, whereby their desire to interact with peers (i.e., high social approach motivation) is simultaneously inhibited by social fear and anxiety (i.e., high social avoidance motivation; Asendorpf, 1993; Coplan, Prakash, O'Neil, & Armer, 2004). Shyness shares considerable conceptual overlap with a number of related terms (see Coplan & Rubin, 2010, for a recent review), including *behavioral inhibition*—which is a biologically based disposition toward heightened reactivity and negative affect in the face of novelty (Kagan, 1997)—and *anxious solitude*—which refers to social wariness displayed specifically in familiar peer contexts (Gazelle & Ladd, 2003).

Compared with their more sociable age mates, young shy children rarely initiate social contacts with available playmates, tend to withdraw from social interactions, and more frequently display *reticent* behaviors (i.e., onlooking, being unoccupied; Coplan, Arbeau, & Armer, 2008; Coplan et al., 2004; Ladd & Profilet, 1996; Rubin, Burgess, & Hastings, 2002). Moreover, results from a growing number of studies have concurrently and predictively linked shyness in childhood with internalizing problems (e.g., loneliness, anxiety, depressive symptoms) and peer relationships difficulties (e.g., peer rejection, victimization; e.g., Coplan et al., 2008; Feng, Shaw, & Silk, 2008; Gazelle & Rudolph, 2004; Ladd, Kochenderfer-Ladd, Eggum, Kochel, & McConnell, 2011; Mian, Wainwright, Briggs-Gowan, & Carter, 2011; Volbrecht & Goldsmith, 2010). However, less is known about the implications of shyness in later childhood and adolescence, when increasing social pressures and expectations (e.g., romantic relationships) may prove to be particularly challenging for shy youths (Bowker, Rubin, & Coplan, 2012; Cheek, Carpentieri, Smith, Rierdan, & Koff, 1986).

Extremely shy children are also at increased risk for the later development of anxiety disorders, particularly social anxiety (e.g., Biederman et al., 2001; Chronis-Tuscano et al., 2009; Hirshfeld-Becker et al., 2007). There is continued debate in the literature concerning the conceptual and empirical distinctions between shyness and social anxiety among children (e.g., Degnan & Fox, 2007; Lemery, Essex, & Smider, 2002) and adults (Chavira, Stein, & Malcarne, 2002; Heiser, Turner, Beidel, & Roberson-Nay, 2009). For example, it has been suggested that behavioral inhibition and social anxiety should be regarded as being part of the same continuum (e.g., Rettew, 2000). However, many researchers maintain that temperamental shyness is most appropriately conceptualized as vulnerability toward the development of later anxiety (see Rapee & Coplan, 2010, for a recent review).

Unsociability

The nonfearful preference for solitude (also referred to as a *solitropic orientation*, Leary, Herbst, & McCrary, 2003) has been explored extensively in the adult personality literature for quite some time (e.g., Bruch, Gorsky, Collins, & Berger, 1989; Cheek & Buss, 1981; Eysenck, 1956; Guilford, 1936; Jones, Briggs, & Smith, 1986). Much less is known about unsociable (or *socially disinterested*) children, who are characterized as expressing a nonfearful preference for solitary activities and having low social approach and low social avoidance motivations (Asendorpf, 1993; Coplan et al., 2004).

There have been a few studies in which researchers have specifically attempted to assess unsociability (typically using parent or teacher ratings) in younger children. Overall, results from these studies indicate that in early childhood, unsociability appears to be a comparatively benign form of social withdrawal (Coplan & Weeks, 2010a). For example, unsociability has been associated with observed and teacher-rated social withdrawal (although not necessarily with a *specific* subtype of nonsocial play) in preschool (Coplan et al., 2004), kindergarten (Harrist, Zaira, Bates, Dodge, & Pettit, 1997) and Grade 3 (Spangler & Gazelle, 2009). However, it appears that unsociable children do not avoid peers per se but are simply less interested in *initiating* peer interaction and are capable of engaging in competent social interactions when called on to do so (Asendorpf & Meier, 1993). Moreover, this form of social withdrawal has not been found to be related to anxiety, loneliness, or other indices of internalizing problems in early childhood (Coplan et al., 2004; Coplan, Closson, & Arbeau, 2007; Harrist et al., 1997).

It has been postulated that unsociability might become increasingly associated with negative outcomes as children develop and that shyness and unsociability, in fact, may come to “merge” in middle or later childhood (Rubin & Asendorpf, 1993). However, this assertion has not received substantive empirical support in the few studies examining the implications of unsociability beyond the early childhood years. Using a person-centered approach, Coplan and Weeks (2010b) used maternal ratings to identify groups of unsociable, shy, and nonwithdrawn-comparison children aged 6–8 years. Results indicated that shy children reported the most loneliness and least school liking, and they were rated by parents and teachers as having the highest levels of internalizing difficulties and peer problems. In contrast, unsociable children did not differ from comparison children on any of the indices of socioemotional functioning.

Ladd and colleagues (Ladd et al., 2011) used peer-nominations to identify groups of unsociable, anxious-solitary (shy) and nonwithdrawn children in Grade 5 (aged 10–11 years). Among their results, anxious-solitary children were more excluded by peers than were unsociable children, who in turn were more excluded than the nonwithdrawn comparison group. Interestingly, unsociable children did not differ from the comparison group in terms of the likelihood of having a mutual best friend, the stability of that friendship over the school year, and the overall number of mutual friendships. Bowker and Raja (2011) explored the correlates of unsociability in a sample of adolescents in India. Their findings indicated that after controlling for other forms of social withdrawal, a newly developed self-report assessment of unsociability was not significantly associated with peer-rated social difficulties (i.e., exclusion, rejection, victimization) or self-reported loneliness.

Finally, similar results have been reported among young adults (e.g., Eisenberg, Fabes, & Murphy, 1995; Mounts et al., 2006). For example, Kim, Rapee, Oh, and Moon (2008) had university students from Korea and Australia complete retrospective measures of their unsociability, shyness, and social isolation during adolescence. When controlling for other forms of recalled social withdrawal and social difficulties, unsociability was not significantly associated with negative adjustment outcomes in young adulthood.

Notwithstanding, there is some evidence to suggest that children’s unsociable behaviors may not be particularly well-received

by peers. For example, positive associations between parent-ratings of child unsociability and teacher ratings of peer exclusion have been reported in early and middle childhood (Coplan et al., 2004; Coplan & Weeks, 2010b). Similarly, Coplan, Girardi, Findlay, and Frohlick (2007) found that unsociable children (as described with hypothetical vignettes) were seen as less attractive playmates and were liked less than both shy and comparison children. In this regard it has been suggested that unsociable children may be perceived to be less approachable than more outgoing children (Richmond, Beatty, & Dyba, 1985) and that peers will come to feel “put off” by children who rarely invite others to play (Coplan & Weeks, 2010a).

Taken together, these findings suggest that unsociability remains a distinct subtype of social withdrawal from early childhood through to early adulthood. Although results from some studies have linked unsociability with indices of peer relation difficulties, this form of social withdrawal appears to be relatively benign overall (particularly when compared with shyness).

Social Avoidance

Asendorpf (1993) used the term *avoidant* to describe another group of socially withdrawn children who were characterized by the combination of low social approach and high social avoidance motivations. In this regard, avoidant children were portrayed as both desiring solitude and actively seeking to avoid social interaction. Although Asendorpf (1990) speculated that these children would be particularly at risk for social and emotional maladjustment, relatively little is known about the meaning and implications of this particular combination of social motivations.

It has been suggested that social avoidance in childhood might represent a manifestation of extreme shyness, whereby avoidant children are overcome with fear and anxiety during social situations to the extent that their desires to approach others are “extinguished” over time (Asendorpf, 1990; Schmidt & Fox, 1999). More recently, Coplan and Armer (2007) speculated that social avoidance might be linked to the development of depression in childhood. However, there have been few empirical studies of social avoidance in childhood.

In a sample of children aged 6–14 years, Coplan, Wilson, Frohlick, and Zelenski (2006) used more general assessments of approach to reward (behavioral activation system or BAS) and high avoidance of punishment (behavioral inhibition system or BIS) to identify a group of children who were both low-BAS and high-BIS. Compared with other groups of children, these “avoidant” children reported the highest levels of negative affect, depressive symptoms, and social anxiety and the lowest levels of positive affect and overall well-being. The authors speculated that children characterized by the combination of both a low approach to reward and a high avoidance of punishment may share some conceptual similarity with the socially avoidant children described by Asendorpf (1993).

In their study of adolescents in India, Bowker and Raja (2011) developed a new self-report assessment of social avoidance. Avoidance was found to be significantly and positively correlated with both sad and nervous affect. As well, in regression analyses controlling for shyness and social disinterest, avoidance was found to be a significant predictor of peer-exclusion and loneliness. Moreover, peer exclusion was found to partially mediate the link

between avoidance and loneliness. The authors speculated that exposure to peer exclusion over time may lead to the development of social avoidance.

Individuals high in social avoidance and low in social approach could also be conceptualized as being high in shyness and low in sociability. Cheek and Buss (1981) compared groups of shy-unsociable, shy-sociable, and nonshy adults on a number of observed and self-report measures. Shy-unsociable individuals rated themselves as more awkward and inhibited but did not differ from nonshy participants in terms of their observed behaviors (e.g., gaze aversion, self-manipulation, tension) during social interactions. Mouts et al. (2006) reported that African American shy-unsociable young adults reported the highest levels of anxiety, compared with groups characterized by other combinations of shyness and sociability. In one of the few studies to explore this combination in children, Mathiesen and Sanson (2000) found that as compared with other groups, children with stable emotional problems from ages 18 to 30 months had a temperamental profile characterized by high shyness, low sociability, and high emotionality.

The Present Study

The primary goal of the present study was to explore the links between social motivations, social withdrawal, and socioemotional functioning in late childhood. We first tested a conceptual model of the direct and indirect pathways linking social approach and avoidance motivations (shyness, preference for solitude), socially withdrawn behaviors, and peer difficulties. Further, drawing on Asendorpf's (1993) conceptual model, we employed a person-centered approach to identify subgroups of socially withdrawn children that were based on specific combinations of social approach and social avoidance motivations. We then compared the socioemotional functioning of shy, unsociable, avoidant, and nonwithdrawn-comparison children.

Previous research in early childhood has relied primarily on teacher and parent reports to assess the emotions and motivations that underlie different subtypes of social withdrawal (e.g., Asendorpf & Meier, 1993; Coplan & Weeks, 2010b; Harrist et al., 1997). Among older children, however, such internal states are likely most accurately assessed using self-reports (e.g., Kazdin, 1986). Yet, at the onset of data collection for the current study, there had been no published self-report measures of social motivations or different types of social withdrawal for older children. Subsequently, Bowker and Raja (2011) developed a new self-report measure of subtypes of social withdrawal in their study of adolescents in India. This self-report measure was adapted from a previously developed parent-report assessment (Coplan et al., 2004), and new items were added to create a social avoidance subscale.

In the present study, we employed a somewhat different conceptual and methodological approach, utilizing a previously well-established self-report measure of shyness (Children's Shyness Questionnaire, CSQ, Crozier, 1995) and a newly developed self-report measure to assess children's preference for solitude. We also employed behavioral observations of children's socially withdrawn behaviors in the schoolyard. Gazelle (2008) observed Grade 3 (age 8–9 years) children's social withdrawal (i.e., reticent, solitary-directed) during recess at school. Both forms of observed

social withdrawal were related to anxious solitude and peer difficulties (e.g., rejection, exclusion, victimization) as assessed with peer ratings. To our knowledge, there have been no previous observational studies of social withdrawal in a naturalistic setting in late childhood. We also assessed self-reported participation in a range of solitary versus peer-related activities outside of school.

Most of the items on the CSQ refer to shy emotions (e.g., fear, anxiety) and behaviors (e.g., refraining from talking) in the face of social situations, which can be conceptualized as affective and behavioral indices of a high social avoidance motivation in childhood (Coplan & Armer, 2007). Similarly, emotional distress in social situations and lack of participation in social interaction are considered reflective of the desire to avoid others in clinical disorders such as social anxiety disorder and avoidance personality disorder (e.g., see Reich, 2010, for a recent review). Accordingly, we construed scores on the CSQ as a measure of *social avoidance motivations*.¹ As well, drawing on previous assessments of related constructs in adults (e.g., Burger, 1995) and younger children (Coplan et al., 2004), we developed a new self-report of children's preference for solitude, which we construed as a measure of (low) *social approach motivation*.

We hypothesized that both (low) social approach (i.e., preference for solitude) and (high) social avoidance (i.e., shyness) motivations would be associated with socially withdrawn behaviors in the schoolyard and outside of school. In turn, socially withdrawn behavior was expected to be associated with peer difficulties, such as loneliness, negative perceptions of peer relations, and increased victimization. Thus, both shyness and preference for solitude were expected to display an indirect link to peer difficulties via social withdrawal. Shyness was also expected to demonstrate a unique direct path to peer difficulties, independent of social withdrawal. This direct association was expected because shy children have other characteristics (e.g., lack of social-communicative skills, overt displays of anxiety) that may evoke negative responses from peers. In contrast, preference for solitude was not expected to display a direct path to peer problems. Aside from a tendency to engage in solitary activities, the preference for solitude in childhood has not been associated with a lack of social competence, the overt display of anxiety or aggression, or other characteristics that might evoke negative peer responses. This conceptual model is displayed in Figure 1.

In the present study, we also employed a person-centered approach to directly assess the underlying conceptual model proposed by Asendorpf (1990, 1993), which posits that different subtypes of social withdrawal can be characterized as a function of specific combinations of social approach and social avoidance motivations. Accordingly, we created three extreme groups of socially withdrawn children derived from scores on child-reported shyness and preference for solitude. *Shy-conflicted* children had

¹ The argument could be made that it would be more appropriate to only include items reflecting emotional distress (a potential underlying cause of shy behaviors) as "markers" for a high social avoidance motivation. Accordingly, we computed a purely "emotions-based" shyness score (comprising the relevant nine items). The emotion-based shyness score was correlated ($r = .79$) with a summary score of the remaining shyness items. Moreover, results from all subsequent analyses were virtually identical when employing either the emotions-based or the full measure of shyness.

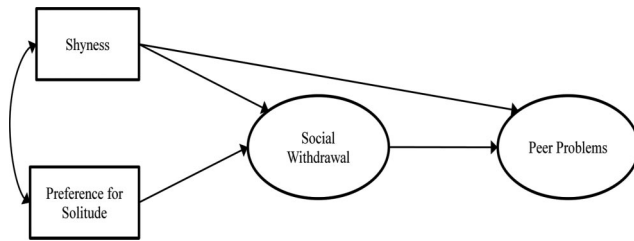


Figure 1. Theoretical model of the hypothesized direct and indirect paths between Social Motivations (Shyness, Preference for Solitude), Social Withdrawal, and Peer Problems ($n = 367$).

high scores on shyness (i.e., high social avoidance motivation) but not preference for solitude, and *unsociable* children had high scores on preference for solitude (i.e., low social approach motivation) but not shyness. Finally, *avoidant* (or *shy-unsociable*) children were conceptualized as having high scores on both shyness (i.e., high social avoidance motivation) and preference for solitude scores (i.e., low social approach motivation).

We predicted that as compared with nonwithdrawn-comparison and unsociable children, shy children would report greater internalizing problems, particularly related to anxiety. Unsociable children were not expected to differ substantively from their nonwithdrawn peers in terms of indices of socioemotional functioning. Avoidant children were expected to report the most pervasive and extensive socioemotional difficulties. In particular, drawing on research on the etiology and risk factors of childhood depression, we hypothesized that avoidant children would experience early indications of depression, including low positive affect (e.g., Hayden, Klein, Durbin, & Olino, 2006), a depressive attributional style (Abramson et al., 1978), and heightened depressive symptoms.

Finally, it has been suggested that shyness is less socially acceptable for boys than for girls because it violates gender norms related to male social assertion and dominance (Rubin & Coplan, 2004). In support of this notion, there is some evidence to suggest that both shy and unsociable boys might be at greater risk of experiencing social difficulties such as peer exclusion, compared with shy and unsociable girls (e.g., Coplan et al., 2004; Coplan & Weeks, 2010b; Spangler & Gazelle, 2009; Stevenson-Hinde & Glover, 1996). Accordingly, gender differences were explored in the current study, and we speculated that all types of socially withdrawn boys might experience greater difficulties than do withdrawn girls.

Method

Participants

The participants in this study were 367 children (179 boys, 188 girls) aged 9–12 years ($M_{\text{age}} = 10.16$ years, $SD = 0.95$). Children were in Grade 4 ($n = 130$), Grade 5 ($n = 107$), and Grade 6 ($n = 130$) classes in seven public schools located in (i.e., urban areas) and around (i.e., rural areas) a midsized city in southeastern Ontario, Canada. Parents granted consent by responding to information letters and consent forms sent home with children from school.

The sample was approximately 80% Caucasian, with a variety of other ethnicities also represented (e.g., 7% Hispanic, 5% Asian, 4% Black). The public school board from which the sample was drawn did not permit the collection of information regarding parental employment status and income. However, approximately 3% of mothers and 4% of fathers had not attended high school, 20% of mothers and 24% of fathers had completed high school, 60% of mothers and 55% of fathers had a college/university degree, and 14% of mothers and 15% of fathers had a graduate level degree. Thus, participants appeared to be of varied socioeconomic status.

Procedure

Data were collected over a 6-month period (January–June) during a single school year. Multisource assessment was employed, including maternal ratings, behavioral observations, and child self-reports. Parents provided demographic information in January. In February, children participated in a group testing session and completed self-report assessments of shyness, preference for solitude, social activities outside of school, positive/negative emotions, and attributional style. In April and May, children were observed on the playground during recess and lunch. In May, children again participated in a group testing session and completed self-report assessments of social anxiety, depressive symptoms, loneliness, victimization, and self-perceptions. In June, parents completed ratings of children's socioemotional functioning.

Measures

Social motivations. Children's *shyness* (and social avoidance motivations) was assessed using the self-report Children's Shyness Questionnaire (CSQ, Crozier, 1995). This 24-item measure focuses on the emotional (e.g., "I feel nervous when I am with important people") and behavioral (e.g., "I am usually quiet when I am with others") components of shyness, as experienced in both familiar and unfamiliar situations and with both peers and adults. The CSQ previously demonstrated strong psychometric properties (Crozier, 1995; Findlay, Coplan, & Brewer, 2009) and had good internal consistency in the present sample ($\alpha = .87$).

Children's *preference for solitude* (and social approach motivations) was assessed via self-report with the newly developed Child Social Preference Questionnaire (CSPQ). Items for this measure were derived on a theoretical basis (Coplan & Weeks, 2010a) and from previous measures designed to assess related constructs in younger children (e.g., the parent-rated Child Social Preference Scale, Coplan et al., 2004) and adults (e.g., self-report Preference for Solitude Scale, Burger, 1995). The final measure consisted of seven items (rated on a 5-point scale) pertaining to a preference for spending time alone (e.g., "if given a choice, I prefer to play alone than with other kids"; "I usually prefer doing things alone"). All items loaded on a single factor (eigenvalue = 3.15, factor loadings from .59–.72) that accounted for 45% of the variance and demonstrated good internal consistency in the present sample ($\alpha = .79$).

Social withdrawal. Children's socially withdrawn behaviors in the schoolyard during recess and lunch were observed with an adapted version of the Play Observation Scale (POS, Rubin, 2001). Trained observers employed a time-sampling protocol whereby

children's social participation behaviors were recorded at a series of 30-s time-samples. Children were observed on 3–4 separate occasions over a 4-week period. During each visit, observers located target children on the playground and coded each child's activity for a series of 10 time-samples. Observers rotated their attention through the target children (in random order) on each visit until between 30 and 40 time-samples were completed per child. Visits continued until 120 time-samples were completed for every child.

Of particular interest for the present study were observed instances of socially withdrawn behaviors. These included *solitary play* (child is playing alone, typically at a distance of more than 3 feet from other children, and paying little or no attention to the group) and *reticent behavior* (child is unoccupied or displaying onlooking behavior; see Coplan, Rubin, Fox, Calkins, & Stewart, 1994). Raw frequencies for each code were proportionalized by dividing by the total numbers of scans for each child. Solitary play and reticent behavior were combined ($r = .28, p < .001$) to create an aggregate measure of *observed social withdrawal*.² Research assistants completed extensive training and collected interobserver reliability data prior to the start of the study. Interobserver reliability between pairs of observers was computed using Cohen's kappa (based on 500 time-samples), and reliability ranged between .84 and .88. Observers met regularly during data collection to discuss any issues arising and to reduce rater drift.

Children also provided a self-report of their social activities outside of school. Drawing on previous measures of activity participation (Jacobs, Vernon, & Eccles, 2005; Larson & Verma, 1999), children were asked to indicate if they typically preferred to engage in a series of 11 common activities outside of school (e.g., "sports," "hobbies," "just hanging out") alone, with a friend, or with a group of friends. Responses of "alone" were tallied to provide an assessment of children's tendency to engage in *solitary activities outside of school*.

Socioemotional functioning. Self-reported assessments of children's socioemotional functioning were collected during the two group testing sessions. Measures included (a) the Positive and Negative Affect scale for Children (Laurent et al., 1999), to assess *positive affect* (15 items, e.g., "happy," "excited," $\alpha = .83$ in the current sample) and *negative affect* (15 items, e.g., "nervous," "upset," $\alpha = .89$), (b) the Social Anxiety Scale for Children Revised (La Greca, 1998), to assess symptoms of *social anxiety* (18 items, "e.g., I worry about what other kids think of me," $\alpha = .91$), (c) the Children's Attributional Style Questionnaire—Revised (Thompson, Kaslow, Weiss, & Nolen-Hoeksema, 1998), to assess depressive biases in *attributional style* (24 items, e.g., "you get a bad grade at school . . . I am not a good student," with lower scores indicating a more *depressive* attributional style, $\alpha = .64^3$), (d) the short version of the Child Depression Inventory (Kovacs, 1981), to assess symptoms of *depression* (27 items, "I am sad all the time," $\alpha = .80$), (e) the Loneliness and Social Dissatisfaction Questionnaire (Asher & Wheeler, 1985), to assess *loneliness* (16 items, "I am lonely," $\alpha = .93$), (f) the Self-Report Victimization Scale (Kochenderfer & Ladd, 1996; Ladd & Kochenderfer-Ladd, 2002), to assess *victimization by peers* (four items, e.g., "other kids pick on me at school," $\alpha = .79$), and (g) the Self-Description Questionnaire—I (Marsh, 1990), to assess *perception of peer relations* (nine items, e.g., "I am popular with kids of my own age," $\alpha = .90$).

Finally, parents of a subsample of participants ($n = 137$) completed the Strengths and Difficulties Questionnaire (Goodman, 2001) to assess children's *emotional symptoms* (five items, e.g., "many worries, often seems worried," $\alpha = .70$), *peer problems* (five items, e.g., "picked on or bullied by other children," $\alpha = .73$), and *conduct problems* (five items, e.g., "often lies or cheats," $\alpha = .74$). No significant differences were found for any study variables between those children whose parents completed the Strengths and Difficulties Questionnaire and those who did not.

Results

Preliminary Analyses

Descriptive statistics for all study variables are displayed in Table 1. It should be noted that the observed measure of social withdrawal contained four outlier scores (i.e., greater than 3 *SDs* above the mean). Given the conceptual focus on social withdrawal in the present study, these cases were not dropped but instead were rescored to 3 *SDs* above the mean (Tabachnick & Fidell, 2007). Neither shyness nor preference for solitude was significantly associated with parental education or child age. Accordingly, these demographic variables were not controlled for in subsequent analyses. There was also no significant gender difference in either variable.

Correlations between study variables are presented in Table 2. Of note, consistent with previous parent-reported measures (e.g., Coplan et al., 2004), self-reports of shyness and preference for solitude were moderately correlated. Consistent with expectations, both types of social motivations (i.e., shyness, preference for solitude) were significantly associated with socially withdrawn behaviors both as observed in the schoolyard and as self-reported outside of school. Relations between social motivations and social withdrawal did not differ significantly as a function of child gender (using Fischer's *r*-to-*z* test).

As well, the overall pattern of associations indicated that both shyness and preference for solitude were associated with indices of peer problems (e.g., perceptions of peer relations, loneliness) and that shyness appeared to be more strongly associated with indices of internalizing problems (e.g., social anxiety, negative affect, depression). This differential pattern of associations was explored in more depth (including gender differences) in subsequent analyses presented below. Notwithstanding, these correlations provide some evidence of the validity of the newly developed preference for solitude measure.

As mentioned previously, parent ratings of child behavior problems were available for a subsample of children ($n = 137$). Correlations between social motivations and parent-rated child behavior problems are presented in Table 3. Results indicated a pattern of associations similar to findings with child-reported outcome variables.

² Similar to findings reported by Gazelle (2008) with children in Grade 3, in the present sample, reticent behavior and solitary play demonstrated a similar pattern of associations with study variables.

³ The moderate level of internal consistency is comparable with previous reports for the Children's Attributional Style Questionnaire—Revised, which nevertheless has also previously demonstrated good construct validity (Thompson et al., 1998).

Table 1
Descriptive Statistics for All Study Variables

Variable	N	M	SD	Range
Social motivations				
Shyness ^a	357	1.81	0.37	1–2.8
Preference for solitude ^b	367	2.67	0.63	1–4.57
Nonsocial behaviors				
Observed social withdrawal ^c	335	0.07	0.11	0–0.50
Solitary activities outside of school ^d	367	3.35	1.91	0–8
Child-reported socioemotional functioning				
Social anxiety ^b	354	2.31	0.71	1–4.78
Negative affect ^b	365	1.91	0.64	1–4.53
Positive affect ^b	364	3.40	0.63	1.4–4.93
Attributional style ^e	367	5.16	3.22	–8–12
Depressive symptoms ^f	355	12.02	2.58	10–27
Loneliness ^b	363	1.95	0.64	1–5
Victimization ^a	355	1.50	0.45	1–3
Perceptions of peer relations ^b	358	3.66	0.81	1–5
Parent-reported child behavior problems				
Emotional symptoms ^f	137	2.03	2.09	0–9
Peer problems ^f	137	1.52	2.00	0–9
Conduct problems ^f	137	1.08	1.41	0–7

Note. Sample size varies as a function of missing data.
^a A 3-point scale. ^b A 5-point scale. ^c Proportion of total observed intervals. ^d Total solitary activities (out of 11). ^e Count of “positive minus negative attributions” (from –12 to 12), with lower scores indicating a greater depressive attributional style. ^f Total symptom scale score.

As hypothesized, shyness was significantly and positively associated with emotional problems and peer problems but not with conduct problems. Preference for solitude was significantly related to peer problems but not significantly associated with emotional or conduct problems. One gender difference emerged in these associations. Preference for solitude was significantly and positively related to peer problems for boys but not for girls—and the difference between these two correlations was significant at the .05 level. These findings provide additional evidence of the validity of the newly developed self-report measure of preference for solitude by demonstrating theoretically consistent associations with parent-rated outcomes, as well as supporting our hypothesis that unsociability would be a more serious risk factor for boys than for girls.

Structural Equation Model of Social Motivations, Social Withdrawal, and Peer Problems

Structural equation modeling analyses were conducted (using Amos, Version 19.0) to examine the direct and indirect effects of social motivations (i.e., shyness, preference for solitude) on peer problems (i.e., loneliness, perceptions of peer relations, victimization). Both shyness and preference for solitude were hypothesized to have indirect effects on peer problems through social withdrawal (i.e., observed social withdrawal in the schoolyard, solitary activities outside of school). However, only shyness was expected to also display a direct effect on peer problems. Cases with incomplete data (see Table 1) were included in the analyses

Table 2
Correlations Among Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Shyness	—	.22***	.22***	.26***	.40***	.19***	–.36***	.60***	.37***	–.23***	–.20***	.35***
2. Preference for solitude		—	.19***	.41***	.25***	.06	–.25***	.23***	.12*	–.05	–.07	.18**
3. Observed social withdrawal			—	.21***	.27***	.05	–.23***	.24***	.09	–.15**	–.11*	.30***
4. Solitary activities outside of school				—	.25***	.12*	–.22***	.14*	.03	–.18**	–.20***	.16**
5. Loneliness					—	.55***	–.81***	.67***	.36***	–.27***	–.36***	.67***
6. Victimization						—	–.45***	.53***	.25***	–.03	–.12*	.35***
7. Perceptions of peer relations							—	–.63***	–.30***	.27***	.37***	–.58***
8. Social anxiety								—	.48***	–.18**	–.25***	.58***
9. Negative affect									—	–.08	–.31***	.35***
10. Positive affect										—	.31***	–.24***
11. Attributional style											—	–.42***
12. Depressive symptoms												—

Note. Sample size varies from $n = 333$ to $n = 370$.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3
Correlations Between Social Motivations and Parent Reported Child Behavior Problems

Social motivation	Child behavior problems		
	Emotional symptoms	Peer problems	Conduct problems
Shyness	.23**	.28***	-.04
Preference for solitude	.14	.19* (boys = .41***; girls = .01)	.03

Note. $n = 137$.

** $p < .01$. *** $p < .001$.

through the use of full information maximum-likelihood estimation in Amos.

We first tested a model that included a direct pathway from preference for solitude to peer problems. This model showed a good fit, $\chi^2(10, N = 370) = 7.065, p = .073, CFI = .989, TLI = .970, RMSEA = .044$ (90% confidence interval (CI) [.00, .08]), $AIC = 67.07$. Moreover, all predicted pathways were significant except for the path from Preference for Solitude to Peer Problems ($-.04, p = .792$).

We then tested a second model in which the regression weight for the Preference for Solitude—Peer Problems path was fixed at zero. This model evidenced somewhat better fit indices, $\chi^2(11, N = 370) = 17.141, p = .104, CFI = .991, TLI = .976, RMSEA = .039$, 90% CI [.00, .07], $AIC = 65.14$, although the two models did not differ significantly from one another in terms of fit, $\chi^2(1) = 0.077, p = .782$. Standardized estimates for this final (and more parsimonious) model are displayed in Figure 2. As predicted, both shyness and preference for solitude predict peer difficulties via indirect paths through social withdrawal. In contrast, only shyness also displays a direct path to peer problems.

Finally, we used multigroup analyses to examine whether the model's structural coefficients were invariant across child gender. Results indicated that overall, an unrestricted model (in which structural coefficients were free to vary across gender) did not fit the data significantly better than a gender-constrained model (in which structural coefficients were constrained to be equal for boys and girls), $\chi^2(4) = 7.277, p = .122$. As well, no significant

differences between boys and girls were found for any of the individual structural coefficients.

Person-Centered Analyses

The final analyses compared different types of withdrawn children with their nonwithdrawn counterparts in terms of variables pertaining to the development of anxiety (i.e., negative affect, social anxiety) and depression (i.e., [low] positive affect, [depressive] attributional style, depressive symptoms). Extreme groups of socially withdrawn children were created based on scores on child-reported shyness and preference for solitude. *Shy-conflicted* children ($n = 56$) had shyness scores in the top 25% and preference for solitude scores in the bottom 75% of the sample. *Unsociable* children ($n = 54$) had preference for solitude scores in the top 25% and shyness scores in the bottom 75% of the sample. *Avoidant* (or *shy-unsociable*) children ($n = 32$) had both shyness and preference for solitude scores in the top 25% of the sample. Finally, nonwithdrawn *comparison* children ($n = 212$) had both shyness and preference for solitude scores in the bottom 75% of the sample.

Results from chi-square analyses indicated that the gender composition of these groups did not differ from expected values. Two separate multivariate analyses of variance (MANOVAs) were then computed with withdrawal group (shy-conflicted, unsociable, avoidant, comparison) and child gender (boy, girl) as independent variables. One MANOVA focused on indices of anxiety (social

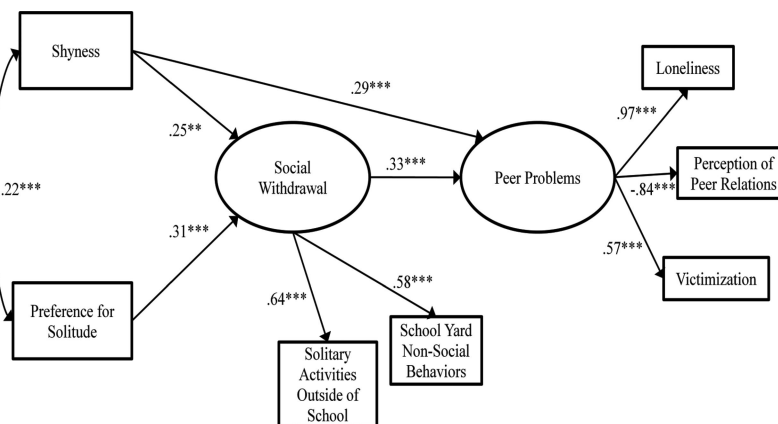


Figure 2. Standardized path coefficients for the final model of direct and indirect paths between Social Motivations (Shyness, Preference for Solitude), Social Withdrawal, and Peer Problems (error terms are not shown, $n = 367$). ** $p < .01$. *** $p < .001$.

anxiety, negative affect), and the second focused on indices of depression (positive affect, attributions, depressive symptoms), as dependent variables.

Indices of anxiety. The first MANOVA examined differences in children's *negative affect* and *social anxiety*. Results indicated a multivariate main effect of withdrawal group, Wilks' $\lambda = .751$, $F(6, 590) = 15.12$, $p < .001$, partial $\eta^2 = .133$. There was no significant effect of Gender, $F(2, 295) < 1$, *ns*, partial $\eta^2 = .004$, or Group by Gender interaction $F(6, 590) < 1$, *ns*, partial $\eta^2 = .007$.

Results from follow up analyses of variance (ANOVAs) indicated a significant effect of Group for both *negative affect*, $F(3, 296) = 11.75$, $p < .001$, partial $\eta^2 = .106$, and *social anxiety*, $F(3, 296) = 30.61$, $p < .001$, partial $\eta^2 = .237$. Group means are displayed in Table 4. Post hoc analyses (least significant difference test) showed that shy-conflicted and avoidant children reported significantly higher negative emotionality than did unsociable and comparison children. Avoidant children reported the significantly highest level of social anxiety, followed by shy-conflicted children, who in turn reported significantly more social anxiety than did unsociable and comparison children (who did not differ significantly from each other). Thus, avoidant children evidenced the most social anxiety and negative affect (along with shy-conflicted children). Unsociable children did not differ from nonwithdrawn comparison children in terms of indices of anxiety.

Indices of depression. The next MANOVA examined differences in children's *positive affect*, *attributional style*, and *depressive symptoms*. Results indicated a multivariate main effect of Withdrawal Group, Wilks' $\lambda = .777$, $F(9, 715) = 8.69$, $p < .001$, partial $\eta^2 = .081$. There was no significant effect of Gender, $F(3, 294) = 1.78$, *ns*, partial $\eta^2 = .018$, or Group by Gender interaction $F(9, 715) = 1.08$, *ns*, partial $\eta^2 = .011$.

Results from follow up ANOVAs indicated a significant effect of Group for *positive affect*, $F(3, 296) = 3.15$, $p < .05$, partial $\eta^2 = .031$, *attributional style*, $F(3, 296) = 11.41$, $p < .001$, partial $\eta^2 = .104$, and *depressive symptoms*, $F(3, 296) = 25.26$, $p < .001$, partial $\eta^2 = .204$. As indicated in Table 4, avoidant children reported significantly lower positive affect than did unsociable and comparison children. None of the other withdrawal groups differed significantly from one another in terms of positive affect. Avoidant children reported a significantly greater level of depressive bias (i.e., lower scores) in their attributions than did shy-conflicted children, who in turn reported a significantly greater bias than did

unsociable and comparison children (who did not differ significantly from each other). An identical pattern of results was observed for depressive symptoms, with avoidant children reporting the highest depressive symptoms, followed by shy-conflicted children, and then unsociable and comparison children (who did not differ significantly). Thus, avoidant children scored highest on indices of depression, and similar to the findings for indices of anxiety, unsociable children did not differ from nonwithdrawn-comparison children in terms of indices of depression.

Discussion

Relatively little is known about the implications of different subtypes of social withdrawal beyond the early childhood years. The goal of this study was to explore links between social motivations, social withdrawal, and socioemotional functioning during later childhood. Our results indicated that although both shyness and preference for solitude are associated with social withdrawal, different conceptual mechanisms appear to link these social motivations with peer difficulties. Moreover, our findings provide some of the first evidence to suggest that different subtypes of socially withdrawn children evidence markedly different patterns of socioemotional functioning in later childhood.

Social Approach and Social Avoidance Motivations

Subtypes of social withdrawal have typically been assessed in early childhood using parent and teacher reports (e.g., Coplan & Weeks, 2010b; Harrist et al., 1997). Our findings suggest that older children can provide valid self-reports of their social motivations (Bowker & Raja, 2011). Previous research has linked parent- and peer-reported shyness and unsociability to observed social-withdrawal in the laboratory playroom among unfamiliar peers (e.g., Coplan et al., 1994), observed and teacher-rated social withdrawal in the preschool or kindergarten classroom (e.g., Coplan et al., 2008; Coplan et al., 2004), and observed social withdrawal in the schoolyard in early elementary school (e.g., Gazelle, 2008; Spangler & Gazelle, 2009). Our findings extend this research by establishing that self-reported shyness (i.e., high social avoidance motivation) and preference for solitude (i.e., low social approach motivation) were both associated with socially withdrawn behaviors. Moreover, it is notable that these associations were evident across contexts, including observations of solitary behaviors in the

Table 4

Means (and Standard Deviations) for Indices of Socioemotional Functioning of Social Withdrawal Groups

Index of socioemotional functioning	Social withdrawal group			
	Shy-conflicted	Unsociable	Avoidant	Comparison
<i>n</i>	56	54	32	212
Social anxiety	2.76 _b (0.65)	2.24 _c (0.63)	3.15 _a (0.68)	2.10 _c (0.61)
Negative affect	2.17 _a (0.62)	1.81 _b (0.56)	2.35 _a (0.89)	1.79 _b (0.55)
Positive affect	3.33 _{a,b} (0.61)	3.43 _{b,c} (0.57)	3.09 _a (0.75)	3.46 _{b,c} (0.62)
Attributional style ^a	4.64 _b (2.99)	5.67 _c (2.71)	2.71 _a (3.45)	5.50 _c (3.24)
Depressive symptoms	12.55 _b (3.16)	11.75 _c (2.15)	15.20 _a (3.18)	11.45 _c (1.81)

Note. Means in the same row with different subscripts differ significantly at the .05 level.

^a Lower scores indicate a greater depressive attributional style.

schoolyard and self-reported engagement in solitary activities outside of school.

Further, our results suggest that regardless of differences in their underlying motivational substrates, *all* forms of social withdrawal appear to be poorly received by peers in late childhood. Overall, social withdrawal (both in the schoolyard and outside of school) was associated with self-reported negative peer relations. Accordingly, socially withdrawn behaviors appear to remain a marker for difficulties in the peer group, and thus, these behaviors must be considered as a potential risk factor for socioemotional difficulties during this age period (Bowker et al., 2012).

Shyness was also related to self-reported loneliness, victimization, and more negative perceptions of peer relations, as well as parent-rated peer problems. These findings replicate previous research with younger children (e.g., Coplan, Closson, et al., 2007; Feng, 2008; Mian et al., 2011). Moreover, results from model testing indicated that shyness was related to peer difficulties both through a direct pathway and indirectly via its association with socially withdrawn behaviors. The direct association between shyness and peer problems suggests that shy children may be experiencing difficulties in peer relations for reasons beyond their general tendency to play alone. This may be because shy children also tend to evidence deficits in social and sociocommunicative skills (Bohlin, Hagekull, & Andersson, 2005; Coplan & Weeks, 2009). Shyness is also associated with the overt display of anxious behaviors among peers (e.g., Coplan et al., 2008; Weeks, Coplan, & Kingsbury, 2009), which may also exacerbate negative peer responses (Crawford & Manassis, 2011). Moreover, these results suggest that there may be increased difficulties ahead for shy children, who also appear to be particularly vulnerable to the negative effects of poor peer relations (e.g., Gazelle & Rudolph, 2004).

Significant correlations between the preference for solitude and indices of peer difficulties were also found in the present study, extending previous research with younger children (e.g., Coplan et al., 2004; Coplan & Weeks, 2010b). However, in contrast to the results for shyness, the links between preference for solitude and peer problems appeared to be fully accounted for by a negative response from peers to the general display of socially withdrawn behaviors (Rubin et al., 2009). Accordingly, our findings indicate that different social motivations may be linked to peer difficulties via both common (social withdrawal) and differing underlying pathways. Moreover, when considered in concert with findings from subsequent person-oriented analyses, a compelling case is made for the importance of distinguishing between different subtypes of social withdrawal during this age period.

Implications of Subtypes of Social Withdrawal

Previous studies of multiple forms of social withdrawal have featured a dimensional approach (e.g., Bowker & Raja, 2011; Coplan et al., 2004), a categorical approach (e.g., Coplan & Weeks, 2010b; Harrist et al., 1997; Ladd et al., 2011) or a combination thereof (e.g., Spangler & Gazelle, 2009). This is perhaps not surprising, given the continuing debate concerning the conceptualization of such constructs as a dimension (e.g., Buss & Plomin, 1984), with individuals varying along a continuum, as compared with a category (e.g., Kagan, 1997) to which an individual does or does not belong.

Notwithstanding, Asendorpf's (1990, 1993) original theoretical model took a person-oriented approach, describing different "types" of socially withdrawn children characterized by specific combinations of social approach and avoidance motivations. Drawing directly on this conceptualization, in the present study, we were able to identify specific subgroups of shy-conflicted, unsociable, and avoidant (i.e., shy-unsociable) children. In this regard, our results did not support the notion that different forms of social withdrawal might "merge" in later childhood (Rubin & Asendorpf, 1993). In contrast, there was converging evidence to suggest that different subtypes of social withdrawal continue to have different implications for the socioemotional functioning of older children (Bowker & Raja, 2011; Ladd et al., 2011).

Shyness. Results regarding shy children add to the growing literature linking shyness and indices of internalizing problems from early childhood to adolescence (Rubin et al., 2009). Compared with unsociable and nonwithdrawn comparison children, shy-conflicted children reported significantly higher levels of negative affect, social anxiety, depressive symptoms, and a more negative and depressive attributional style. These findings do not bode well for extremely shy children. Early elevated but subclinical levels of anxiety and depression are also predictors of the later development of more serious clinical disorders (e.g., Barrocas & Hankin, 2011; Mian et al., 2011).

It was of interest to note the lack of gender differences with regard to the socioemotional functioning of shy-conflicted children during this age period. It had been speculated that shy boys might experience heightened negative outcomes as compared with shy girls (Rubin et al., 2009). One explanation for the lack of gender differences may be the use of extreme groups. Stevenson-Hinde and Glover (1996) reported that "medium-shy" boys displayed more negative adjustment outcomes than did medium-shy girls, but no gender differences were found between groups of "high shy" boys and girls. It can be speculated that elevated (but moderate) levels of shyness are perceived as more problematic for shy boys than for shy girls because of gender-norms pertaining to dominance and assertiveness. In contrast, extreme shyness is maladaptive for both genders. This may be particularly so in later childhood, when children are increasingly expected to be able to initiate social interactions, and solitary tendencies therefore become less accepted when displayed by all children (Gazelle & Rudolph, 2004).

Unsociability. Despite previous theoretical assertions that unsociability would become increasingly associated with negative outcomes beyond the early childhood years (Rubin & Asendorpf, 1993), results from the present study suggest that unsociability is a comparatively (but not completely) benign form of social withdrawal in late childhood.

Although children's motivational preference for solitude was associated with peer difficulties (indicated by both self-report and parent ratings), subsequent analyses indicated that this relation was fully explained by an indirect association through socially withdrawn behaviors. In concert with the subsequent person-oriented analyses, our findings support the assertion that unsociable children's preference for solitude is not accompanied by anxiety, poor self-regard, or deficits in social-communicative competence (Asendorpf & Meier, 1993; Coplan & Weeks, 2010a). Moreover, our results further suggest that although unsociable children may be prone to a heightened degree of peer exclusion, they do not

appear to be particularly “bothered” by these experiences (Coplan & Weeks, 2010b). Coplan, Girardi, et al. (2007) found that as compared with shy and nonwithdrawn children, unsociable children reported that they would be less influenced by the negative social behaviors of other children. These authors argued that this might be because unsociable children are more socially disconnected from the peer group.

Bowker and Raja (2011) speculated that because unsociable children do not actively avoid social interaction (e.g., turn down attractive social invitations), they may achieve “just enough” social interactions to promote healthy development and avoid the risks associated with poor peer relationships (Rubin et al., 2006). In support of this notion, Ladd and colleagues (Ladd et al., 2011) recently reported that unsociable preadolescents did not differ from their nonwithdrawn counterparts in terms of the likelihood of having a best friend nor in the stability of this relationship over the course of a school year. Moreover, unsociable children may be aided further by socializing with more competent peers—Ladd et al. additionally reported that the *friends* of unsociable children were generally of higher peer acceptance than were the shy children’s friends.

Our results indicated that unsociable children did not differ significantly from nonwithdrawn comparison children in terms of any of the self-reported indices of internalizing problems. These findings provide a pattern consistent with recent studies of unsociability in middle- to later-childhood and adolescence (Bowker & Raja, 2011; Coplan & Weeks, 2010b; Ladd et al., 2011). Moreover, it is possible that peer difficulties experienced by unsociable children may continue to diminish in their teenage years, as older adolescents come to increasingly appreciate the potential benefits of solitude, particularly outside of the school context (Larson, 1997). Accordingly, the implications of unsociability in later adolescence and emerging adulthood require future research attention.

Finally, we note that self-reported unsociability was more strongly associated with peer problems (as rated by parents) among boys than among girls. Coplan and Weeks (2010b) also reported a stronger link between unsociability and peer exclusion for boys, compared with girls. However, it should be noted that overall, our findings were characterized by a *lack* of gender differences in the implications of social withdrawal among boys and girls in later childhood.

Social avoidance. Asendorpf (1993) posited that social avoidance (i.e., the combination of low social approach and high social avoidance motivation) represented a distinct subtype of social withdrawal with substantive negative implications in childhood. To date, there have been few previous empirical explorations of this phenomenon (e.g., Bowker & Raja, 2011; Coplan et al., 2006). In the present study, we identified a group of children characterized by high scores on both shyness and unsociability. We have argued herein that this shy-unsociable group (Cheek & Buss, 1981) also can be conceptualized as being “socially avoidant.”

Nomenclature and conceptual underpinnings notwithstanding, our findings suggest that this distinct subgroup of socially withdrawn children appears to be at the most pervasive risk for socioemotional difficulties, particularly along the internalizing dimension. Compared with all other groups, avoidant (shy-unsociable) children reported the highest social anxiety and depressive symp-

oms and the most negative attributional style. Along with shy children, avoidant children also reported the highest level of negative affect and the lowest positive affect.

In this regard, these findings are consistent with Asendorpf’s (1990) assertion that avoidant children would be particularly at risk for socioemotional maladjustment. However, the putative “causes” of social avoidance remain unclear. Indeed, our findings can be viewed as providing support for several speculated pathways to the development of social avoidance. First, socially avoidant children reported the highest level of social anxiety (even higher than shy-conflicted children). This finding mirrors previous results indicating that the combination of high shyness and low sociability might be particularly associated with anxiety among young adults (Mounts et al., 2006) and in early childhood (Mathiesen & Sanson, 2000). Moreover, this finding is also consistent with the postulation that the repeated experience of heightened anxiety during social situations comes to extinguish avoidant children’s desires to approach others over time (Asendorpf, 1990; Schmidt & Fox, 1999).

Second, as compared with peers, socially avoidant children also reported the lowest level of positive affect, the most negative attributional style, and the highest level of depressive symptoms. These findings potentially provide some support for speculation that social avoidance may be an early manifestation of depression in childhood (Coplan & Armer, 2007). Finally, our findings indicated that high levels of both shyness and unsociability were associated with indices of peer difficulties. These results provide some evidence for the notion that social avoidance may arise from the continued experience of peer exclusion over time (Bowker & Raja, 2011). Of course, these different, posited, underlying causal mechanisms need not be mutually exclusive. For example, Gazelle and colleagues (e.g., Gazelle & Ladd, 2003; Gazelle & Rudolf, 2004) have described a developmental trajectory in which the experience of repeated negative peer relations over time promotes increases in depressive symptoms among anxious-solitary children.

Regardless of the exact nature of these underlying “causes,” it would seem that children characterized by the combination of high shyness and high unsociability represent a previously understudied subgroup of socially withdrawn children who appear to merit our increased attention and who may benefit from targeted interventions. Future empirical studies are clearly required. In particular, there are still substantive issues that need to be “sorted out” in terms of both the conceptualization and the assessment of social avoidance. For example, in the present study, we operationalized social avoidance as the combination of self-reported high shyness (i.e., high social avoidance motivation) and high unsociability (i.e., low social approach motivation). However, neither the measure of shyness nor unsociability employed herein represents a direct assessment of children’s social motivations. Moreover, alternative conceptualizations of the combination of shyness and unsociability should also be considered. For example, Spangler and Gazelle (2009) postulated that some withdrawn children might fluctuate between states of anxiety and social disinterest as they engage in and disengage from social interactions.

Finally, it remains to be seen as to whether social avoidance might be more appropriately assessed with a single self-report scale (i.e., Bowker & Raja, 2011). In this regard, future researchers may want to draw on previously developed assessments of social

avoidance from the clinical literature. For example, Watson and Friend (1969) developed a “social avoidance and distress” scale (as part of a measure of social-evaluative anxiety) that included several items designed to specifically assess social avoidance motivations (e.g., “I try to avoid formal social occasions”). Ideally, future research in this area will lead to some convergence as to the optimal approach for operationalizing this subtype of social withdrawal.

Additional Caveats and Directions for Future Research

Our findings add to the handful of studies establishing the importance of distinguishing among multiple forms of social withdrawal in later childhood and adolescence. Notwithstanding, some additional caveats should also be considered. Perhaps most importantly, although we interpreted our findings through the lens of a theoretical model that postulates specific causal links among the variables of interest, we are of course unable to draw any firm conclusions in this regard. Longitudinal studies with multiple assessments of social motivations, social withdrawal, and socio-emotional functioning over time are required to help tease out the direction of the effect among these variables. It is likely that transactional processes are in place whereby negative peer responses to children’s social withdrawal serve to exacerbate shy and avoidant children’s negative perceptions of themselves and others, which in turn promotes continued social withdrawal (Rubin, Hymel, Mills, & Rose-Krasnor, 1991). A wider range of outcome variables also should be explored (e.g., friendships, relationships with parent, self-esteem, academic functioning) with sources of assessment beyond self-reports. Further, investigation of moderating variables that may affect the *relation* between subtypes of social withdrawal and these outcomes is warranted. Such potential moderators may include self-system (e.g., self-esteem, self-theories of personality change) and relationship (e.g., friendship quality) variables. The influence of contextual factors has been particularly understudied in this area of research.

Children’s social and nonsocial behaviors also may vary substantively when examined in various school and nonschool based contexts, such as classrooms, as well as at home and around their neighborhoods (Coplan, DeBow, Schneider, & Graham, 2009; Nelson, Hart, & Evans, 2008). Subsequent research should employ additional and more in-depth assessments tracking children’s frequency and perceptions of extracurricular social activities (e.g., daily logs). Context-specific differences should also be expected when examining subtypes of social withdrawal in different cultural contexts. There is recent evidence indicating that both shyness and unsociability may have different implications in non-Western cultures (e.g., Chen, Wang, & Cao, 2011).

It also remains to be seen whether socially avoidant children can be identified at earlier ages. Such an investigation would require the development of new measures, particularly for young children, who may not be able to provide reliable self-reports of their internal motivational states. The earlier identification of subtypes of socially withdrawn children will have important implications for decisions regarding who might (or might not) require ameliorative intervention and for developing content-specific interventions for targeted subgroups of withdrawn children.

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