Gender Differences in the Effects of Socially Withdrawn Behavior on Depression, Anxiety, and Self-Esteem

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Abstract

Social withdrawal or shyness is not uncommon in society, but can have several negative impacts on children's well-being. This study looked into the effects of socially withdrawn behavior on several internalizing problems, such as depression, anxiety, and self-esteem, and the gender differences within these effects. It was hypothesized that socially withdrawn children will experience more symptoms of depression and anxiety, and a lower self-esteem compared to their non-withdrawn peers. Furthermore, it was hypothesized that socially withdrawn boys will experience more symptoms of depression and anxiety, and a lower self-esteem compared to socially withdrawn girls. This study used 215 students from grade four to six in its analyses. The mean age of this group was 11 years and 3 months. These children were grouped as socially withdrawn or non-withdrawn. The Revised Class Play was used to measure social withdrawal, the Revised Child Anxiety and Depression Scale - 25 for depression and anxiety, and the Competentiebevelingsschaal voor Kinderen for self-esteem. A MANOVA and multiple ANOVAs were used as the statistical measures. Results showed that socially withdrawn children suffered significantly more from depression and social anxiety, and had a lower self-esteem than non-withdrawn children. However, no significant gender differences were found within these effects. Age was also incorporated as a control variable, but was not found to be significant. Some strengths within this study were the use of reliable instruments and statistical measures and the classifications of social withdrawal. This study also had some limitations, such as the use of a culturally unbalanced sample and the analysis of data that were collected 15 years ago, which should be taken into account by future researchers. Findings from this study may be informative to teachers or professionals who work with socially withdrawn children.

Keywords: social-withdrawal, depression, anxiety, self-esteem, gender

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We all have a basic human need to belong or affiliate (Maslow, 1943; Mcclelland, 1961; Murray, 1938). However, some children struggle with satisfying this basic human need because they withdraw themselves from social situations. This socially withdrawn behavior is defined in many different ways, but most researchers divide it into three different forms; shyness, social avoidance, and unsociability (Asendorpf, 1993; Coplan et al., 2013; Coplan et al., 2017). People who are shy have a strong need to belong and affiliate, but may get anxious and scared when trying to interact, resulting in them withdrawing from social interactions (Coplan et al., 2013; Coplan et al., 2017). Another term closely related to shyness is behavioral inhibition, which is a biologically based wariness in the face of novelty (Coplan et al., 2013; Rubin et al., 2009). Shyness often leads to a lack of prosocial behaviors because of this fear and wariness. Besides that, peer isolation and rejection are also terms involved with shyness. Shy children fear social interaction, which may result in them isolating themselves from their peers as a form of protection. On the other hand, peers may feel like that child shows some form of disinterest towards them because of the child's shy behavior, which can result in the child being disliked and rejected more by their peers (Ladd, 2006; Rubin et al., 2009). Social avoidance is a form of social withdrawal in which the child desires to be alone and tries to avoid social interaction. This is often explained as extreme shyness, since these children are so overcome with this fear and anxiety to interact, that their desire to interact fades over time (Asendorpf, 1990). Lastly, unsociability refers to children who prefer to be alone and do not attempt to avoid or engage in social interaction. These children can also be seen as socially disinterested and often do not display any difficulties as a result of being withdrawn, since they genuinely enjoy being alone

(Asendorpf, 1993; Coplan et al., 2013; Coplan et al., 2017). For the purposes of this study, withdrawn behavior is defined in accordance to shyness, including peer rejection and isolation, and the lack of prosocial behaviors. This study will investigate the effects of being socially withdrawn on depression, anxiety, and self-esteem, and the gender differences within these effects.

Children can become or are socially withdrawn for many different reasons, both biological and environmental. In a biological sense, socially withdrawn children often display right frontal electroencephalogram (EEG) asymmetries, lower cardiac vagal tones, and higher levels of cortisol (Doey et al., 2014; Rubin et al., 2009). Since social withdrawal can be associated with underlying biological factors, it is often stable across time; children that show to be withdrawn at a younger age maintain this behavior through adolescence and early adulthood (Hoekstra et al., 2008; Rubin et al., 2009). However, there are many environmental factors that can reinforce or maintain a child's socially withdrawn behavior as well (Rubin et al., 2009). Overprotective parenting is one of these factors that can have a large impact on socially withdrawn children. Since some parents do a lot to protect their child, the child is discouraged to develop certain problem-solving skills and a sense of independence, which can lead to the child becoming increasingly inhibited. As a result, the parents may attempt to be more supportive towards the child, making them even more overprotective. This vicious cycle of overprotective parenting can lead to a child becoming increasingly withdrawn (Rubin et al., 2009). Peer rejection and isolation can also impact a child's withdrawn behaviors. Peers may feel that socially withdrawn children are less interested in them, which often results in peers disliking or rejecting these children more frequently (Ladd, 2006; Rubin et al., 2009). This rejection and isolation from the peer group may in turn evoke more withdrawn behaviors from the child,

because of a fear of more rejection or victimization (Rubin et al., 2009). Similar to overprotective parenting, peer rejection and isolation can result in a coercive cycle, increasing the child's withdrawn behaviors.

Since humans have a basic need for affiliation or belongingness, being socially withdrawn can have negative impacts on a child's current and future well-being. Socially withdrawn behavior is well-researched and can have a negative impact on depression, anxiety, and self-esteem (Coplan et al., 2013; Coplan et al., 2017; Doey et al., 2014; Grose & Coplan, 2015; Ladd, 2006; Rubin et al., 2009). Not surprisingly, children that have an increased level of anxiety as a result of their withdrawn behaviors often experience social anxiety (Coplan et al., 2013; Coplan et al., 2017). This form of anxiety is likely to have a cyclical relationship with withdrawn behaviors. Anxiety can decrease by interacting less and avoiding peers more, which leads to the child withdrawing themselves more from social interactions. However, being more withdrawn can impact the children's social skills development resulting in them being increasingly more anxious in social situations (Rubin et al., 2009). Overall, being socially withdrawn can increase one's levels of anxiety significantly (Coplan et al., 2013; Coplan et al., 2017; Doey et al., 2014; Grose & Coplan; Ladd, 2006; Rubin et al., 2009). As mentioned, being socially withdrawn can increase the rejection and isolation of one's peers (Ladd, 2006; Rubin et al., 2009). This rejection and isolation in particular seem to impact the child's self-esteem, loneliness, and levels of depression the most. When they are rejected by their peers, these children develop negative thoughts and feelings of themselves resulting in an increased state of depression and loneliness (Rubin et al., 2009).

As stated previously, the effects of socially withdrawn behavior on several aspects of one's well-being is well-researched. However, the gender differences within these effects of

socially withdrawn behavior have been researched less and findings have been inconclusive. Research conducted on these gender differences often found that shyness-withdrawal is more prevalent in girls than boys, but that it seems to have more negative outcomes for boys than girls. Boys often describe themselves as lonelier and are found to have more internal problems, such as anxiety, depression, and a low self-esteem as a result of social withdrawal (Doey et al., 2014; Rubin et al., 2009; Zdebik et al., 2019). Besides that, boys often experience larger delays in social roles, such as marriage, having a stable career, and having their first child as a result of withdrawn behavior (Grose & Coplan, 2015; Rubin et al., 2009). This can be the result of the more traditional gender roles in which boys are to display toughness and dominance. Shyness in boys is often discouraged by parents resulting in more negative interactions. In addition, boys are more often rejected and excluded by peers as a result of displaying socially withdrawn behavior. Because society is less accepting of shyness in boys, it often takes a greater toll on the boys' emotional well-being than it does on their female peers (Doey et al., 2014). However, since the main reason that boys seem to have more difficulties is because of the societal norms, these findings may change over time considering the erosion of traditional gender norms in western cultures (Asendorpf et al., 2008). Besides this change in gender norms, other findings actually suggest that girls seem to have more internal difficulties as a result of withdrawn behavior (Grose & Coplan, 2015). This may be because girls tend to hold the evaluations of their peers in high regards, putting girls at an increased risk for internalizing problems as a result of withdrawn behavior (Rudolph & Conley, 2005). To conclude, findings differ in the gender differences of social withdrawal on internalizing problems, such as anxiety, self-esteem, and depression, and should be researched further to make more definitive statements.

The present study focused further on the effects of socially withdrawn behavior on depression, anxiety, and self-esteem, and the gender differences within these effects. I looked to confirm previous research on the effects of socially withdrawn behavior on depression, anxiety, and self-esteem, hypothesizing that socially withdrawn children will experience more negative impacts on all of these variables compared to non-withdrawn children. As mentioned, the gender differences within these effects should be researched more considering the mixed and inconclusive findings in past research. This study looked to fill this gap by looking at the gender differences within the effects of socially withdrawn behavior on depression, anxiety, and self-esteem. Even though past research is inconclusive, many have found a more negative impact for boys (Doey et al., 2014; Rubin et al., 2009; Zdebik et al., 2019). For this reason, it was hypothesized that socially withdrawn behavior will result in more depression and anxiety, and a lower self-esteem for boys than girls.

The present study analyzed data collected by Olthof et al. (2011), who looked at bullying behaviors in schools. Their study was called the Dutch Consort on Bullying (DCOB). The data within this study were collected in 2006 and included students from 53 fourth, fifth, and sixth grade classrooms from 17 Dutch schools. These participants answered questionnaires including depression, anxiety, somatic complaints, social acceptance, self-esteem, victimization, social withdrawal/isolation, bullying, number of friends, and social status. Since not all participants from Olthof and colleagues (2011) completed these measures, a subsample (n = 650) of the original sample will be used. The participants and measures used within the study will be further explained.

Method

Participants

This study used a subsample of the original data, since not all original participants completed each questionnaire pertaining to this study. This subsample contained 650 students (330 boys and 320 girls) from 30 classrooms in eight different Dutch schools. All students filled in the required questionnaires and were then grouped as socially withdrawn, non-withdrawn or were not included in any further analyses. This resulted in a total of 215 participants that were used in this study's analyses. Of these 215 participants, 53 were in fourth grade, 83 in fifth grade, and 79 in sixth grade. A majority of these participants had Dutch parents (80%), while the remaining participants had at least one parent who was born in Turkey, Morocco, Iran, Sri Lanka, or a different European country. The socio-economic status of the participants was mixed. Fifty-nine students (21 boys and 38 girls) were classified as socially withdrawn (M_{age} = 11 years and 3 months, SD = 10 months), while 156 students (74 boys and 82 girls) were classified as non-socially withdrawn (M_{age} = 11 years and 3 months, SD = 11 months). How these students were grouped is further explained under Revised Class Play (RCP).

Measures

Revised Class Play (RCP)

The Revised Class Play (RCP) is a measure used to assess a child's behavioral difficulties in peer interactions (Masten et al., 1985). Students are instructed to be directors of an imaginary play and to select classmates for various roles. These roles are a variety of behavioral descriptions that will divide students into three different behavioral scales; aggressive-disruptive (e.g., "Gets into a lot of fights" or "Talks a lot"), sociability-leadership (e.g., "Someone you can trust"), and sensitive-isolated/anxious-withdrawn (e.g., "Often left out"). The original RCP

contains 15 negative and 15 positive behavioral descriptions (Masten et al., 1985). The RCP was extended with eight more items; four focusing on social reticence and four focusing on immature or impulsive behavior for a total of 38 items (see Aleva et al., 2015).

The current study only used 20 out of the 38 items from the extended RCP (Aleva et al., 2015). The behavioral scale "aggressive-disruptive" was not included within this study, since I was only interested in determining the levels of social withdrawal. Besides that, a factor-analysis was conducted by Aleva including several studies that used the RCP to determine which of the remaining items would be most beneficial to use within this study (Aleva et al., 2015; Wojslawowicz Bowker et al., 2006; Younger et al., 2002). The remaining items used for this study can be divided into three subcategories; seven items related to a child's level of peer isolation/rejection (e.g., "Someone who is often playing by themselves in the playground"), seven items related to shyness/withdrawal (e.g., "Someone who never talks or talks very quietly"), and six items for prosocial behaviors (e.g., "Someone who is polite"). The Cronbach's alpha showed a good reliability for each subscale, $\alpha = 0.90$ for isolation/rejection, $\alpha = 0.86$ for shyness/withdrawal, and $\alpha = 0.86$ for prosocial behaviors. This modified version of the RCP – Aleva version was used in this study to determine if a child is socially withdrawn.

Within this study, children were asked to nominate at least one child within their classroom for each given role. Once each child nominated children within their class, the nominations given to each individual child for each specific role were added. This score showed how many times a child was nominated for each given role. Then, for each role, the number of nominations were divided by the number of nominators minus one to adjust for variation in the number of children who participated. To get a score for each subscale, the scores of each related question were added. This gave a total score for each participant on each subscale. Then, to

determine if a child is socially withdrawn, I used standard deviations. Overall, a child is more socially withdrawn if they scored one standard deviation higher than their peers on peer rejection/isolation and shyness/withdrawal, and one standard deviation below their peers on prosocial behaviors. If the child scored at least one standard deviation from the mean compared to their peers in two out of the three subscales, they were classified as socially withdrawn. An exception was made if a child scored two or more standard deviations above the mean in the shyness or isolation subscale. When this occurred, the child was automatically classified as socially withdrawn even if they did not meet the criteria in the other two subscales. To classify a child as non-socially withdrawn, the child had to score below the mean in the shyness/withdrawal and isolation/rejection subscale, while also scoring above the mean in the prosocial subscale. Participants who did not fit within either of these categories were eliminated from further analyses. In accordance to these criteria, 59 (21 boys and 38 girls) participants were classified as socially withdrawn, 156 (74 boys and 82 girls) participants were classified as non-socially withdrawn, and the remaining 435 students were not included any further.

Revised Child Anxiety and Depression Scale - 25 (RCADS - 25)

The Revised Child Anxiety and Depression Scale (RCADS) is a measure used to assess symptoms of DSM-defined anxiety or depression (Muris et al., 2002). The original scale consists of 47 items on a 4-point Likert scale ranging from 0 (*never*) to 3 (*always*). These items are divided into six subscales; obsessive-compulsive disorder (OCD; e.g., “I have to do things over and over again”), social phobia (SP; e.g., “I am worried about what others think of me”), general anxiety disorder (GAD; e.g., “I worry about things happening to me”), major depressive disorder (MDD; e.g., “I feel sad or empty”), separation anxiety disorder (SAD; e.g., “I am scared to sleep alone”), and panic disorder (PD; e.g., “When I have a problem, I feel shaky”). The current study

used the RCADS-25, which is a shortened version containing 25 items instead of 47 (Muris et al., 2002). This version contains five subscales, removing OCD from the previously mentioned subscales, of which each subscale contains five items. The Cronbach's alpha showed an acceptable reliability for each subscale; $\alpha = 0.75$ for SP, $\alpha = 0.74$ for GAD, $\alpha = 0.66$ for MDD, $\alpha = 0.68$ for SAD, and $\alpha = 0.69$ for PD. To score each child on the five different subscales, all the scores of the items pertaining the specific subscale were added and that score was divided by the number of items within that subscale. The scores on these five subscales were used to look at the different forms of anxiety and depression within the children in this study.

Competentiebelevingsschaal voor Kinderen (CBSK). Subscale "Sense of self-worth".

The Competentiebelevingschaal voor Kinderen (CBSK; Veerman et al., 1997), or the self-perceived competence scale for children, measures how children perceive themselves and rate themselves on several skills. The questionnaire includes 36 items divided into six subscales; school skills, social acceptance, athletic skills, behavioral attitudes, physical appearance, and sense of self-worth (Competentiebelevingsschaal voor Kinderen, n.d.). For the purposes of this study, only the subscale "sense of self-worth" was included to determine each child's overall level of self-esteem. Cronbach's alpha showed that this subscale has a good reliability within this study, $\alpha = 0.80$. For each individual item, the children were asked to pick from two alternatives and then determine if it was slightly true or completely true. An example of an individual item used is; "Some children are often dissatisfied with themselves, but other children are pretty satisfied with themselves". The child then decides if the first or second alternative describes them better and if it is "slightly true" or "completely true". The scores for each item ranged from 1 to 4. In each item, 1 was *completely true* and 2 was *slightly true* for the first alternative, and 3 and 4 were *slightly true* and *completely true* for the second alternative, respectively. According

to the given example, a higher score would in that case mean a better sense of self-worth. However, some items stated the more 'positive' alternative first, such as item six; "Some children are satisfied with themselves as a person, but some children are not satisfied with themselves as a person". In this item, a higher score would mean a lower sense of self-worth. For this reason, the scores on the items stating the more positive alternative first were recoded. Scores on these items were reversed so that a 1 would be recoded as a 4, a 2 as a 3, and the same the other way around. After the recoding, all the scores of the items were added to give a general score on sense of self-worth. The higher the score, the higher the child's sense of self-worth or self-esteem was.

Procedure

As mentioned, this study used secondary data originally collected by Olthof et al. (2011). The study was called the Dutch Consort on Bullying (DCOB) and looked at bullying behaviors in schools. The data were collected in 2006 and included participants from 53 different fourth, fifth, and sixth grade classrooms from 17 Dutch schools. Before informing parents, the cooperation of the schools and teachers involved was obtained. Then, parents from each child (n = 1280) received a letter describing the study's aim and procedures. Parents could then actively refuse participation (n = 51) by returning a preprinted objection or passively consent (n = 1229) by not responding. Participants were then made familiar with the aims of the study and were also given the opportunity to not participate, but no participant used this opportunity. Participants were informed that all information given would be confidential and they could stop participating at any time during the study, but again, no participant did so. The remaining 1229 students (621 boys and 608 girls) who participated answered questionnaires including depression, anxiety, somatic complaints, social acceptance, self-esteem, victimization, social withdrawal/isolation,

bullying, number of friends, and social status. These questionnaires were administered in several different settings; the written questionnaires were administered in the classroom and done with the whole class at once, while other questionnaires where nominations had to be given, such as the RCP, were done individually in a separate room within the school. They were administered by research assistants who were trained by the authors in several sessions that included role playing the interviews. During these interviews, participants were given a list of their classmates that functioned as a reminder in making their nominations on the various questionnaires.

The current study received permission to use these data from one of the authors in Olthof et al. (2011). Then, permission was asked and granted by the Student Ethics Review and Registration Board from Utrecht University to ensure this study was conducted in a responsible manner.

Results

Data Analysis

A MANOVA was used as the statistical measure to assess if socially withdrawn children experience more depression, anxiety, and a lower self-esteem than non-withdrawn children, and to investigate possible gender differences of socially withdrawn children on depression, anxiety, and self-esteem. In this MANOVA, sex and social withdrawal were used as the independent variables, while self-esteem and the five different forms of anxiety and depression were included as dependent variables. In addition to that, age was incorporated as a control variable. If the Wilks' Lambda was found to be significant, separate ANOVAs were conducted to see where the significance difference lied. All descriptive statistics are shown below in Table 1.

Assumptions

At the beginning of the MANOVA, the assumptions were checked before continuing the research. The Box-*M* showed to be significant ($p < 0.01$) meaning that we could not assume equal covariance matrices. However, Allen and Bennet (2008) stated that when group sizes are over 30, the MANOVA is robust against violations of the homogeneity of variance-covariance matrices assumption. Since all group sizes were over 30, this assumption could be disregarded and the research could be continued. Then, the Levene's test was run to see if we could assume equal variance for all measures. The Levene's test showed no significance for the CBSK or the RCADS-25 ($p > 0.01$), meaning we could assume equal variance for depression, anxiety, and self-esteem.

Table 1

Descriptive Statistics of Sex and Social Withdrawal

	Sex	Socially withdrawn or Non-Withdrawn	Mean	Std. Deviation	N
Generalized Anxiety Disorder	Boy	Withdrawn	.84	.50	21
		Non-Withdrawn	.69	.59	74
		Total	.72	.57	95
	Girl	Withdrawn	.66	.64	38
		Non-Withdrawn	.71	.59	82
		Total	.70	.60	120
	Total	Withdrawn	.73	.60	59
		Non-Withdrawn	.70	.59	156
		Total	.71	.59	215
Separation Anxiety	Boy	Withdrawn	.28	.31	21
		Non-Withdrawn	.28	.32	74
		Total	.28	.32	95
	Girl	Withdrawn	.39	.49	38
		Non-Withdrawn	.46	.44	82
		Total	.44	.46	120
	Total	Withdrawn	.35	.44	59
		Non-Withdrawn	.37	.40	156
		Total	.37	.41	215
Social Phobia	Boy	Withdrawn	.85	.59	21

		Non-Withdrawn	.59	.49	74
		Total	.65	.52	95
	Girl	Withdrawn	.72	.56	38
		Non-Withdrawn	.59	.54	82
		Total	.63	.55	120
	Total	Withdrawn	.77	.57	59
		Non-Withdrawn	.59	.52	156
		Total	.64	.53	215
Panic Disorder	Boy	Withdrawn	.49	.49	21
		Non-Withdrawn	.30	.30	74
		Total	.34	.36	95
	Girl	Withdrawn	.39	.50	38
		Non-Withdrawn	.35	.43	82
		Total	.37	.45	120
	Total	Withdrawn	.42	.50	59
		Non-Withdrawn	.33	.37	156
		Total	.36	.41	215
Major Depressive Disorder	Boy	Withdrawn	.73	.48	21
		Non-Withdrawn	.52	.39	74
		Total	.56	.42	95
	Girl	Withdrawn	.63	.51	38
		Non-Withdrawn	.50	.36	82
		Total	.55	.42	120
	Total	Withdrawn	.67	.50	59
		Non-Withdrawn	.51	.37	156
		Total	.55	.42	215
Total Self-Esteem Score	Boy	Withdrawn	18.14	4.902	21
		Non-Withdrawn	20.28	3.292	74
		Total	19.81	3.785	95
	Girl	Withdrawn	18.11	3.882	38
		Non-Withdrawn	20.39	3.506	82
		Total	19.67	3.767	120
	Total	Withdrawn	18.12	4.231	59
		Non-Withdrawn	20.34	3.395	156
		Total	19.73	3.767	215

Note. First five measures are from the RCADS-25, last measure from the CBSK.

Age

Age was incorporated within this study as a control variable. Age was not directly related to the research question, however the children within this age group are in full development,

including their socio-emotional development. This can lead to significant differences in social withdrawal or even levels of anxiety, depression, and self-esteem. To make sure age did not affect any of the other outcomes, it was incorporated as a control variable. Age was not found to be significant in multivariate space based on the Wilks' Lambda = .97, $F(6, 204) = .99$, $p = .435$. This shows that age did not have a significant effect on anxiety, depression, or self-esteem. Because of this, age was not included in any further analyses.

Gender Differences

The interaction effect between social withdrawal and gender on depression, anxiety, and self-esteem was not significant based on the Wilks' Lambda = .99, $F(6, 206) = .35$, $p = .910$. This shows that there is no significant difference between socially withdrawn boys and girls on depression, anxiety, or self-esteem. These findings do not support the hypothesis that socially withdrawn boys will have more internal problems than socially withdrawn girls. Even though the hypothesis was rejected, the descriptive statistics do reveal some interesting findings. Girls were shown to experience more GAD symptoms when they were not socially withdrawn ($M = .71$) compared to when they were socially withdrawn ($M = .66$), while boys showed more symptoms of GAD when socially withdrawn ($M = .84$) compared to boys who were not socially withdrawn ($M = .69$) (see Table 1). These results may not be significant, but are interesting for future research to investigate more. Since the interaction effect was not significant, the MANOVA was run again without including the interaction effect. Results of this MANOVA are further explained below.

Depression, Anxiety, and Self-Esteem

Social withdrawal was found to have significant differences between the levels of anxiety, depression, and self-esteem in multivariate space based on the Wilks' Lambda = .89,

$F(6, 207) = 4.2$, $p = .001$, $n^2 = .11$. The various conditions had a medium effect size. Since the MANOVA results were significant, separate ANOVA tests were conducted. A significant difference was found for social phobia (SP), $F(1, 213) = 4.7$, $p = .031$, $n^2 = .02$, which is a small effect size. This shows that socially withdrawn children ($M = .77$) scored significantly higher on SP than non-socially withdrawn children ($M = .59$), which means that they display significantly more symptoms of SP. Another significant difference was found for major depressive disorder (MDD), $F(1, 213) = 6.2$, $p = .013$, $n^2 = .03$, which is a small effect size. The scores on MDD were significantly higher for the socially withdrawn group ($M = .67$) than the non-socially withdrawn group ($M = .51$), showing that children who were more socially withdrawn experienced significantly more symptoms of MDD. Lastly, a significant difference was found for the CBSK total self-esteem scores, $F(1, 213) = 15.9$, $p < .001$, $n^2 = .07$, which indicates a small to medium effect size. The scores on self-esteem were significantly lower for the socially withdrawn group ($M = 18.12$) than the non-socially withdrawn group ($M = 20.34$), meaning that the children who were more socially withdrawn had a significantly lower self-esteem than the children who were not socially withdrawn. There was no significant difference found for the general anxiety disorder (GAD), separation anxiety disorder (SAD), and panic disorder (PD) scores. This shows that socially withdrawn children did not score significantly different in regards to these anxiety scales compared to their non-socially withdrawn peers. Overall, these findings partially support the hypothesis that socially withdrawn children will suffer more from depression, anxiety, and low self-esteem, since socially withdrawn children appear to have more symptoms of SP and MDD, and have a lower self-esteem.

Discussion

The overall findings of this study show that children who are more socially withdrawn have a significantly lower self-esteem and show significantly more symptoms of social phobia (SP) and major depressive disorder (MDD), but do not suffer significantly more from general anxiety disorder (GAD), separation anxiety disorder (SAD), and panic disorder (PD). These findings support the first hypothesis that being socially withdrawn has more negative impacts on depression, anxiety, and self-esteem. Besides that, results showed that there is no significant difference between socially withdrawn boys and girls when it comes to self-esteem, depression, and anxiety, which rejects the second hypothesis of this study. However, an interesting finding was that boys did have more symptoms of GAD when socially withdrawn, while girls had fewer symptoms of GAD when socially withdrawn, however, this effect was not significant.

Gender Differences

The study showed no significant differences between socially withdrawn boys or socially withdrawn girls on depression, anxiety, or self-esteem. The findings on these gender differences in social withdrawal are not in line with previous research on this topic. Earlier research often found that socially withdrawn boys experienced more loneliness, a lower self-esteem, and displayed more symptoms of depression and anxiety compared to socially withdrawn girls (Doey et al., 2014; Rubin et al., 2009; Zdebik et al., 2019). A possible explanation given in research is that boys are expected to display more toughness and dominance in society, while girls are ‘supposed’ to be quieter (Doey et al., 2014). However, these gender norms are slowly fading within society, since a lot of people, mostly younger adults, have different opinions on these traditional viewpoints (Asendorpf et al., 2008). Even though the data used in this study were collected in 2006, this erosion of traditional gender norms may be an explanation as to why there

were no significant differences found within this study. Future research could look into these gender differences and the views on traditional gender norms while using more recent data.

Depression, Anxiety, and Self-Esteem

Anxiety

This study showed that being socially withdrawn does not have a negative impact on GAD, SAD, and PD. However, children who were socially withdrawn did suffer more from social anxiety compared to their non-socially withdrawn peers. This finding confirms previous research on how socially withdrawn students often experience more anxiety in the form of social anxiety (Coplan et al., 2013; Coplan et al., 2017; Rubin et al., 2009). This relationship between social anxiety and social withdrawal is often cyclical in nature. Students who are more socially withdrawn often do not experience a normal development of social skills, since they remove themselves from social interactions. This increased deficiency in social skills may elicit even more fear to interact with others. Similarly, children who fear social interaction will most likely avoid social interaction more, since this lowers their anxiety, making them more socially withdrawn (Rubin et al., 2009).

Depression

The findings within this study showed that children who are more socially withdrawn show significantly more symptoms of MDD. These findings confirm past research of socially withdrawn behavior on depression (Coplan et al., 2013; Coplan et al., 2017; Coplan & Rubin, 2008; Doey et al., 2013; Grose & Coplan, 2015; Ladd, 2006; Rubin et al., 2009). Socially withdrawn or shy children often have difficulties connecting to their peers and experience more

peer rejection and isolation (Ladd, 2006; Rubin et al., 2009). This peer exclusion/isolation seems to elicit more depressive symptoms in socially withdrawn children (Gazelle & Ladd, 2003; Rubin et al., 2009). As a result of the rejection, these children will feel lonelier and start to develop more negative thoughts about themselves, making it easier to fall into a depressed state. Furthermore, socially withdrawn children that experience depression also seem to be rejected more than socially anxious children. Children often feel more empathy for anxious peers, while socially withdrawn children with depression are rejected more, since most peers view depressive behaviors within a person's realm of control. As a result, peers feel more sympathy for socially anxious children than for the children who experience social withdrawal accompanied by depression (Rubin et al., 2009). This shows another vicious cycle between depression and peer rejection that should be interrupted to help a child who displays socially withdrawn behaviors.

Self-Esteem

Lastly, within this study, children who were socially withdrawn had a significantly lower self-esteem than the children who were not socially withdrawn. This finding also confirms past research of socially withdrawn behaviors on self-esteem (Coplan et al., 2013; Coplan et al., 2017; Coplan & Rubin, 2008; Doey et al., 2013; Grose & Coplan, 2015; Ladd, 2006; Rubin et al., 2009). Self-esteem is closely related to both depression and anxiety or social anxiety. These developments of negative self-thoughts in socially withdrawn children are often a result of a combination of variables, such as the failure in social interactions or peer rejection (Rubin, 2009). As mentioned, social anxiety occurs frequently within socially withdrawn children, which may result in a deficit of social skills. This deficit can lead to more shortcomings within social interactions resulting in a lower self-esteem within these children. Besides that, the peer rejection or isolation that socially withdrawn children experience can result in negative self-thoughts.

Overall, socially withdrawn children are at a higher risk of developing a negative self-esteem, including negative self-perceptions on social skills and peer relations (Rubin, 2009).

Limitations and Future Research

There are some strengths to this study. The first strength of the study is the grouping of the students as withdrawn or non-withdrawn. By establishing criteria for both groups instead of just for the social withdrawal group, there was a clear difference in withdrawal between both groups. This made results on social withdrawal more reliable. Besides that, the instruments used showed good overall reliability, which made results on these measures more reliable. Lastly, the use of the MANOVA decreased the chance of error compared to using separate ANOVA's, which made it a more reliable statistical measure to use.

There are also a few limitations within this study. The first limitation is the use of an unbalanced sample. As mentioned, many students are Dutch (80%). This makes it hard to generalize the results to a more culturally diverse population, since they can only be generalized to Dutch students ages 9 to 13. Future research could try to incorporate different cultural backgrounds, since the results may vary across different cultures. For example, in more collectivistic cultures, such as China or Japan, social withdrawal or shyness is valued and is associated with more positive outcomes, including better relationships and well-being (Chen et al., 1992).

Another limitation within this study is that the data were collected 15 years ago. As mentioned, this study did not find any gender differences in the effects of social withdrawal on depression, anxiety, and self-esteem, which may be explained by the erosion of traditional

gender norms in modern society. However, since the data are from 15 years ago, it may be hard to say that this is the reason as to why no significant differences were found, since this erosion of traditional gender norms is a new and modern concept. Future research could benefit from looking into these gender differences further while using more current data to see if this erosion of traditional gender norms may be an explanation as to why socially withdrawn boys do not experience more internal difficulties than girls in modern society.

Overall, future research could look into the differences in social withdrawal and the effects of it within different cultures. Besides that, it can investigate if the lessening of gender differences in the effects of social withdrawal on depression, anxiety, and self-esteem can be explained by changes in traditional gender norms in modern society by using more recent data.

Professional Applications

Findings within this study may be helpful to teachers or other professionals that work with children on a day-to-day basis and may encounter socially withdrawn children. Since social withdrawal can be involved in many different vicious cycles, such as with peer rejection/isolation, social anxiety, or overprotective parenting (Rubin et al., 2009), it is important for professionals to interrupt these cycles. Several behavioral and cognitive-behavioral approaches can be used to interrupt these cycles, such as exposure techniques, social skills training (SST), and peer-mediated practices (Greco & Morris, 2001). Licensed professionals can use techniques like exposure and SST to help students with more severe shyness, social withdrawal, or social anxiety to help prevent further internal difficulties, such as anxiety, depression, and a lower self-esteem. Teachers could help in a more preventative manner by using peer-mediated practices by pairing children who experience social difficulties with students who are well-liked and sociable, and having them engage in social interactions (Greco & Morris,

2001). This may help prevent or decrease social withdrawal within these children, which can help interrupt or prevent these vicious cycles mentioned.

Conclusion

To conclude, this study found that socially withdrawn children have a significantly lower self-esteem and significantly more symptoms of social phobia and major depressive disorder compared to their non-withdrawn peers. However, no significant differences were found in symptoms of panic disorder, generalized anxiety disorder, or separation anxiety disorder. Additionally, no significant differences were found between socially withdrawn boys and socially withdrawn girls on depression, anxiety, and self-esteem. Results of this study can be applied by teachers and other professionals who encounter socially withdrawn children. Future research could try to incorporate a more diverse sample while using data which is collected more recently. Overall, it is important that this basic human need to belong is fulfilled to decrease the likelihood of any negative impacts on a person's well-being.

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