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Parents, Peers, and Social Withdrawal in Childhood: A Relationship Perspective

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Abstract

In this chapter, the authors review the history of the Waterloo Longitudinal Project (WLP), the first longitudinal study (1980–1992) dedicated to the study of social withdrawal, its correlates, and consequences. Theories underlying the WLP are described, as are its empirical findings. Recent research from other labs that has extended the findings of the original WLP is briefly described. The authors' research that draws on the findings of WLP are noted as well. An underlying theme in this work is that relationships (and interactions) with parents and friends can serve as protective or exacerbating factors in the developmental course of social withdrawal and its concomitants (including social anxiety).

For close to 30 years, our research group has been examining the causes, correlates, and consequences of social withdrawal, shyness, and behavioral inhibition (BI) during childhood and adolescence, which are often considered precursors to social anxiety disorder (see Chapter 5). The initial guiding principles of this research program derived from the Piagetian zeitgeist of the 1960s–1970s; of specific interest were Piaget's (1926, 1932) notions that peer interaction represented a unique social, cognitive, and social–cognitive growth context for children. As our research program developed, we were also guided by theories stressing the importance of positive close relationships for well-being and positive adjustment (Bowlby, 1969; Hinde, 1979, 1987). In this chapter, we provide brief overviews of the theories that have informed our research. We also describe findings from our lab that detail the roles played by parent–child relationships and friendships in the development and maintenance of anxious withdrawal.

Guiding Theory 1: Piaget

Our early work, in the 1970s and 1980s, developed from the Piagetian notion that social exchanges between those of equal-status same-age peers— are essential for normal social and social–cognitive growth. Many of Piaget's ideas focused on the relevance of peer conflict. The experience of conflict and differences of opinion was assumed to create “cognitive conflict” that had to be resolved both intra- and interpersonally for positive peer exchanges to occur. Resolution of these conflicts through negotiation and cognitive accommodation were posited to result in the capacity for sensitive perspective-taking in interpersonal relationships and the understanding of cause–effect relations in social dilemmas.

During the 1970s, there was considerable theoretical and empirical attention paid to the construct of perspective-taking (e.g., Rubin, 1973; Selman & Byrne, 1974). In this early work, it was proposed that engagement in peer interaction, particularly interaction that involved social pretense and the practice and exchange of roles, leads to the development of perspective-taking skills (for example, LeMare & Rubin, 1987). In turn, it was argued that those children who could understand the thoughts, feelings, and intentions of others would be more likely to demonstrate socially competent behavior than their less social-cognitively astute age-mates. In support of this latter viewpoint, early evidence from our lab and others indicated that perspective-taking skills were positively associated with the display of prosocial behavior (Rubin & Schneider, 1973), interpersonal problem-solving skills (Selman, 1981), and peer acceptance (Rubin, 1972). Later, evidence for a causal model emerged: Peer interaction that involved role play and opportunities to resolve interpersonal conflict was found to be related to development of perspective- and role-taking skills (Howes, Unger, & Matheson, 1992) which, in turn, leads to socially competent behavior (e.g., Damon & Killen, 1982). Thus, from this early work, it became clear that peer interaction influences the development of social cognition and, ultimately, the expression of socially competent behavior (Rubin, Bukowski, & Parker, 2006). Furthermore, these early theories and the data supportive of them argued strongly and convincingly that peers are active, significant socializers of social-cognition and social competence in childhood and that peer interaction is an important force in the development of normal social *relationships*.

This being the case, in our research during the 1980s through the 1990s, we addressed the following questions: (1) What happens to children who, for whatever reason, fail to take advantage of their opportunities to interact with peers, especially *familiar* peers? (2) Will such socially withdrawn children fail to develop acceptable social skills? (3) Will such children fail to develop qualitatively normal relationships with their peers? (4) Will socially withdrawn children fail to develop normal thoughts and feelings of self-regard? Our hunch had been that the child who does not have quantitatively and qualitatively adequate peer-interactive experiences may be at risk for later maladjustment. It was this list of questions that launched the development of the Waterloo Longitudinal Project (*WLP*). An early description of the developmental trajectory we posited for socially withdrawn children appeared in Asher and Coie's (1990) seminal volume on peer rejection (Rubin, LeMare, & Lollis, 1990).

The Waterloo Longitudinal Project and Its Conceptual and Empirical Extensions

The *WLP* was initiated in 1980 to examine the concomitants and consequences of social withdrawal. The study began with kindergarten-age children; peer- and teacher-ratings of social withdrawal and social competence, and observations of children (with familiar peers) were gathered in kindergarten through the elementary-school years (Hymel, Rubin, Rowden, & LeMare, 1990; Rubin, Chen, McDougall, Bowker, & McKinnon, 1995). Assessments of loneliness, negative perceptions of social competence, self-esteem, and such internalizing difficulties as depression and anxiety were collected in the fourth, fifth, and ninth grades. We viewed these latter measures as distal indices of anxiety experienced in social company.

In the *WLP*, we operationalized social withdrawal as the consistent display (across time and contexts) of solitude among *familiar* others (see also, Asendorpf & van Aken, 1994). Further, we conceptualized social withdrawal as a behavioral reflection of contemporaneous feelings of insecurity, social fearfulness, and anxiety, and negative thoughts about the self's social competencies. Significantly, we distinguished between behavioral *solitude* (as assessed observationally and via peer ratings) and *social isolation*. This latter phenomenon, had until the development of the *WLP*, been considered a proxy of withdrawal; instead, we argued that this construct assessed the child's isolation (rejection, exclusion) *by* the peer group, rather than the child's withdrawal *from* the peer group. This distinction between

withdrawal from and being excluded by the peer group was the first attempt to suggest that solitude has many “faces” with different psychological meanings (Rubin & Mills, 1988).

In numerous published reports, the *WLP* demonstrated that (a) social withdrawal among familiar peers was a stable phenomenon from kindergarten through fifth grade; and (b) children who demonstrated stable withdrawal were at greatest risk for contemporaneous and predictive social competence deficits and adjustment difficulties. Moreover, results from the *WLP* indicated that indices of withdrawal (solitude and behavioral manifestations of anxiety in social company, e.g., automanipulatives such as lip or thumb sucking, nail biting, pulling of one’s own hair) were associated *contemporaneously* with psychosocial maladaptation in early through late childhood (see Rubin, Coplan, & Bowker, 2009 for a review). Social withdrawal among familiar others, as assessed in middle childhood (second and fourth grades) *predicted* negative peer- and self-regard, loneliness, and depression in early adolescence (for example, Rubin, Chen, McDougall, Bowker, & McKinnon, 1995).

Significantly, during the 15-year period within which we produced reports on the *WLP* (1980–1995), researchers across America, in Europe, and Asia began to examine the correlates and concomitants of social withdrawal as defined in the *WLP*. From our early work and the research that followed, a robust finding emerged: social withdrawal, as defined in the *WLP*, is concurrently and predictively associated with peer rejection during childhood and adolescence, both in the United States and Canada (for example, Gazelle & Ladd, 2003; Rubin, Chen, & Hymel, 1993) and around the world (for example, Hart et al., 2000). Recent research has also indicated that social withdrawal is related to peer *exclusion*, which occurs when a child is actively left out of group activities and conversations by their peers (for example, Gazelle & Ladd, 2003; Gazelle & Rudolph, 2004), and physical *victimization* (Hanish & Guerra, 2004).

We have argued that withdrawn children may experience rejection and exclusion because their behavior is viewed as atypical and contrary to age-related normative expectations for social interaction, and relationship- and peer group involvement (Rubin et al., 2009). In this regard, the increasing statistical associations between withdrawn behavior and rejection with age likely reflect the increasing importance of interacting and getting along with peers as children transition into the developmental periods of late childhood and early adolescence (Ladd, 2006). Further, we posited and found that the socially anxious behaviors exhibited by withdrawn children would suggest to peers that they were submissive (unlikely to be “victorious” in conflict) and potentially “easy marks” for victimization (unlikely to retaliate; for example, Rubin, Wojslawowicz, Rose-Krasnor, Booth-LaForce, & Burgess, 2006). Interestingly, findings from two recent studies strongly suggest that the display of additional behaviors (e.g., attention-seeking, aggressive behaviors) and emotions (e.g., sadness, anxiety) that are neither valued nor considered age-appropriate by the peer group increase withdrawn children’s risk for group-level peer difficulties (Bowker, Rubin, Rose-Krasnor, & Booth-LaForce, 2009a; Gazelle, 2008).

Additional findings that have supported and extended those of the *WLP* include the following: (a) Social withdrawal is a relatively stable construct not only over time, but also across familiar contexts (Asendorpf & van Aken, 1994; Schneider, Richard, Younger, & Freeman, 2000); (b) social withdrawal, *especially among familiar peers*, is associated with negative self esteem and negative thoughts about one’s own social competence (Asendorpf & van Aken, 1994); (c) social withdrawal, *especially among familiar peers*, is significantly associated with such internalizing difficulties as loneliness, anxiety, and depression beginning in *early* childhood (Boivin, Hymel, & Bukowski, 1995; Gazelle & Ladd, 2003); and (d) anxiously withdrawn children who are excluded by their peers are more stable in their withdrawn behavior and depressive symptoms over time compared to their

nonexcluded anxious-withdrawn peers (Gazelle & Ladd, 2003; Gazelle & Rudolph, 2004; Oh et al., 2008).

Taken together, the extant data from our lab and others, suggest a transactional negative “feedback-loop” model whereby the initially shy and wary child is rejected and excluded by his or her peers (both behaviorally and sociometrically) and begins to feel poorly about himself or herself. In turn, negative self-regard pertaining to one’s social competence and relationships evokes further anxiety in the company of peers, thereby leading to increases in withdrawal from the peer group, peer difficulties, and internalizing problems (see Rubin et al., 2009). Yet, findings also clearly indicate that if, for whatever reason, withdrawn children are able to avoid group-level peer difficulties, they may be protected from some of the many negative psychosocial “costs” of social withdrawal (Gazelle & Rudolph, 2004).

Guiding Theory 2: Relationships Theories

As work on the stability, correlates, and consequences of social withdrawal progressed, our lab began to systematically study the origins of socially anxious and withdrawn behavior. These investigations were guided by the theories proposed by Hinde (e.g., 1987) and Bowlby (1969).

Relationships Theory

The risks associated with social withdrawal may be best understood by considering several levels of social complexity (Hinde, 1987). Several scholars have suggested that each individual brings into the world, more or less stable dispositions that dispose her or him to be more or less aroused physiologically to social stimuli (for example, Kagan, Reznick, Clarke, Snidman, & Garcia-Coll, 1984). These *individual characteristics* are brought into play whenever the child interacts (or fails to interact) with others in her or his social world. For example, the dispositional construct BI that is known to predict socially anxious and reticent, withdrawn behavior (Rubin, Burgess, & Hastings, 2002), can affect the child’s interactions, not only with peers, but also with parents (Rubin, Nelson, Hastings, & Asendorpf, 1999). Over the short term, social *interactions* with other children vary in form and function in response to fluctuations in the parameters of the social situation, such as the partner’s characteristics, overtures, and responses. One consequence of regularly finding oneself in the company of another person and either interacting or not interacting with that person is the development of identifiable social *relationships*. Choosing not to interact with others may lead to fewer or qualitatively poor social relationships. If interactions do occur, the type of relationship that is formed may be influenced by the *quality* of the interactions. Thus, positive interactions may lead to the development of meaningful, supportive, and constructive friendships; negative interactions may result in enmity or bully–victim relationships. In this regard, relationships are influenced by past and anticipated future interactions. Taken together, the nature of children’s social relationships is defined partly by the individual characteristics of its members *and* its constituent interactions.

From a developmental perspective, the kinds of relationships individuals form with peers depend on their history of interactions in earlier relationships with primary caregivers. Bowlby (1969) posited that children develop an internalized view of themselves, their competencies, and the social world from experiences in their early relationships with primary caregiver(s). More specifically, Bowlby theorized that children with warm, responsive caregivers would form a secure attachment relationship (marked by trust and warmth) with their parents, which would result in the internalization of a positive conceptualization of self (competent, worthy of positive social relationships) and that they would view the world as a safe place to explore. However, when children’s parents are insensitive and/or unresponsive, the attachment relationship (and subsequent internal

working model) is different. Specifically, children with insecure attachments view themselves in a negative light (low self-worth; perceived incompetence), and perceive the social world as an unpredictable, dangerous place. Thus, children who develop a secure attachment with their primary caregivers are more likely to approach others during novel social situations, feel confident in their ability to interact with others, and view new social situations as nonthreatening. On the other hand, children who are insecurely attached to their primary caregivers (especially those who possess an internal working model marked by mistrust, rejection, and fear) will likely view novel social situations as threatening, view themselves as socially incompetent, and thus refrain from engaging unfamiliar peers. As described in detail below, there has been considerable empirical support for this perspective (e.g., Calkins & Fox, 1992).

From the theoretical and empirical work reviewed, it appears that (a) social interaction is essential for optimal child development, and (b) that relationships (with primary caregivers and others) play a significant role in the development and maintenance of social withdrawal. In the following sections, we discuss the role of *dyadic* relationships—with parents and peers—in the development of social withdrawal and its correlates.

Social Withdrawal, Parenting, and the Parent–Child Relationship

It appears that the quality of attachment to the primary caregiver will likely influence interactions and relationships in other social arenas. Individuals classified as “insecure-ambivalent” are thought to view the world as untrustworthy and unpredictable, and therefore are likely to arrive in social company fearing rejection. In an effort to reduce the risk of rejection, it is thought that insecure-ambivalent children will be more likely than securely attached children to be withdrawn with peers. Indeed, an empirical link between insecure-ambivalent attachment and the display of inhibited and withdrawn behaviors has been established both concurrently and longitudinally (e.g., Calkins & Fox, 1992; Erickson, Sroufe, & Egeland, 1985; Spangler & Schieche, 1998). Further, it appears that the additive effects of BI *and* insecure attachment in the second year of life predict long-term social difficulties (Bohlin, Hagekull, & Andersson, 2005). Thus, it seems that from their first interactions with parents, children form attachment relationships that may predict long-term social development.

There are, however, other aspects of the caregiving environment that have been linked to the development and maintenance of anxiously withdrawn behavior. Specifically, parents of behaviorally inhibited toddlers and socially reticent children often view their children as vulnerable and in need of protection; these beliefs, in turn, influence how parents choose to engage with, and respond to, their children. For instance, in our early work on parenting beliefs, we found that when mothers of socially withdrawn children were asked how they would encourage their children to engage peers in interaction, they endorsed direct verbal instruction (telling the child how to behave); mothers of nonwithdrawn children were more likely to suggest that they would discuss, with their child, alternative possibilities for initiating and engaging in active participation with peers (Mills & Rubin, 1990, 1992). Moreover, we found that mothers and fathers who believed their toddlers to be socially wary were likely to endorse child-rearing practices that discourage exploration and independence 2 years later (Rubin et al., 1999), thereby suggesting a bidirectional model of effects. Beyond our lab, Shamir-Essakow, Ungerer, Rapee, and Safier (2004) have reported that mothers of BI children feel their children require greater nurturance and protection than mothers of uninhibited children. Thus, it appears that parents of inhibited, withdrawn children view their children as vulnerable, dependent, and feel that it is their responsibility to protect them.

One may wonder, however, how, and whether, these parenting beliefs translate into behavior. As it happens, these studies of parenting beliefs and perceptions have been augmented by recent observational work in our lab and in others. For one, it appears that mothers of inhibited toddlers engage in inappropriately warm and intrusive behaviors (oversolicitous parenting) in the standard Kagan BI paradigm (Kagan et al., 1984) when compared to mothers of typical children (Rubin, Hastings, Stewart, Henderson, & Chen, 1997). These contemporaneous associations have been found in the early- to middle-childhood years as well (e.g., Coplan, Prakash, O'Neil, & Armer, 2004). Significantly, a number of longitudinal studies indicate that this pattern of parenting of BI toddlers (a) contributes to the stability of anxious, socially reticent behavior at 4 years of age (e.g., Rubin et al., 2002); (b) predicts internalizing difficulties in the preschool years (Bayer, Sanson, & Hemphill, 2006); and (c) moderates the relation between preschoolers' socially reticent behavior and 7-year-olds' socially wary and reticent behavior (Degnan, Henderson, Fox, & Rubin, 2008; Hane, Rubin, Cheah, & Fox, 2008). Beyond the middle childhood years, the developmental literature on the role of parents in the development of social withdrawal is relatively limited. However, evidence is emerging, from our own work, that mothers of withdrawn children continue to endorse intrusive parenting beliefs through the early adolescent years, and that this intrusive pattern of parenting exacerbates anxiously withdrawn behavior from the fifth to the sixth grade (Kennedy, Root, & Rubin, 2009). There is also some initial evidence that negative, insensitive parenting during early childhood contributes to the development of internalizing difficulties through the late childhood and adolescent years (Barber, Olsen, & Shagle, 1994; van Brakel, Muris, Bogels, & Thomassen, 2006).

Significantly, recent efforts have been made to move beyond examining linear relations by identifying parenting factors that may contribute to different trajectories of withdrawal over time. Booth-LaForce and Oxford (2008), using general growth mixture modeling, identified three distinct social withdrawal trajectory classes from the first to the sixth grade: (a) a *low stable* class in which children were consistently low in social withdrawal; (b) an *increasing* class comprising children who became increasingly withdrawn over time; and (c) a *decreasing* class comprising children who initially were highly withdrawn, but became less so over time. They found that the increasing social withdrawal class was predicted by temperament, insensitive parenting (intrusiveness and insensitivity to nondistress), and insecure attachment.

In summary, several aspects of the parent-child relationship contribute to the development of social withdrawal: quality of the attachment relationship; parenting beliefs about their children's needs; and parenting beliefs and practices characterized as intrusive, negative, and insensitive. The extant literature consistently suggests that the parents of socially withdrawn children view their children as vulnerable and in need of protection. These parenting beliefs likely contribute to an inappropriately warm, intrusive, and insensitive parenting style. Although the majority of these parents likely feel as if they are doing what is best for their shy, wary child, the preponderance of existing literature indicates that overprotective, intrusive parenting hinders the social and emotional development of BI and socially withdrawn children.

Although we have a reasonable grasp on what parents should *not* do, we are yet unsure of what parents should do to ameliorate their children's wary, anxious, solitary behaviors. There are few developmental studies that have attempted to identify parenting practices that redirect children off a path of socially anxious and withdrawn behavior (for an exception, see Early et al., 2002). Thus, it seems that a next step is to implement intervention and prevention studies to investigate how parents may help their shy, withdrawn children (see Chapter 2). In addition, given that individual characteristics of the parent (e.g., personality,

psychopathology; Belsky & Jaffee, 2006) affect the parenting process, researchers would do well to consider parent-level variables in studies of socially anxious and withdrawn behavior (see Chapter 4). Recently, researchers have begun to report that parent-level variables interact with, and are mediated by, parenting practices in the prediction of social withdrawal. For instance, Coplan and colleagues recently reported that (a) maternal neuroticism and child shyness predicted overprotective parenting (Coplan, Reichel, & Rowan, 2009), and (b) shy children whose mothers reported high neuroticism and sensitivity on the behavioral inhibition system *and* endorsed overprotective parenting strategies were rated to have more socioemotional difficulties than children whose mothers were more agreeable and endorsed authoritative parenting beliefs (Coplan, Arbeau, & Armer, 2007). Bayer and colleagues (2006) found that overprotective parenting mediated the relation between parent anxiety-depression and toddlers' internalizing behaviors. Thus, the further examination of parent-level variables could add significantly to the knowledge base on parenting and the development of socially anxious and withdrawn behavior.

Social Withdrawal and Dyadic Peer Relationships

We have discussed the literature on parenting, parent-child relationships, and social withdrawal. It has been proposed that friendship may protect withdrawn children from peer rejection, victimization, and exclusion and their associated "costs." We review this literature below (for a discussion of links between socially anxious and withdrawn behavior and peer *group*-level difficulties such as rejection and exclusion, see Chapter 5).

Friendship

Friendships are close dyadic relationships that develop between two individuals, and are typically characterized by mutual affection and voluntary affiliation. To determine whether a child has a friend, most peer-relations researchers agree that friendship nominations must be mutual or reciprocated (Parker & Asher, 1993). This methodological approach to the study of friendship consistently shows that the vast majority of children and young adolescents (60–80%) have at least one same-sex mutual friend in their grade at school (Hartup & Stevens, 1997). Having friendships during childhood and adolescence, especially those that are characterized by such positive relationship qualities as warmth, intimacy, and fun, is associated with positive emotional and social development and psychological well-being (Rubin, Wojslawowicz, et al., 2006).

Although socially withdrawn children may appear to avoid interaction with peers, their avoidance is selective. Results of several studies of children and young adolescents indicate that those who are socially withdrawn are as likely as their typical counterparts to have at least one mutual best friend (Ladd & Burgess, 1999; Rubin, Wojslawowicz, et al., 2006). For example, Rubin, Wojslawowicz, and colleagues (2006) found that approximately 64% of withdrawn fifth graders had a mutual best friendship, a percentage nearly identical to that for typical fifth graders. Importantly, when these withdrawn children were followed longitudinally across the transition to middle school, 74% had a mutual best friendship in the sixth grade and 83% had a mutual best friendship in the eighth grade (Bowker, Rubin, Rose-Krasnor, & Booth-LaForce, 2009a). Despite little difficulty in forming at least *one* friendship, it is important to note that anxious-withdrawal negatively predicts the *number* of mutual friendships (Pedersen, Vitaro, Barker, & Borge, 2007).

When withdrawn children form friendships, they tend to do so with similarly withdrawn and similarly victimized peers (Rubin, Wojslawowicz, et al., 2006). These findings replicate others indicating that homophily often "drives" interpersonal attraction, and that once formed, homophilous relationships are more stable than nonhomophilous ones (Bowker, 2004; Hase-lager, Hartup, van Lieshout, & Riksen-Walraven, 1998). Little is known about

the quality of withdrawn children's friendships. Initial findings suggest, however, that anxiously withdrawn young adolescents rate their best friendships as lacking in helpfulness, guidance, and intimate disclosure; their best friends rate their friendships as involving less fun and help and guidance than do the best friends of typical young adolescents (Rubin, Woj-slawowicz, et al., 2006). Because anxious-withdrawn children tend to be rejection-sensitive (Gazelle & Druhen, 2009), it is possible that their social-cognitive biases influence their perceptions of relationship quality and their perceptions of the ways in which they interact with their best friends. It is also possible that a "misery loves company" situation develops for withdrawn children and their friends (Rubin, Woj-slawowicz, et al., 2006). Similarity in withdrawal, anxiety, and peer difficulties may facilitate friendship formation, but may not make for the "best" friendship, or at least one that is characterized by the *mutual* give-and-take necessary for positive friendship experiences (Asher, Parker, & Walker, 1996). In support of this notion, findings from one study indicated that withdrawn versus nonwithdrawn young adolescents are more likely to report that they discuss their *own* needs rather than their friends' needs (Schneider & Tessier, 2007). Of course, not all withdrawn children form friendships with withdrawn peers. However, it is unclear how the behavioral characteristics of the best friend may influence the quality of withdrawn children's best-friendship experiences.

Most recent research on the friendships of withdrawn children is motivated by the question, "Do withdrawn children's friendships contribute positively to their adjustment and well-being?" In general, research indicates that withdrawn children's friendship experiences are associated with both positive and negative outcomes. For instance, withdrawn children with mutual best-friendships are perceived by peers as more sociable and popular than withdrawn children without mutual best-friendships (Rubin, Woj-slawowicz, et al., 2006). In studies of how socially withdrawn children think about hypothetical negative peer scenarios, evidence indicates that withdrawn children tend to blame themselves for their social difficulties and failures (Wichmann, Coplan, & Daniels, 2004), but that these tendencies are diminished when they are asked to think about scenarios involving their *best* friends (Burgess, Woj-slawowicz, Rubin, Rose-Krasnor, & Booth-LaForce, 2006). In a recent longitudinal study, Bowker and Rubin (2008) found that having a high-quality friendship protected withdrawn children from later internalizing difficulties, even after controlling for initial peer exclusion. And, Oh and colleagues (2008) found that children with socially withdrawn friends in the Fall semester of the fifth grade showed higher levels of social withdrawal, and that having a socially withdrawn friend after the transition from elementary-to-middle school (Fall of sixth grade) increased highly withdrawn children's social withdrawal over time. Friendship instability and the absence of friendship were also associated with increasing withdrawal (Oh et al., 2008), and so too were group-level difficulties such as peer exclusion.

Taken together, it appears that the presence of friendships, particularly high-quality friendships, provide socially withdrawn children with positive social experiences, which, in turn, may improve their standing within the larger peer group. On the other hand, the absence of friendship, the presence of unstable friendships, and having a withdrawn best friend represent friendship "risk" factors for socially withdrawn children. These findings suggest that one should take into account different friendship factors when attempting to understand the ways in which friendships may influence the psychological adjustment of socially withdrawn children. Finally, it is important to note that the extant literature on withdrawn children's friendships is limited by its nearly exclusive focus on children and young adolescents in the United States and Canada. Researchers would do well to examine the significance of socially withdrawn children's and adolescents' friendship experiences in other cultures; especially those Eastern cultures in which social withdrawal is not viewed by peers (and adults) as negatively as in North America (Chen, Chung, & Hsiao, 2009).

Conclusions and Future Directions

In summary, socially withdrawn children and young adolescents experience parent–child relationships and friendships that are qualitatively at variance from those of their same-age peers. There is also some support for the notion that qualitatively secure parent–child relationships and best friendships can play a protective role in the social and emotional lives of socially withdrawn children and adolescents.

From our perspective, there is a need to examine parent–child and friendship relationships in concert; perhaps socially withdrawn children who have experienced insecure and poor relationships with parents could be buffered from negative “outcomes” if they have supportive relationships, especially with nonwithdrawn friends. And given that friendship appears to play an increasingly important role in children’s lives with increasing age (Rubin, Bukowski, et al., 2006), it may be that friendship as a protective factor is more evident in the later years of childhood and in adolescence. Of course, it may also be the case that supportive parenting and a secure parent–child relationship protect the withdrawn child/adolescent who lacks a best friend or whose friendships are qualitatively poor. These notions are speculative and clearly call for longitudinal, growth curve modeling studies of social withdrawal across the years of childhood and into the adolescent years.

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