



Distinguishing types of social withdrawal in children: Internalizing and externalizing outcomes of conflicted shyness versus social disinterest across childhood



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ABSTRACT

Little research has examined the effect of subtypes of social withdrawal on the development of psychopathology across childhood.

Parents of 493 children (220 females) completed a measure of their child's conflicted shyness and social disinterest as well as the Child Behavior Checklist (CBCL) when their child was age 3, and again at age 6. When children were age 9, parents completed the CBCL.

From 3 to 6, conflicted shyness predicted increases in anxiety symptoms in boys and girls, and predicted depressive symptoms in boys. From 6 to 9, social disinterest predicted increases in anxiety symptoms in girls and boys, and predicted increases in depressive symptoms in boys. In addition, in boys, conflicted shyness at age 6 predicted increases in externalizing symptoms at age 9.

Conflicted shyness appears to be particularly problematic in early to middle childhood, while social disinterest appears to be more maladaptive in later childhood, with some differences by gender.

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1. Introduction

Childhood social withdrawal has received substantial attention as a risk factor for internalizing disorders (see Coplan & Armer, 2007; Coplan, Prakash, O'Neil, & Armer, 2004; Rubin, Coplan, & Bowker, 2009 for reviews). Widely recognized as a heterogeneous, multifaceted construct (Gazelle & Rubin, 2010; Spangler & Gazelle, 2009; see Coplan, 2000; Rubin, Burgess, & Coplan, 2002, for reviews), childhood social withdrawal, broadly defined, refers to a failure to engage in social interaction or play with other children (see review by Coplan, Prakash, O'Neil, and Armer (2004)). Several authors, although not all using the same terminology, have distinguished between conflicted shyness, or shyness despite a desire to interact with others, and social disinterest, or a lack of motivation to engage in social interaction (e.g., Asendorpf, 1993; Coplan, Prakash, O'Neil, & Armer, 2004; Rubin et al., 2002). Although some studies have used laboratory-based observations of social reticence and solitary-passive play (e.g., Coplan, Closson, & Arbeau, 2007; Spinrad et al., 2004), Coplan, Ooi, Kirkpatrick, and Rubin (2015) note that these are not equivalent to conflicted shyness and social

disinterest; as such, we focus our review of this literature on studies which have used measures more directly comparable to the latter constructs.

1.1. Childhood social withdrawal and later internalizing outcomes

Trait-like social withdrawal in early childhood has historically been conceptualized as an early-emerging form of internalizing problems in general, and social anxiety in particular. Theorists have argued that conflicted shyness should be relatively more, and social disinterest relatively less, maladaptive (Asendorpf, 1993; Coplan, Prakash, O'Neil, & Armer, 2004; Rubin et al., 2002). Children who show high levels of conflicted shyness wish to interact with their peers, but are too afraid or anxious to initiate these interactions. In contrast, children who show elevated social disinterest are more content to play by themselves, and do not have a strong motivation for social interaction, although they may do so if offered an attractive social invitation.

Prior to Coplan et al.'s (2004) study, relatively little empirical research had examined the psychosocial consequences of these forms of social withdrawal. To that end, Coplan et al. (2004) developed the Child Social Preference Scale, a parent-rated measure of childhood conflicted shyness and social disinterest, with the goal of examining their correlates. In their initial cross-sectional study

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of a sample of 3- to 5-year-olds, conflicted shyness was associated with elevated levels of temperamental negative emotionality and anxiety symptoms, whereas social disinterest was associated with lower levels of negative emotionality, supporting the hypothesis that conflicted shyness is particularly maladaptive, whereas social disinterest is relatively more adaptive.

Numerous studies have since examined the psychosocial consequences of social withdrawal and, in particular, conflicted shyness, although, as noted by Coplan and Armer (2007), fewer studies have examined outcomes associated with social disinterest. For instance, in cross-sectional studies and longitudinal studies spanning a few months to three years, conflicted shyness was consistently associated with later symptoms of anxiety, depression, and internalizing problems (e.g., Chen, Wang, & Wang, 2009; Coplan & Armer, 2005; Coplan & Weeks, 2009; Coplan et al., 2007, 2013; Findlay, Coplan, & Bowker, 2009; Graham & Coplan, 2012; Kingsbury, Coplan, & Rose-Krasnor, 2013; Weeks, Coplan, & Kingsbury, 2009; Yang, Chen, & Wang, 2015). One study has supported an effect of shyness at age 8 or 9 on symptoms of anxiety at age 21 (Grose & Coplan, 2015). However, these studies did not adjust for baseline levels of the outcome in question; this precluded establishing the direction of the relationships and determining whether shyness is associated with change in outcomes over time. These studies have also been mostly limited to a year or less, and hence could not examine the longer term outcomes of shyness over childhood. Importantly, as well, most studies have not examined the consequences of social disinterest. Moreover, given the moderate correlation between conflicted shyness and social disinterest (Coplan et al., 2004), it is likely important to adjust for their shared variance in examining their long-term outcomes in order to dissociate their unique effects.

Several particularly noteworthy more recent studies have overcome aspects of these limitations. For instance, Eggum et al. (2012) found that, adjusting for baseline levels of symptoms, conflicted shyness was related to increases in internalizing symptoms over 2 years, while Karevold, Ystrom, Coplan, Sanson, and Mathiesen (2012), although they did not use the CSPS, found that increases in shyness from age 2.5 years to 12.5 years were associated with increases in depression and anxiety symptoms over that interval.

We are aware of only two studies that examined the effects of both conflicted shyness and social disinterest. Coplan and Weeks (2009) found that conflicted shyness was related to internalizing symptoms, whereas socially disinterested children showed similar levels of internalizing symptoms as a non-shy control group of children. However, this study did not adjust for baseline levels of outcomes or for the covariance between conflicted shyness and social withdrawal. In the second study, and the only one of which we are aware to control for the mutual effects of these two types of social withdrawal, Liu et al. (2014) found that shyness and unsociability each explained unique variance in change in depressive symptoms over time.

While the bulk of research to date suggests that social withdrawal, and particularly conflicted shyness, confers risk for symptoms of psychopathology, other research has found that it is associated with adaptive qualities. For instance, in a Chinese sample, Chen et al. (2009) found that while children with elevated levels of conflicted shyness showed more depressive symptoms, they were also rated as showing better leadership, competence, and having higher academic achievement. Similar results have also been found in other non-North American countries (Eisenberg, Pidada, & Liew, 2001; Farver, Kim, & Lee, 1995; Kerr, Lambert, & Bem, 1996). In addition, while North American studies frequently find non-significant links between social disinterest and adjustment, there is evidence that social disinterest may be associated with psychopathology in some other cultures. For example, social disinterest was correlated with depressive symptoms in a sample

of Chinese children and, while associations between shyness and measures of adjustment did not differ between Canadian and Chinese children, being unsociable was more strongly related to maladjustment in Chinese children than in Canadian children (Liu et al., 2014, 2015). Thus, findings of social disinterest being non-maladaptive may be unique to North American samples.

Given these discrepancies in the literature, it is likely that the adaptive or maladaptive nature of conflicted shyness and social disinterest is context- or culture-dependent. As Chen et al. (2009) note, shy behavior is less likely to be maladaptive in societies where assertiveness or self-expression is not appreciated or encouraged. As such, it is important to bear in mind that culture may define or influence what constitutes socially competent behavior, as well as what types of behaviors or support those social behaviors elicit from others. This may, in turn moderate the associations between subtypes of childhood social withdrawal and psychopathology.

1.2. Childhood social withdrawal and externalizing outcomes

While a fairly substantial body of literature has examined the internalizing outcomes associated with childhood social withdrawal, fewer studies have tested its associations with externalizing symptoms. Moreover, what literature there is suffers from the same methodological limitations described above. The majority of this literature has found either small but negative or non-significant associations between social withdrawal as a unitary construct, conflicted shyness, social disinterest, or similar constructs, and externalizing outcomes, however the results vary somewhat across studies. For instance, Eggum et al. (2012) reported that parent-rated shyness was associated with decreases over time in teacher- but not parent-rated aggression, and Coplan et al. (2004) found that higher levels of conflicted shyness were related to lower levels of aggression, but disinterest was unrelated. Coplan and Weeks (2009), however, found no differences in externalizing behavior among children who were classified as shy, unsociable, or neither, based on the CSPS and several other sources. In sum, the literature on types of childhood social withdrawal and externalizing outcomes suggests that social withdrawal is either weakly but negatively or non-significantly related to externalizing behaviors. However, these studies have used a variety of methods to measure social withdrawal or its subtypes. Another concern is that internalizing behaviors are not typically adjusted for when examining externalizing outcomes. Given the substantial correlation between measures of internalizing and externalizing symptoms, (e.g., Stanger & Lewis, 1993), it is impossible to know whether shyness is really associated with one or the other. As such, we aim to examine whether subtypes of social withdrawal predict unique variance associated with internalizing versus externalizing symptoms.

Overall, research to date supports a robust relationship between conflicted shyness and the development of later internalizing symptoms, although the much more limited research examining social disinterest is somewhat contradictory. In addition, while the literature examining both types of social withdrawal and externalizing symptoms has found largely non-significant relationships, several limitations affect the conclusions to be drawn from these studies (e.g., Coplan & Weeks, 2009; Eggum et al., 2012; Liu et al., 2014).

1.3. Gender differences in the outcomes of social withdrawal

The literature overall, and in particular in North American children, suggests that conflicted shyness is particularly maladaptive whereas social disinterest may be less maladaptive. However, a recent review found that shyness is more strongly associated with

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