Social Withdrawal in Childhood: 
Conceptual Approaches, Definitions, and Methodological Issues

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A casual observer of preschoolers’ “free play” in the company of peers is likely to witness distinct patterns of interaction among the children. Some children would be interacting in small groups, perhaps engaged in the socio-dramatic play or taking turns playing a rule-governed game. Other children would be playing next to each other, perhaps drawing pictures or building with blocks, periodically monitoring what others are doing. Finally, still other children would be playing quietly alone or just watching their peers play without trying to join in.

Typically, researchers have been more interested in children’s peer interactions and in children who display socially competent behavior than in those who, for whatever reason, refrain from engaging in peer interaction. As the chapters in this volume demonstrate, however, over the last 25 years there has been a veritable explosion of research into the construct of social withdrawal in childhood. In this introductory chapter, we describe the developmental and psychological significance of social withdrawal, provide definitions and a conceptual overview of the phenomenon, briefly outline relevant methodological issues, and provide selected future directions for the study of social withdrawal in childhood.

Why Study Social Withdrawal in Childhood?

Historically, social withdrawal was considered to have limited developmental significance. For example, up until the late 1960s, it had been argued that social withdrawal in childhood was relatively unstable and not significantly predictive of maladjustment during the adolescent and adult periods (Kohlberg, LaCrosse & Ricks, 1972; Morris, Soroker, & Burruss, 1954; Robins, 1966). More recently, it has been argued that early studies of the phenomenon shared serious methodological and conceptual flaws (Rubin & Coplan, 2004), including the exclusive use of clinic or high-risk samples, a reliance on teacher assessments of social
withdrawal with unknown validity, and a focus on outcome measures related to externalizing disorders. Nevertheless, it is somewhat surprising that this view was prevalent for as long as it was, given that researchers have stressed the importance of peer interaction since the turn of the century.

Cooley (1902) was among the first to suggest that peer interaction made a significant contribution to children’s socialization. The early work of Piaget (e.g., 1926) also suggested that peer interaction provided a critical context for social learning. For example, Piaget suggested that exposure to instances of peer conflict and opportunities for social negotiation aid children in the acquisition and development of sensitive perspective-taking skills in interpersonal relationships.

Mead (1934) echoed Piaget's emphasis on the importance of the development of perspective-taking through peer interaction; however, he also stressed the significance of peer interaction in the development of the self-system. He believed that interpersonal exchanges among peers (i.e., cooperation, competition, conflict) allowed the child to gain an understanding of the self as both subject and object. Finally, Sullivan (1953) proposed that the experience of peer relationships was essential for the child's development of the concepts of mutual respect, equality, and reciprocity. Sullivan emphasized the importance of 'chumships', or special relationships, for the emergence of these concepts.

Building upon this early theoretical work, there is now strong empirical support for the notion that children who consistently experience a low quality of peer interaction during the early and middle childhood years are at risk for a host of later problems in adolescence and adulthood (see Rubin, Coplan, Chen, Buskirk, & Wojslawowicz, 2005, for a recent review). Research in this area once focused primarily on rejected and isolated aggressive children (Dodge & Coie, 1998). However, results from many studies now suggest that children who withdraw
from social interaction are also at increased risk for psychosocial maladjustment (Rubin, Burgess, & Coplan, 2002).

As compared to their more sociable and socially-interactive peers, socially-withdrawn children in preschool and kindergarten are more likely to display signs of anxiety, have lower feelings of self-worth, and experience internalizing problems. Socially-withdrawn children are also more likely to experience problems related to early school adjustment, including peer rejection, social isolation, increased teacher attention, academic difficulties, and school refusal (Coplan, Gavinski-Molina, Lagace-Seguin, & Wichmann 2001; Coplan & Prakash, 2003; Gazelle & Ladd, 2003; Hart et al., 2000; Rubin, 1982; Rubin, Chen, & Hymel, 1993).

In middle childhood through to adolescence, socially-withdrawal becomes increasingly associated with peer rejection, loneliness, depressive symptoms, social anxiety, negative self-esteem, and negative thoughts about their social skills and relationships (e.g., Boivin, Hymel, & Bukowski, 1995; Rubin, Chen, & Hymel, 1993; Rubin, Chen, McDougall, Bowker, & McKinnon, 1995; Rubin et al., 1989). Moreover, results from longitudinal research indicate that socially-withdrawn children grow up to be adults who suffer from feelings of depression and lower self-esteem, lead less active social lives, and show delays in important life transitions such as getting married, having children, and obtaining a stable career (Caspi, Elder, & Bem, 1998; Gest, 1997; Kerr, Lambert & Bem, 1996). In short, despite the early neglect of social withdrawal, contemporary research has demonstrated its significance in both the study of normative development as well as the development of psychopathology.

**Definitions and Conceptualizations of Social Withdrawal**

The early study of social withdrawal was severely hampered by the lack of both conceptual and definitional frameworks. Terms such as *social withdrawal, isolation, shyness,* and *inhibition*
have tended to be employed interchangeably by researchers and clinicians. However, in the 1980’s and early 1990’s, it was proposed that “solitude” (that is, a lack of social interaction) in childhood is a heterogeneous construct that varies in terms of behaviors, situational context, motivational tendencies, and developmental consequences (e.g., Asendorpf, 1990; Rubin, 1982). Results from more recent research have provided strong support for these conceptualizations of the attributed “causes” of a child’s low rate of social interaction (Coplan, Prakash, O’Neil, & Armer, 2004; Coplan, Rubin, Fox, Calkins, & Stewart, 1994; Harrist, Zaia, Bates, Dodge, & Pettit, 1997; Hart et al., 2000; Henderson, Marshall, Fox, & Rubin, 2004), and suggest that parents (Coplan et al., 2004), teachers (Coplan & Rubin, 1998), and even young children (Gavinski-Molina, Coplan, & Younger, 2003) can make these more fine-grained distinctions.

To begin with, the term active isolation is used to denote the process whereby some children play alone because their play partners do not wish to interact with them. In this case, the “cause” of the child’s lack of social interaction is attributed to external factors (that is, the child is isolated by others), perhaps in response to social immaturity and behavioral undercontrol on the part of the child (Rubin, Lemare & Lollis, 1990). Actively isolated children appear to demonstrate a greater frequency of solitary-active behavior, which includes boisterous, repetitive, sensory-motor activities and dramatizing while playing alone despite being in the company of peers (Coplan et al., 1994; Coplan, Wichman, & Legace-Seguin, 2001; Rubin, 1982).

The term social withdrawal (sometimes referred to as passive-withdrawal) is used to denote a child isolating him/herself from the peer group through the consistent (across situations and over time) display of solitary behavior in the presence of peers (Rubin, 1982; Rubin &
Asendorpf, 1993). In this regard, social withdrawal is seen to arise from internal factors, with the child opting, for some reason or another, not to interact with peers.

Rubin and Coplan (2004) describe social withdrawal as an “umbrella term”, encompassing at least two different “reasons” why children might choose to play alone. For example, some children desire social interaction but may play alone because of social fear and anxiety (shyness). In contrast, some children may prefer to play alone (unsociability or social disinterest), although still possess the requisite social skills to competently interact with peers.

Shyness. Shyness refers to wariness and anxiety in the face of social novelty and perceived social-evaluation. Asendorpf (1990, 1993) characterized shyness as reflecting two competing social motivations. Shy children often desire social interaction but this social approach motivation is inhibited by fear-induced social avoidance (Coplan et al., 2004). The motivational conflict is often manifested behaviorally through the display of reticent behavior, which includes watching other children without joining in and/or remaining unoccupied (that is, staring into space) in the presence of peers, or engaging in parallel play (Coplan et al., 1994; Coplan et al., 2004; Rubin, Burgess, & Hastings, 2002).

Using different nomenclature, researchers have explored conceptually similar constructs related to wariness/anxiety in the face of novelty (e.g., inhibition, Kagan, 1997), social novelty (e.g., fearful shyness, Buss & Plomin, 1984), and perceived social-evaluation (e.g., self-conscious shyness, Asendorpf, 1989). There is growing evidence to suggest a biological basis for early shyness and social wariness/inhibition. Extremely shy and inhibited children are thought to possess a low threshold for physiological arousal, evidenced by a constellation of physiological characteristics that differentiate them from their uninhibited counterparts (Marshall & Stevenson-Hinde, 2001).
Shyness has been linked to indices of maladjustment across the lifespan, particularly along the *internalizing* dimensions. In the preschool years, shyness is related to the exhibition of overt indices of social anxiety during free play with peers, negative emotionality, and other internalizing problems. As well, compared to their non-shy counterparts, young children who are shy display poorer social competence, report lower self-esteem, and have more academic difficulties (Bohlin, Haegkull, & Andersson, 2005; Coplan & Armer, 2005; Coplan et al., 2001; Coplan et al., 2004; Phillipsen, Bridges, McLemore, & Saponaro, 1999). During later childhood and into adolescence, shyness becomes increasingly associated with loneliness, depressive symptoms, 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 the development of anxiety disorders (particularly social phobia) in later childhood and adolescence (e.g., Rosenbaum, Biederman, Hirshfield, Bolduc, & Chaloff, 1991; Schwartz, Snidman, & Kagan, 1999).

There is also accumulating evidence to suggest that shyness is a greater risk factor for boys than girls. For example, shyness in girls is more likely to be rewarded and accepted by parents, and result in more positive interactions, whereas shyness in boys is more likely to be discouraged and lead to more negative interactions (e.g., Radke-Yarrow, Richters, & Wilson, 1988). As well, across the lifespan, shyness/withdrawal appears to be more strongly associated with negative outcomes for boys than for girls (Caspi, Elder, & Bem, 1988; Morison & Masten, 1991; Stevenson-Hinde & Glover, 1996). Rubin, Burgess, and Coplan (2002) suggest that these findings reflect a greater social acceptance of shyness for girls as compared to boys in Western cultures.
Unsociability. Other 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 not strongly averse to peer interaction (i.e., low social avoidance motivation). These children may prefer to play alone but do not have difficulties playing with their peers when they choose to interact with them (Asendorpf, 1990; Coplan et al., 2004). This “non-fearful” preference for solitary activities has been labeled unsociability (Asendorpf, 1993) or social disinterest (Coplan et al., 2004) in children, and solitropic orientation in adults (Leary, Herbst, & McCrary, 2003). Much less is known about social disinterest in childhood. Conceptually, unsociable children are thought to be content to spend time alone without initiating social contacts, but also willing to engage in more socially-oriented activities if provided with an attractive social invitation (Asendorpf & Meier, 1993).

There has been relatively little research into the correlates and outcomes of unsociability in childhood, although this form of social withdrawal has been assumed to be relatively benign in early childhood (Asendorpf & Meier, 1993; Harrist, et al., 1997; Rubin & Asendorpf, 1993). Most of this research has focused on a behavioral assessment of unsociability, in the form of solitary-passive play. Solitary-passive activities include quiescent exploration and solitary-constructive play in the presence of peers (Rubin, 1982). This form of nonsocial play has not typically been associated with indices of psychosocial maladaptation in early childhood (Coplan, 2000; Coplan et al., 1994; Coplan et al., 2001; Rubin, 1982).

However, results from recent studies have called into question the meaning of solitary-passive play in early childhood (e.g., Spinrad et al., 2004). For example, Coplan and colleagues (2001) reported that observed solitary-passive play in kindergarteners was associated with temperamental shyness and indices of maladjustment for boys but not girls. Henderson et al.
Coplan et al. (2004) recently developed a parental rating scale to distinguish between shyness and social disinterest among preschool children. Among their findings, social disinterest was related to higher attention-span, less negative emotionality, and a greater expressed preference for playing alone. In preschool, unsociable children made comparatively fewer social initiations to peers, were rated by teachers as behaviorally withdrawn (but not anxious), but were not more likely to engage in solitary-passive play. Somewhat surprisingly, unsociable children were also more likely to be excluded by peers, a finding not consistent with previous assertions that this form of social withdrawal is relatively benign in early childhood (e.g., Rubin & Asendorpf, 1993). The authors speculated that peers may be “put off” by unsociable children and interpret their behaviors as being unfriendly or aloof.

It should be noted the long term outcomes of unsociability in middle and later childhood remain unexplored. It has been suggested that unsociability might become increasingly maladaptive over time, as children who engage in low rates of social interaction (for whatever reason) may come to lag behind in terms of important social and social-cognitive skills (Rubin & Asendorpf, 1993).

**Issues in the Assessment of Social Withdrawal**
There currently exist many different measures designed to assess social withdrawal and its related constructs. These include peer nominations, teacher and parent ratings, self-report and direct observation techniques. However, despite the plethora of available measures, the methodology for assessing social withdrawal and its related constructs has tended to “lag behind” the theoretical and conceptual advances made in this area over the last 15 years. Thus, many of the most often used previous measures of social withdrawal were simply not designed to assess different forms of solitude. However, more recently developed assessments are now taking into account these more “fine-grained” distinctions.

For example, the Revised Class Play (RCP, Masten, Morison, & Pellegrini, 1985) has been the most frequently used peer nomination measure of social withdrawal (particularly in middle-childhood). Children are asked to nominate classmates for a “class play” that are most like various descriptions of child behaviors and characteristics. However, the “sensitive-isolated” subscale used to assess social withdrawal actually contains items conceptually related to active-isolation (i.e., “can’t get others to listen”), shyness (i.e., “very shy”); and social disinterest (“i.e., prefers to play alone”). More recently, Burgess, Rubin, Wojslawowicz, Rose-Krasnor, & Booth, (2003) developed an extended version of the Revised Class Play. In so doing they have added items designed to more fully capture the multiple meanings of social withdrawal and isolation. For example, this new measure contains independent factors representing shyness/social wariness and social exclusion/victimization.

In terms of teacher assessments, earlier rating scales had sub-scales focusing on broadband internalizing problems, which often included some items related to social withdrawal (e.g., Preschool Behavior Questionnaire, Behar & Springfield, 1974; Revised Behavior Problems Checklist, Quay & Peterson, 1987). More recently, some new teacher rating scales
have been developed to more directly assess different aspects of social withdrawal in the classroom. For example, the *Child Behavior Scale* (Ladd & Proilet, 1996) has separate subscales to assess behavioral withdrawal and anxiety with peers. As well, both the *Preschool Play Behavior Scale* (Coplan & Rubin, 1998) and *Teacher Behavior Rating Scale* (Hart et al., 2000) were designed specifically to provide teacher ratings of different forms of nonsocial behaviors in the preschool (e.g., reticent, solitary-passive, solitary-active).

There are not many parental assessments of child social withdrawal, although some researchers have had parents complete questionnaires previously designed for teachers. Instead, measures in this area have focused on children’s temperamental dispositions. Several temperament inventories contain sub-scales related to children’s shyness or social approach (e.g., *Colorado Child Temperament Inventory*, Rowe & Plomin, 1977; *Child Behavior Questionnaire*, Rothbart, 1996). More recently, Coplan and colleagues (2004) developed the *Child Social Preference Scale* specifically as a parent rating scale to assess child shyness versus social disinterest.

As mentioned previously, other assessment approaches are only recently being modified and developed to reflect recent conceptual advances in the study of childhood social withdrawal. However, in contrast, observational methodologies have in fact “led the way” in terms of our theoretical understanding of solitude. For example, Rubin’s *Play Observation Scale* (POS, Rubin, 2001) was developed in the 1970’s and employs a time sampling methodology within which 10 second segments are coded for both social participation (e.g., solitary, parallel, group) and the cognitive quality of children's play (e.g., functional-sensorimotor, constructive, dramatic, games-with-rules).
The POS has been particularly influential in allowing for a detailed assessment of children’s nonsocial play. Early studies by Rubin employing the POS (e.g., Rubin, 1982) first suggested that nonsocial play was heterogeneous in nature. Subsequent studies firmly established three distinct sub-types of nonsocial play behaviors (e.g., Coplan, 2000; Coplan et al., 1994; Coplan et al., 2001; Coplan et al., 2004; Coplan & Rubin, 1998; Fox et al., 2001; Hart et al., 2000; Henderson et al., 2004; Rubin et al., 2002; Rubin et al., 1995). As described earlier, reticent behavior (i.e., watching other but not joining in, remaining unoccupied) seems to reflect social fear and anxiety in the peer group context; solitary-active play (solitary-functional and/or –dramatic activities in the presence of peers) appears to be indicative of social immaturity, impulsivity, aggression, and peer exclusion; and solitary-passive play (solitary-constructive and/or –exploratory activities) which may reflect a preference for playing alone.

Finally, in addition to the well-established Play Observation Scale, a number of additional observational techniques exist to assess behavioral forms of social withdrawal (e.g., Harrist et al., 1997; Ladd & Profilet, 1996). And given the relevance of behavioral inhibition to the study of social withdrawal, it is appropriate to mention that observations of very young children (toddlers) in novel situations has been the “gold standard” by which inhibition is assessed (e.g., Kagan, Reznick, Clarke, Snidman, & Garcia Coll, 1984). Typically, the Behavioral Inhibition Paradigm involves observing a toddler and his or her mother in a sequence of activities that occur in an unfamiliar setting with a series of unfamiliar adults. The key constructs used to identify a behaviorally inhibited toddler are the time the child spends in close proximity to the mother and the latency to approach the unfamiliar adult(s) or new toys.

More recently, Rubin and colleagues (e.g., Rubin, Hastings, Stewart, Henderson, & Chen, 1997) have questioned the cross-situational consistency of inhibited behavior. In addition to the
Behavioral Inhibition Paradigm, these researchers coded toddlers’ behaviors in a social setting (i.e., a play session with an unfamiliar age-mate). Observed social inhibition during this peer episode (e.g., contact with mother; unoccupied behavior; anxious behavior was found to be a stronger predictor of socially reticent behavior when the children were preschoolers as compared to the traditional assessment of behavioral inhibition (Rubin, Burgess, & Hastings, 2002).

This Volume

The last 25 years has been witness to an explosion of research in the study of social withdrawal. The chapters in this volume provide the reader with an excellent review of the “state of the art” in the study of social withdrawal. In this section, we briefly describe a number of areas that we believe merit increased future research attention.

It has now become clear that there are substantial biological and physiological underpinnings of social withdrawal. Toddlers and preschoolers who express fear when in the company of unfamiliar adults and children differ from their uninhibited counterparts in ways that imply variability in the threshold of excitability of the amygdala and its projections to the cortex, hypothalamus, sympathetic nervous system, corpus striatum, and central gray. In his chapter, Hastings describes the most recent links established between biology, inhibition, and social withdrawal.

Parental variables, including parenting styles, also appear to be related to the development of childhood social withdrawal. The most recent work in this area has focused on the link between social withdrawal and overprotective or oversolicitous parenting. In her chapter, Zappulla considers the latest findings on the topic of parenting and withdrawal.

Social withdrawal is associated with a socio-emotional maladaptation throughout childhood and adolescence. However, not all behaviorally inhibited infants and toddlers become
shy, withdrawn, and anxious children. And, not all socially-withdrawn children experience the same degree of, or any significant difficulties. Rubin and colleagues (1990) proposed a theoretical model outlining developmental pathways in the etiology of social withdrawal and internalizing problems. This theoretical framework considers the joint influences of child characteristics, parental socialization practices, the quality of relationships outside the family, and macro-systemic forces. Transactional processes are postulated, describing the reciprocal and evolving relations over time between child temperamental predispositions and environmental contexts. In her chapter, Lo Coco considers the correlates and consequences of social withdrawal, taking care to focus on principles of multifinality.

Within the peer domain, there is now recent evidence to suggest that the quality of withdrawn children’s friendships and peer relationships may play a critical role in their peer experiences. For example, Gazelle and Ladd (2003) recently reported that shy-anxious kindergarteners excluded by peers displayed greater stability in anxious solitude through the fourth grade and had elevated levels of depressive symptoms than shy-anxious peers who did not experience peer exclusion. A “stress-diathesis” model was suggested, whereby the experience of peer exclusion exacerbates the outcomes associated with anxious-solitude. Similarly, Gazelle and Rudolph (2004) found that among ten and eleven year olds, anxious solitary youth display maintenance or exacerbation of social avoidance and depression in the context of high exclusion; however, social approach increases when children do not experience peer exclusion or rejection. In their chapter, Rubin, Wojslawowicz, and Oh discuss the various peer relationship domains within which socially withdrawn children find themselves. Thus, they discuss not only peer rejection, but also the friendships of withdrawn children. Also discussed are the bully-victim relationships that withdrawn children often find themselves part of.
It is clear that the phenomenon of social withdrawal must be considered within cultural context. For example, in an extensive series of studies, Chen and colleagues demonstrated that shy, reticent, reserved behavior in the People’s Republic of China is encouraged and accepted by mothers, teachers, and peers, and is positively associated with social competence, peer acceptance, and academic success (e.g., Chen, Rubin, & Li, 1995; Chen, Rubin & Sun, 1998). Originally, Chen argued that the collectivistic values found in Chinese culture placed a strong emphasis on group cohesion; consequently, shyness and reservedness was more greatly appreciated than in western cultures that espouse individualistic beliefs and norms. And yet, it now appears that with ongoing rapid transformations in China, the story of linkages between shyness and peer acceptance must be revisited. For example, several researchers have recently discovered that reticent and shy children are, in fact, rejected by their Chinese peers. Chen reviews the latest cultural “stories” in his chapter in this volume.

Finally, despite the increasing evidence linking social withdrawal to contemporaneous and longitudinal socio-emotional difficulties, research related to intervention and prevention appears to have declined during this same time period. There are many different approaches to the prevention, intervention, and treatment of social withdrawal, shyness, and social anxiety (see Schneider & Coplan, this volume). However, many of these approaches have met with only modest success. We are hopeful that recent advances in the conceptualization, assessment, and etiology of social withdrawal will serve to inform subsequent research aimed at ameliorating the life courses of socially-withdrawn children. For example, future prevention and intervention programs should begin in early childhood, include a focus not only on teaching skills but also on emotion regulation, involve both familiar and unfamiliar peers, and include substantive parental component.
Much work has been directed toward establishing the developmental origins of social withdrawal and its related constructs, as well as examining the contemporaneous and predictive correlates of social withdrawal at different points in childhood and adolescence. Empirical work suggests that the quality of life for the socially withdrawn child on individual, family, and peer levels is less than pleasant. Withdrawn children are socially deferent, anxious, lonely, and insecure in the company of peers, as well as rejected by peers. They fail to exhibit age-appropriate interpersonal problem-solving skills and believe themselves to be deficient in social skills and social relationships. These characteristics do not auger well for socially withdrawn children. We are hopeful that this book will stimulate further research in this area, and ultimately help to inform researchers, clinicians, parents, and teachers as to the importance of social withdrawal in childhood.
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