

A ‘‘Multitude’’ of Solitude: A Closer Look at Social Withdrawal and Nonsocial Play in Early Childhood

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ABSTRACT—*It has long been argued that social withdrawal in early childhood is a risk factor for later socioemotional difficulties. However, in recent years, researchers have begun to make distinctions between types of social withdrawal in young children, including shyness, social disinterest, and social avoidance. In this article, we review the literature on multiple forms of social withdrawal in early childhood. In particular, we focus on (a) theoretical and empirical distinctions between shyness, social disinterest, and social avoidance; (b) links between these constructs and children’s social and nonsocial play behaviors with peers; and (c) implications for children’s psychosocial adjustment. As well, we provide suggestions for future research, particularly on the relatively understudied construct of social disinterest and the virtually unexplored phenomenon of social avoidance.*

KEYWORDS—*solitude; nonsocial play; social withdrawal*

Parents, teachers, researchers, and clinicians have long been concerned about children who refrain from social interactions in the presence of peers. Despite some historical downplaying of such concerns (e.g., Kohlberg, LaCrosse, & Ricks, 1972; Morris, Soroker, & Burruss, 1954), the unique benefits of peer interaction in early childhood are well established. Moreover, it

is now widely accepted that young children who do not frequently interact with peers are at risk for a host of later socioemotional difficulties (see Rubin, Bukowski, & Parker, 2006, for a recent review).

Adult personality researchers have long made distinctions between different traits that may lead adults to seek solitude (e.g., Bruch, Gorsky, Collins, & Berger, 1989; Cheek & Buss, 1981). For example, Eysenck (Eysenck, 1956; Eysenck & Eysenck, 1969) differentiated between neurotic shyness, involving self-consciousness, insecurity, and anxiety in the face of social interactions, and introverted shyness, where the individual would rather be alone but could be an effective participant in social interaction.

Rubin (1982) originally proposed a distinction between two potential processes (external or internal influences) that may underlie children’s lack of social interaction. Actively isolated children play alone because their play partners do not wish to interact with them. Thus, the influence is external (the child is isolated by others). Actively isolated children tend to be less controlled behaviorally, tend to be socially immature, and are more likely to display externalizing problems such as aggression (e.g., Rubin & Mills, 1988). In contrast, socially withdrawn children isolate themselves from their peer group. Social withdrawal arises in this case from internal factors, with the child opting (for some reason) not to interact with available peer playmates (Rubin & Asendorpf, 1993).

More recently, Rubin and Coplan (2004) have described social withdrawal itself as an umbrella term for the different reasons why children might choose to play alone. Some children may withdraw from social interactions because they are shy, and although they may want to play with others, they also experience

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social fear and anxiety. Other children may engage in less social play because they are socially disinterested (or unsociable) and may simply prefer to play alone. Still others may be socially avoidant and not only desire solitude but actively avoid social interactions (Asendorpf, 1990). In this article, we review the literature on multiple forms of social withdrawal in early childhood, focusing on (a) theoretical and empirical distinctions between shyness, social disinterest, and social avoidance; (b) links between these constructs and children's social and non-social play behaviors with peers; and (c) implications for children's psychosocial adjustment.

SHYNESS

Shyness is the most often studied form of social withdrawal and refers to wariness and anxiety in the face of social novelty and perceived social evaluation (Rubin & Coplan, 2004). There is strong conceptual overlap between this shyness and the broader term "behavioral inhibition," a biologically based temperament trait referring to reactivity and negative emotion in the face of novelty (Kagan, 1997). Extremely shy children are thought to have a lower threshold for arousal in the central nucleus of the amygdala and demonstrate increased heart rate acceleration to mild stress, higher early morning levels of salivary cortisol, and patterns of electroencephalogram (EEG) responses characterized by greater right frontal activation (Fox, Henderson, Rubin, Calkins, & Schmidt, 2001; Kagan, Reznick, & Snidman, 1988; Schmidt & Tasker, 2000).

Shyness is moderately stable (particularly among extreme groups) from early childhood through adolescence (e.g., Fordham & Stevenson-Hinde, 1999; Pedlow, Sanson, Prior, & Oberklaid, 1993). In social milieus, shy children rarely initiate contact with available playmates and instead tend to withdraw from social interactions (e.g., Coplan, Prakash, O'Neil, & Armer, 2004; Ladd & Profilet, 1996). More specifically, during free play with peers, shy children display reticent behavior, which includes watching other children (onlooking) and being unoccupied (Coplan, Rubin, Fox, Calkins, & Stewart, 1994). For example, Henderson, Marshall, Fox, and Rubin (2004) reported that temperamentally shy, inhibited, and socially wary toddlers (aged 24 months) were more likely to display reticent behavior during free play in the laboratory at age 4 years (see also Coplan et al., 1994). Shyness has also been found to predict reticent behavior on the first day of preschool (Coplan, 2000) and several months into the school year (Coplan, Prakash, et al., 2004).

Results from a growing number of studies have linked shyness to maladjustment across the life span (particularly internalizing issues). For example, in the preschool years, shyness is related to poorer social competence, lower self-esteem, anxiety, peer rejection, increased teacher attention, and academic difficulties (Bohlin, Hagekull, & Andersson, 2005; Coplan & Prakash, 2003; Coplan, Findlay, & Nelson, 2004; Hart et al., 2000). During later childhood and into adolescence, shyness is associ-

ated with loneliness, social anxiety, lower self-worth, and the use of fewer positive coping strategies (Crozier, 1995; Eisenberg, Shepard, Fabes, Murphy, & Guthrie, 1998; Prior, Smart, Sanson, & Oberklaid, 2000). Moreover, extremely shy children are at increased risk for anxiety disorders (particularly social phobia) in later childhood and adolescence (e.g., Kagan, Snidman, Zentner, & Peterson, 1999; Schwartz, Snidman, & Kagan, 1999).

Accumulating evidence suggests that shyness is a greater risk factor for boys than girls. Shyness in girls is more likely to be rewarded and accepted by parents (e.g., Radke-Yarrow, Richters, & Wilson, 1988). Moreover, shy boys in preschool display more behavior problems and are more likely to be excluded by peers than shy girls (Coplan, Prakash, et al., 2004; Gazelle & Ladd, 2003). Throughout childhood and adolescence, shy and socially withdrawn boys continue to display greater adjustment difficulties than shy girls, including more loneliness, poorer social skills and coping strategies, and lower self-esteem (Eisenberg et al., 1998; Morison & Masten, 1991). Rubin and Coplan (2004) suggest that these findings reflect a greater social acceptance of shyness for girls than boys in Western cultures.

Overall, the implications of shyness in early childhood appear to be relatively clear. Extreme shyness is a risk factor for a host of later difficulties. As such, children may benefit from early intervention and prevention programs, particularly those tailored to the specific needs of shy children (Greco & Morris, 2001). However, not all young children who are shy develop later problems (e.g., Arcus, 2001; Wachs & Kohnstamm, 2001). This has led to a recent focus on risk and protective factors, as researchers have begun to consider potential moderating variables between shyness and adjustment in childhood.

One of these buffers against negative outcomes appears to be language ability, including increased verbal IQ (Asendorpf, 1994) and expressive vocabulary skills (Coplan & Armer, 2005). Increased verbal skills may be particularly important in facilitating social interactions for shy children. In addition, parental overprotection (i.e., overcontrol, lack of encouragement of independence) appears to exacerbate the negative outcomes of shyness (Rubin, Burgess, & Hastings, 2002). Overprotective parents may view their shy children as vulnerable, and their consistent intervention may inhibit shy children from developing effective coping strategies.

Having a high-quality friendship also appears to be particularly helpful (Rubin, Wojslawowicz, Rose-Krasnor, Booth-LaForce, & Burgess, 2006), whereas peer exclusion appears to be particularly hurtful (Gazelle & Ladd, 2003) to shy children. Recently, Gazelle (2006) also demonstrated that shy children are particularly at risk for experiencing adjustment difficulties when they are placed in classrooms with negative emotional climates (which may include frequent disruptive child behavior, conflictual relationships between students and the teacher, and infrequent prosocial peer interaction). Notwithstanding these preliminary results, there remains much to be learned about what factors may alter the life pathways of shy children.

SOCIAL DISINTEREST

Some children may refrain from social interaction because they lack a strong desire to play with others (i.e., low-social approach motivation), although they are also not strongly averse to peer interaction (i.e., low-social avoidance motivation). This “non-fearful” preference for solitary activities has been labeled *unsociability* (Asendorpf, 1990) or *social disinterest* (Coplan, Prakash, et al., 2004) in children and *solitropic orientation* in adults (Leary, Herbst, & McCrary, 2003). Personality researchers consider shyness and unsociability to be relatively independent in adulthood (Bruch, Rivet, Heimberg, Hunt, & McIntosh, 1999; Eisenberg, Fabes, & Murphy, 1995; Schmidt & Fox, 1995). Supporting this notion is the evidence that shyness and unsociability have different underlying neurophysiological bases in adulthood (e.g., Schmidt & Schulkin, 1999).

There is increasing evidence that parents (Coplan, Prakash, et al., 2004), teachers (Arbeau & Coplan, 2007; Thijs, Koomen, de Jong, van der Leij, & van Leeuwen, 2004), and even young children (Coplan, Girardi, Findlay, & Frohlick, 2007) distinguish and discriminate between social disinterest and other forms of social and nonsocial behaviors (including shyness). However, much less is known about social disinterest in childhood, largely because we lack assessment tools to specifically measure it.

Asendorpf and Meier (1993) reported that although unsociable children (as identified by parent ratings) in second grade spent less time engaged in conversation with their peers than their sociable classmates, the two groups did not differ in their verbal participation during conversations. Thus, whereas unsociable children may be more content to spend time alone, they also appear willing to engage in more social activities if provided with an attractive invitation. Using cluster analyses of teacher ratings, Harrist, Zaia, Bates, Dodge, and Pettit (1997) identified subtypes of behaviorally withdrawn kindergarten children. Unsociable children interacted with peers less frequently but were otherwise no different from their nonwithdrawn counterparts in terms of social and social-cognitive variables.

Coplan et al. (2004) recently developed a parental rating scale of children’s social approach and avoidance motivations to distinguish between shyness and social disinterest. Among their findings, social disinterest in early childhood was related to higher attention span, less negative emotionality, and a greater expressed preference for playing alone. This is consistent with Coplan’s (2000) speculation that unsociable children might possess object-oriented as opposed to people-oriented personalities (Jennings, 1975).

Some have suggested that social disinterest is manifested behaviorally in solitary, passive play (i.e., quiet exploration and solitary, constructive activities) (Rubin, 1982). This makes intuitive sense, as children who prefer to play alone would be expected to engage in solitary activities. Several studies offer initial empirical support for this assertion. In the studies,

solitary, passive play was relatively benign in early childhood and unassociated with psychosocial maladaptation (Coplan, Gavinski-Molina, Lagacé-Séguin, & Wichmann, 2001; Coplan & Rubin, 1998; Coplan, Prakash, et al., 1994; Rubin, 1982).

However, more recent results have called into question that frequent solitary, passive play is a behavioral marker for social disinterest. Coplan et al. (2004) reported that although socially disinterested preschoolers (as identified by parents) initiated comparatively fewer social interactions with peers and were rated by teachers as more withdrawn (but not anxious), social disinterest was not significantly associated with any observed form of social withdrawal during free play. The authors speculate that the proximity of other children in the preschool playroom may have led socially disinterested children to spend less time in solitary activities (despite their relatively low rates of social initiations).

Some young children may engage in solitary, passive behaviors as a strategy for coping with feelings of social unease (Henderson et al., 2004). This form of behavior appears more problematic for boys than girls in early childhood (Coplan, Prakash, et al., 2001; Nelson, Rubin, & Fox, 2005). Moreover, Spinrad et al. (2004) called into question the supposed benign nature of this form of nonsocial play in early childhood, reporting associations between solitary, passive play and peer exclusion or rejection, as well as internalizing problems.

Nevertheless, social disinterest is still widely assumed to be relatively benign in early childhood (Rubin & Coplan, 2004). However, the longer term outcomes of unsociability remain largely unexplored. Unsociable children might become increasingly maladaptive in middle childhood, as those who rarely interact socially (for whatever reason) may lag behind in important social and social-cognitive skills (Rubin & Asendorpf, 1993). In contrast, many researchers have also stressed the potential positive benefits of solitude in adolescence and adulthood (Burke, 1991; Larson, 1997; Long & Averill, 2003; Long, Seburn, Averill, & More, 2003). Clearly, longitudinal studies assessing the stability and outcomes of social disinterest are required to answer these questions.

Overall, the results are still somewhat mixed on the implications of social disinterest in early childhood. However, it does seem clear that the frequent display of solitary, passive play in and of itself is not a sufficient indicator of a socially disinterested child nor is it an express indicator of needed early intervention. Although social disinterest appears to be relatively benign in early childhood (at least compared with shyness), there is still much to be learned about the longer term implications of this form of social withdrawal in middle childhood and beyond.

SOCIAL AVOIDANCE

Asendorpf (1990) also proposed that some socially withdrawn children may be characterized by the combination of low-social

approach and high-social avoidance motivations. These avoidant children are thought to both desire solitude and actively seek to avoid social interaction. Although Asendorpf (1990) speculated that these children would be particularly at risk for social and emotional maladjustment, to date avoidant children remain virtually unstudied.

Coplan, Wilson, Frohlick, and Zelenski (2006) recently used a more general assessment of approach to reward (behavioral activation system [BAS]) and high avoidance of punishment (behavioral inhibition system [BIS]) to identify a group of children who were both low BAS and high BIS (conceptually similar to avoidant children). Compared with other children, avoidant children reported the highest levels of negative affect and depressive symptoms and the lowest levels of positive affect and overall well-being. However, it is not at all clear from these findings whether social avoidance was the cause or the result of children's psychosocial difficulties. Children who are socially avoidant may behave this way as a form of self-preservation or protection. In this vein, Henderson et al. (2004) suggested that some children engage in solitary, passive behaviors as a strategy for coping with negative feelings.

Exploring social avoidance in early childhood will require new methods for specifically measuring this construct. It remains to be determined if this "theoretical subtype" of social withdrawal is distinct from other forms of social withdrawal. For example, it is unclear whether avoidant young children can be distinguished from observations of their nonsocial play behaviors. Given that avoidant children are thought to possess high-social avoidance and low-social approach motivations, such children would not necessarily be expected to display onlooking and hovering behaviors (components of reticent behavior and believed to be indicative of an approach-avoidant conflict; Coplan, Prakash, et al., 2004). However, avoidant children might display other aspects of reticent behavior (e.g., being unoccupied, wandering around aimlessly) or could perhaps display other distinct observable behaviors during free play with peers (e.g., actively moving away from where other children are playing).

A more detailed conceptual model is needed to provide a theoretical framework for studying the development and implications of social avoidance in childhood. To get the ball rolling, we suggest two possible underlying mechanisms in the development of social avoidance. The first is that social avoidance in childhood is a manifestation of extreme fearful shyness. In this regard, Schmidt and Fox (1999) have suggested that avoidant children are overcome with fear during social situations. This fear may stem from an overactive BIS (Pickering, Corr, & Gray, 1999) and could potentially contribute to both a low-social approach motivation and a high-social avoidance motivation.

Another speculation is that social avoidance may be a precursor to child depression. We postulate that social avoidance may be associated with the temperamental trait of low positive affect, which may be a factor in the etiology of depression (Clark, Watson, & Mineka, 1994). Hayden, Klein, Durbin, and Olin

(2006) recently reported that low positive emotionality in early childhood was predictive of vulnerability to depression in middle childhood.

Notwithstanding our theoretical musings, we really know almost nothing about this form of social withdrawal. We are hopeful that researchers will begin to explore social avoidance in the next few years, as socially avoidant children may turn out to be a previously unidentified group of withdrawn children who may benefit from interventions.

FUTURE DIRECTIONS

Despite the tremendous amount of research during the last 25 years, there is still much work to be done in the study of social withdrawal in childhood. Clearly, no child should play alone all the time. However, clearly solitude is a complex construct. That is, young children tend to play alone for different reasons, and different types of social withdrawal are associated with decidedly different adjustment outcomes.

There is certainly growing and consistent support for the notion that shyness in early childhood is a risk factor for concurrent and later adjustment problems, particularly internalizing problems. However, we are only just beginning to explore factors that may influence why some shy children experience difficulties, whereas others appear to adjust quite successfully. Specific research into the meaning, assessment, and outcomes of social disinterest has really only begun in the last few years. Although preliminary findings suggest that this form of social withdrawal is relatively benign in early childhood, its longer term implications remain unknown. As well, despite theoretical speculations that social avoidance may have the most significant negative implications for children, virtually no research has explored this form of social withdrawal to date.

Moreover, many "big questions" remain virtually untested empirically. For example, how might different motivations and underlying mechanisms for social withdrawal interact and influence each other over time? Recent work by Schmidt and colleagues with adults (e.g., Santesso, Schmidt, & Fox, 2004) and children (Schmidt, 2003) suggests that the combination of high shyness and high sociability might be particularly problematic. Moreover, by middle childhood, perhaps it does not even matter anymore "why" children are socially withdrawn. Rubin and Asendorpf (1993) speculated that shyness and social disinterest would essentially become "merged" in middle childhood and would both be associated with similar indices of maladjustment. Finally, there has been some cross-cultural work on the potentially different meanings and outcomes of shyness, particularly in China (e.g., Chang et al., 2005; Chen, Cen, Li, & He, 2005; Chen, Rubin, Li, & Li, 1999). Other forms of social withdrawal might also have different meanings in other cultures. Chen (in press) speculates that although shyness may be viewed more positively in China, social disinterest (i.e., a preference for solitude) would be interpreted as a particularly

negative trait, as it would be in direct contrast to collectivistic goals. Of course, it remains to be seen if different forms of social withdrawal even exist in other cultures.

We must continue to explore both the negative and the potentially positive implications of solitude in childhood. It would appear that extremely shy children might benefit from targeted intervention programs designed to reduce social fear and anxiety and promote competent social interactions. In contrast, social disinterest may not be the cause for significant concern, particularly in younger children. Social avoidance may warrant concern, but empirical studies are needed. We are hopeful that subsequent research will continue to help clarify when it might be acceptable to “leave a child alone.”

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