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Socially Withdrawn Children: Actual Versus Perceived Peer Acceptance

Marie-Hélène Gavinski Molina

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Abstract

The goal of the present study was to examine and directly compare actual peer acceptance and perceived peer acceptance in peer-identified withdrawn, aggressive, and nondeviant children. The children also rated how important it was for them to be liked by each of their peers. It was hypothesized that withdrawn children would underestimate their degree of acceptance in the peer group and would rate importance of peer acceptance higher compared to aggressive and nondeviant children. Children's self-reported social anxiety was also explored as a way of examining its effect on their perceptions of how they thought they were perceived by their peers. Participants included 479 children from Grades 3, 5, and 7 from middle-class elementary and junior high schools in the Western Québec School Board. These children completed a peer assessment measure of social behaviour, a self-report measure of social anxiety, and sociometric rating measures of peer acceptance ("actual" peer acceptance, "perceived" peer acceptance, and "importance" of peer acceptance). Using a peer assessment measure of social behaviour, three groups of children were identified: (1) withdrawn ($n = 68$); (2) aggressive ($n = 70$); and (3) nondeviant ($n = 242$). When directly comparing children's actual versus perceived peer acceptance, contrary to our hypothesis, results showed no significant difference for withdrawn children. Conversely, aggressive children perceived themselves to be significantly better liked by their peers than they actually were, while results showed that nondeviant children were significantly better liked by their peers than they perceived themselves to be. The results also showed that aggressive children believed it was significantly less important for them to be liked by their peers compared to withdrawn children. Moreover, withdrawn children had significantly higher scores on social

anxiety (i.e., social anxiety total score, and social avoidance and distress specific to new peers or situations and general situations) than aggressive or nondeviant children.

Implications of the present findings and directions for future research are discussed.

Dedicated in loving memory of my dad.
I know that he would be very proud of me.

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Socially Withdrawn Children: Actual Versus Perceived Peer Acceptance

Interacting with peers plays a very important role in children's development. Through peers, children learn what is appropriate behaviour and what is not, as well as how to interact and share with others. They also learn various cognitive and physical skills (Grusec & Lytton, 1988). Peers, therefore, are instrumental for learning various abilities and skills that children will need throughout their lives. For instance, Piaget (1932) suggested that playing with peers during early childhood provided opportunities for developing reciprocal and egalitarian relationships through which the children would learn to experience negotiation and conflict. This suggests that as a function of their peer relations, children would develop cognitive skills and social skills.

How children interact with peers differs from child to child, as well as from situation to situation. Regardless of the type of interaction style, however, what appears to be important is the quality of peer relationships. Indeed, quality of peer relationships is associated with future socioemotional adjustment (for a review, see Rubin, Bukowski, & Parker, 2006). In particular, it seems that children who are socially withdrawn or who are aggressive, and who have problems in their peer relationships, may be at risk for later problems.

Social withdrawal and aggression are important areas of study because of the impact these forms of behaviour can have on children's psychological and social development (Parker & Asher, 1987; Rubin & Asendorpf, 1993). However, for many years, children who were socially withdrawn (i.e., children who did not play a lot with others) were not considered to be at risk for later problems (Ensminger, Kellam, & Rubin, 1983). Withdrawn children, in contrast to aggressive children, have been systematically understudied by researchers over the years. There are a number of reasons for this phenomenon. Children

who are withdrawn tend to engage in behaviours that are less “overt” than children who are aggressive; their behaviour is seen as less problematic by their teachers and their peers. Shy, withdrawn, isolated behaviour is seen as being problematic only for the child in question. Withdrawn behaviour is not directed at any peer, nor does it hurt any peer.

Researchers have begun to examine more closely children who are shy, withdrawn, and isolated. What has been found is that aggressive children are not the only ones who are at risk for later problems: withdrawn children may also be at risk (e.g., Rubin, LeMare, & Lollis, 1990). Children who are withdrawn and isolated are more likely to demonstrate internalizing problems, such as depression, loneliness, anxiety, and low self-esteem which can have detrimental effects on a child’s social development (Burgess & Younger, 2006; McDougall, Hymel, Vaillancourt, & Mercer, 2001; Rubin, 1993a; Rubin & Burgess, 2001; Rubin et al., 1990). In addition, by continually withdrawing from the peer group and engaging in more solitary types of play, withdrawn children may eventually lag behind in the development of social skills (Coplan, Gavinski Molina, Lagacé-Séguin, & Wichmann, 2001).

It has been suggested that social anxiety might underlie a child’s tendency towards displaying socially withdrawn behaviour. Past research (Hymel, Bowker, & Woody, 1993; Rubin, 1985; Rubin & Mills, 1988) has found that some correlates of social withdrawal include anxiety, loneliness, low self-esteem, and negative self-perceptions regarding one’s competence in the social domain as well as with their interpersonal relationships. There has been relatively little research, however, regarding the link between social anxiety and the display of socially withdrawn behaviour in children. The majority of the research on social anxiety is found within the adult literature. Indeed, whereas social anxiety has been recognized as important in the understanding of psychological functioning and interpersonal

behaviour in adults, the research on social anxiety in children is still only in its early stages (La Greca & Lopez, 1998).

In the following pages, theoretical and conceptual issues concerning social withdrawal and social anxiety in children will be discussed.

Defining Social Withdrawal

Social withdrawal is a term that encompasses numerous conceptual and definitional difficulties. That is, the term withdrawal has been used interchangeably with sociometric neglect, rejection, inhibition, and reticence (Rubin & Asendorpf, 1993). One of the possible reasons for this difficulty in defining social withdrawal is that there are different facets or subtypes of withdrawn behaviours.

In this regard, Asendorpf (1990, 1991), described three different underlying causes as to why children may play alone, based on an approach-avoidance mechanism. According to Asendorpf (1990), some children play alone because they prefer solitude to interacting/playing with other children. He describes these children as unsociable. These are children that prefer to play alone with toys rather than play with other children. These children are thought to be more object-oriented rather than people-oriented (Rubin, Maioni, & Horning, 1976). These children are described as having a low social approach but not necessarily a high social avoidance motivation (Rubin & Asendorpf, 1993).

In contrast, Asendorpf (1990) described a shy child as one who is caught in this approach-avoidance mechanism. That is, he/she wants to join in the play with other children but at the same time he/she hesitates to do so especially when it is a novel situation for him/her. This hesitation may be because of a fear of strangers (e.g., fearful shyness – Buss,

1986) or because of a fear of being evaluated (e.g., self-conscious shyness – Asendorpf, 1989).

Finally, according to Asendorpf (1990) some children demonstrate low social avoidance and high social approach motivations. These children seem to not be isolating themselves from others but might actually be isolated by other children. He termed these children socially isolated (Asendorpf, 1990). These children tend to engage in more solitary-active forms of play behaviours (e.g., solitary-dramatic play) which might lead them to being rejected by others (Coplan & Rubin, 1998; Rubin & Mills, 1988)

Therefore, in order to reduce confusion, for the purposes of the present study, the term “social withdrawal” will be used as the umbrella term under which two of the three forms of behavioural solitude previously described will be included. The present study will only focus on examining children who are isolating themselves from the peer group. That is, the focus will be on children who are withdrawn because they are asocial (unsociable) as well as those who are withdrawn because they are socially anxious. The following section will examine the commonly used methods for assessing socially withdrawn children.

Assessing Social Withdrawal

Social withdrawal has been assessed using different methods. Most studies have either focused on how others (e.g., parents, teachers, and especially peers) perceive this behaviour (e.g., Younger, Schwartzman, & Ledingham, 1985, 1986) or used direct observations (e.g., Coplan, Rubin, Fox, Calkins, & Stewart, 1994; Rubin, 1982).

Direct observations. Rubin et al. (1990) argued that direct behavioural observations are the bases from which all other methods of assessing behaviour should be compared. For example, a commonly used measure used to assess the free-play behaviours in early and

middle-childhood was developed by Rubin (1989). The *Play Observation Scale (POS)* is a norm-based time-sampling measure which codes the children's behaviours during solitary, parallel, and/or group free play activities. The *POS* is a useful tool when observing target children who demonstrate behaviour which diverge from age-group norms (e.g., different types of social withdrawal or aggression) (Rubin et al., 2006).

Direct observations have several advantages over using other methods of assessments such as assessment by peers, teachers, or parents. First, direct observation has the greatest ecological relevance compared to the other methods as it directly observes the intended behaviour of the children. Second, it allows researchers to define a behaviour (e.g., social withdrawal) in an operational way. For instance, the number of times that a child engages in reticent behaviour (e.g., unoccupied and onlooking behaviours) when around other children. Third, compared to peers or teachers, unbiased observers can be trained to record detailed and specific aspects of behaviour in a more discrete manner.

Despite direct observation offering many advantages, there are some noteworthy disadvantages. First, compared to teacher or peer ratings, direct observations are less economical and less time-efficient. Second, if the children know they are being observed, they might engage in behaviour that is atypical for them such as engaging in more prosocial and less aggressive types of behaviours. Third, as children age, it becomes more difficult to naturally observe them during free-play, although advances in remote audio-visual recordings have allowed researchers to listen in on older children's conversations from afar (Rubin et al., 2006).

Peer assessments. A commonly-used method to examine children's interactions and behaviours with their peers has been to use other children as informants. Hymel and Rubin

(1985) have noted several advantages of using peers as informants. First, since children are an active part of the peer group, they have inside access and can therefore provide a viewpoint from within the group itself. Second, peers are able to view behaviours under longer and more diverse situations. Third, rater biases are reduced because peer reports are based on the perspectives of more than one child/observer who have had varied types of relationships with the child in question.

The two most commonly used peer assessment measures of social withdrawal are the *Revised Class Play (RCP)* (Masten, Morrison, & Pellegrini, 1985) and the *Pupil Evaluation Inventory (PEI)* (Pekarik, Prinz, Liebert, Weintraub, & Neale, 1976). Factor analyses of these two measures have yielded three similar behavioural factors. For the *PEI*, the three factors are: Likeability, Aggression, and Withdrawal. For the *RCP*, the three factors are: Sociability-Leadership, Aggressive-Disruptive, and Sensitive-Isolated.

The disadvantages of using peer assessment measures are that children's reputations in the peer group can bias the perceptions, and thus the ratings of their peers (Hymel, 1986). Second, it has been found that children's recall of their peers' behaviours and abilities may be influenced by situational factors such as the target child's gender, age, and sociometric status, as well as by the peers' own situational factors (e.g., age, gender, peer status, how much they like the target child) (e.g., Hymel, 1986).

Teacher and parental assessments. Other methods of evaluating socially withdrawn behaviours in children include the use of teacher or parent ratings. One advantage of using teacher or parent assessments is that data collection is less time-consuming and more efficient than when peer assessments or direct observations are used (Rubin et al., 2006). Moreover, because unlike peers, teachers are not part of the peer group, their observations

might be more objective than those of peers in assessing social behaviour. However, teachers (as well as parents) bring with them an adult perspective that may be based on different value judgments than the perspectives of children when evaluating social behaviours such as social withdrawal (Rubin et al., 2006). A second disadvantage is that since teachers are concerned with maintaining good classroom discipline, they might be more biased and underreport quieter, less disruptive behaviours compared to more aggressive types of behaviours. Thus, teachers might be better at observing aggressive types of behaviours than quieter, less disruptive behaviours (Rubin et al., 1990). As for concerns using parent reports, parents observe their children's behaviour in a more familial environment which may be quite different than their children's classroom-based behaviours.

Self-Perceptions of Socially Withdrawn Children

As discussed, the most common methods used for examining social withdrawal in children have either involved direct observation or focused on others' perceptions of this behaviour (e.g., peers, parents, and teachers). However, none of these methods allows us to assess the child's own perspective of his/her withdrawn behaviour. Studies that examine children's own perspectives about their social difficulties have been rather scarce, especially in the area of socially withdrawn children which has tended to rely more on others' reports (e.g., parents) and behavioural observations (Hymel & Franke, 1985; Spooner, Evans, & Santos, 2005). Although self-reports have been frequently used with adults (e.g., Zimbardo, 1986), they are thought to be less valid when used with children (Hymel & Franke, 1985; Spooner et al., 2005). Indeed, researchers have argued that one can only be confident about children's self-reports when those reports recognize attributes that are undesirable (Kagan, Hans, Markowitz, Lopez, & Sigal, 1982). Nevertheless, children's self-reports may be seen

as crucial to assessing their beliefs, feelings, and views about their behaviour and social situations (Hymel, Bowker, et al., 1993; McDougall et al., 2001). Understanding the child's perspective of his/her own problem behaviour such as social withdrawal may also be important for treatment purposes (Hymel, Woody, & Bowker, 1993). As such, a trend in the social development literature has been to develop measures that assess children's own perceptions of their social behaviour (see Cillessen & Bellmore, 1999; Hymel, LeMare, Ditner, & Woody, 1999). These measures assess social anxiety (Beidel, Turner, & Morris, 1995; Birmaher et al., 1997; Franke & Hymel, 1984; La Greca, Dandes, Wick, Shaw, & Stone, 1988; La Greca & Stone, 1993; Spence, 1998), loneliness and social dissatisfaction (Asher, Hymel, & Renshaw, 1984; Asher & Wheeler, 1985; Cassidy & Asher, 1992), perceived competence in various domains (Harter, 1982, 1985; Marsh, 1988; Marsh, Smith, & Barnes, 1983), and social efficacy (Wheeler & Ladd, 1982).

Given that socially withdrawn children may be at risk for internalizing problems (e.g., depression and loneliness – Coplan, Prakash, O'Neil, & Armer, 2004; Gest, 1997; Gest, Sesma, Masten, & Tellegen, 2006; Rubin et al., 1990), it would seem to be very important to examine more closely the perceptions and expectations that these children have of themselves. In this regard, Rubin and colleagues (Rubin, Hymel, & Mills, 1989; Rubin & Mills, 1988) conducted a longitudinal study that found a predictive relation between indices of passive withdrawal in Grade 2 and self-reported depression and loneliness in Grade 5. Rubin and colleagues concluded that it appears that lack of social interactions with peers is a risk factor for future internalizing difficulties, because such a lack indicates simultaneous difficulties in children's affect as well as how they view themselves (Rubin & Mills, 1988).

Rubin (1985) examined children who were consistently identified as "isolates" over a 3-

year period from kindergarten to Grade 2 and compared these children to average and sociable children. Sociometric status, self-perceptions, and problem-solving ability were examined. Children who were classified as “isolates” in Grade 2 had more negative perceptions regarding their competencies (social, cognitive, and general) compared to their more sociable peers. Moreover, these negative self-perceptions were found despite evidence that children classified as “isolates” were not disliked by their peers and were similar to their peers in their ability to think of solutions to social dilemmas. Thus, it seems that children who are socially withdrawn view their abilities in various domains in a more negative light than do average and sociable children.

Similar results have been found regarding the correlates of self-perceptions in preschoolers. Children’s low self-perceptions at an early age have been found to have concurrent and predictive associations with their social functioning (Coplan, Findlay, & Nelson, 2004). For instance, Verschueren, Marcoen, and Schoefs (1996) found that compared to kindergarten children who had negative self-perceptions, children who had positive views of themselves were rated by their teachers as more socially accepted by their peers, better adjusted to school, and more physically and cognitively competent. In a follow-up study, Verschueren, Buyck, and Marcoen (2001) found that compared to children who had negative self-perceptions, children with positive self-perceptions at 5 years of age reported higher levels of peer acceptance and global self-worth, and had more positive perceptions regarding their physical appearance at 8 years of age. Moreover, compared to children with negative self-perceptions at 5 years of age, those with positive self-perceptions were rated by their teachers as being more independent and better adjusted at school.

More recently, Coplan, Findlay, et al. (2004) examined and compared parental and peer relationships in preschoolers (42 to 72 months) who had “age normal” self-perceptions versus preschoolers that had “age-inappropriate” less positive self-perceptions. The children were individually interviewed in order to measure their perceived competence using the *Pictorial Scale of Perceived Competence and Social Acceptance for Young Children* (PSPCSA; Harter & Pike, 1984), their loneliness using the *Loneliness and Social Dissatisfaction Questionnaire for Young Children* (Asher & Wheeler, 1985; Cassidy & Asher, 1992), and their vocabulary as measured by the *Expressive-One-Word-Picture-Vocabulary Test* (EOWPVT; Gardner, 1990). In addition, teachers completed the *Child Behaviour Scale* (CBS; Ladd & Profilet, 1996) to measure ratings of child-peer relations while mothers completed the *Parenting Styles and Dimensions Questionnaire* (PSDQ; Robinson, Mandleco, Olsen, & Hart, 2001; Wu et al., 2002) to measure different parenting styles (i.e., authoritarian parenting, physical coercion, nonreasoning, permissive parenting, and items related to lack of follow through).

Results showed that compared to preschoolers who had “age-normal” self-perceptions, preschoolers with less positive self-perceptions were rated by their teachers as more likely to be excluded by their peers (but not more aggressive), as well as more socially withdrawn and anxious. Also, children with less positive self-perceptions rated themselves as lonelier than children with age-appropriate self-perceptions and had mothers who reported significantly more authoritarian parenting styles and permissive parenting styles. Therefore, it appears that just as with older children and adolescents, negative self-perceptions in preschoolers is associated with psychosocial difficulties (Coplan, Findlay, et al., 2004).

Hymel, Bowker, et al. (1993) examined whether subgroups of unpopular children (i.e., aggressive unpopular, withdrawn unpopular, and aggressive-withdrawn unpopular) as well as a group of average children, all of whom were in fourth and fifth grades differed in terms of peer perceptions and self-perceptions in various social and nonsocial areas (e.g., academic competence, social competence, and appearance). In terms of peer perceptions, the average children were viewed as near the mean for their class and gender group across all the social and nonsocial domains. Aggressive-withdrawn unpopular children were viewed as deficient in all the domains, whereas the withdrawn unpopular and aggressive unpopular children had some strengths (e.g., withdrawn unpopular children were rated by peers as behaving significantly better than aggressive unpopular children; aggressive unpopular children and average children were rated by peers as significantly less likely to be left out compared to aggressive-withdrawn and withdrawn unpopular children), as well as some weaknesses (e.g., as expected, withdrawn unpopular and aggressive unpopular children were rated as significantly less socially competent than average children) across the different domains. In terms of self-perceptions, the withdrawn unpopular children reported more negative (but accurate) self-perceptions of their interpersonal relationships and social competence than aggressive unpopular and aggressive-withdrawn unpopular children. On the other hand, the aggressive subgroups had a tendency to overestimate their competencies.

Renshaw and Brown (1993) examined the correlations of loneliness in Grade 3 through Grade 6 children. They collected data at three points in time during a 1-year time span. Their results indicated that concurrent and future loneliness was positively correlated with withdrawn social behaviour, and with having few or no friends and lower peer acceptance across the three time points. In addition, the researchers also examined attributional indices

of social functioning by asking the children questions based on two vignettes (i.e., why they thought a friend would stop playing with them or why someone in their class might stay away from them). Results indicated that withdrawn children tended to blame themselves for the social rebuke rather than an external circumstance, and these internal-stable attributions were positively related with concurrent loneliness and also contributed to the concurrent and longitudinal predictions of loneliness.

Rubin, Chen, and Hymel (1993) compared fifth grade aggressive, withdrawn, and average children on peer acceptance, a peer assessment of social behaviour, and self-report measures of loneliness and competence (i.e., cognitive, physical, behavioural conduct, social and general self-worth). Moreover, their teachers rated the children in terms of various behaviours such as assertive social skills, frustration tolerance, acting out, learning problems, and shy-anxious behaviour.

Their results revealed that compared to average children, aggressive and withdrawn children were less well accepted by their peers. In terms of teacher ratings, withdrawn children were rated by teachers as being less assertive and more shy-anxious, while aggressive children were rated as having more learning difficulties, having low tolerance for frustration, and as being high on hostility compared to average children. In terms of self-perceptions, withdrawn children perceived themselves to have lower physical competence than aggressive and average children. Rubin et al. (1993) also found that compared to withdrawn girls, withdrawn boys viewed themselves as lonely and lacking social skills compared to their aggressive and average counterparts. These results were thought to be indications of possible maladjustments, such as internalizing difficulties later in life (e.g., Caspi, Elder, & Bem, 1988).

More recently, researchers have found some consequences regarding social withdrawal in early childhood. Nelson, Rubin, and Fox (2005) examined the relation between nonsocial behaviours (i.e., reticence and solitary-passive withdrawal) and observed peer acceptance at 4 and 7 years of age as well as the children's self-perceptions at 7 years of age. The children, at both 4 and 7 years of age were classified as being either reticent or solitary-passive using Rubin's (1993b) *Play Observation Scale (POS)* under laboratory play conditions with unfamiliar same-sex and same-age peers. Peer acceptance at both ages was defined in their study as being "the successful outcome of a peer-directed initiation" (p. 190). The children's social initiations were coded using a modified taxonomic scheme (Stoneman, Brody, & McKinnon, 1984). These initiations (i.e., managerial, teaching, or learning initiations) were coded when the target child would initiate an interaction with another child. The initiation was deemed a success when the other child complied with the target child's request within a 10-second window. The children's self-perceptions at 7 years of age were measured using the *Pictorial Scale of Perceived Competence and Social Acceptance for Young Children (PSPCSA)*; Harter & Pike, 1984).

The results indicated that reticent behaviour in boys was negatively associated with observed peer acceptance (at both 4 and 7 years of age), perceived cognitive competence, perceived physical competence, and perceived peer acceptance at 7 years of age. Regarding solitary-passive withdrawn behaviours in boys, the results revealed both positive and negative outcomes depending on the age. Solitary-passive withdrawn behaviours at 4 years of age were positively associated with cognitive self-competence at 7 years of age. However, solitary-passive withdrawn behaviours at 7 years of age were negatively associated with perceived physical competence and perceived peer acceptance. For girls, both reticence

and solitary-passive withdrawn behaviours were negatively associated with observed peer acceptance at both 4 and 7 years of age. Moreover, peer acceptance at 4 years of age was related to girls' self-perceptions regarding cognitive and physical competence at 7 years of age. Therefore, it appears that for boys, the display of nonsocial behaviours (even at an early age) can have negative effects on the development of their self-perceptions, a finding that is in line with previous findings that nonsocial behaviours are generally related to adjustment difficulties in boys but not girls (e.g., Coplan et al., 2001; Morison & Masten, 1991; Rubin et al., 1993). By contrast, nonsocial behaviours in girls did not seem to play as important a role in the development of self-perceptions as compared to peer acceptance (Nelson et al., 2005). This is in line with previous research which has found that compared to boys, nonsocial behaviours in girls are not generally related to adjustment difficulties (e.g., Coplan et al., 2001; Morison & Masten, 1991; Rubin et al., 1993).

Rubin, Chen, McDougall, Bowker, and McKinnon (1995) found in a longitudinal study that the assessment of social withdrawal at 7 years of age (by observation and through peer assessment) predicted feelings of loneliness, low self-worth, insecurity among their peer group, and negative self-perceptions of social competence at 14 years of age. Moreover, it has been reported that compared to more average children, socially withdrawn children at age 10 were more likely to be perceived by their peers as anxious and withdrawn, more disliked by their peers, and were more likely to drop out of school 5 years later (Ollendick, Ross, Weist, & Oswald, 1990). In addition, Morison and Masten (1991) reported that children who were perceived by their peers as withdrawn or isolated in middle childhood had a tendency to view their social competencies and relationships during adolescence in a more negative light. Similarly, Burgess and Younger (2006) reported that withdrawn children in

Grades 6 and 7 viewed themselves in a more negative light than did aggressive and average children. Moreover, compared to aggressive and average children, withdrawn children reported more internalizing problems (i.e., higher levels of anxiety, depressive symptoms, somatic complaints, and shy/withdrawn behaviours).

In a more recent longitudinal study, Gest et al. (2006) examined whether peer reputation during childhood (Grades 3-6) was a predictor of competence (i.e., academic, work, social, and romantic competence) and symptoms (i.e., externalizing and internalizing behaviour problems) 10 years later when the participants were 17-24 years of age. Focusing on the Sensitive-Isolated factor of the *RCP*, the results indicated through confirmatory factor analysis, three narrow-band dimensions of this factor which they labeled Peer-Isolation, Sad-Sensitive, and Shy-Withdrawn. During childhood, results showed that academic competence correlated negatively with Peer-Isolation and Sad-Sensitive; social competence correlated negatively with all three narrow-band dimensions; internalizing problems correlated positively with Peer-Isolation; and externalizing problems correlated negatively with Shy-Withdrawn and positively with Peer-Isolation. During late adolescence/early adulthood, academic and work competence were negatively predicted by childhood Peer-Isolation scores; social and romantic competence were negatively correlated with all three narrow-band dimensions; internalizing problems were predicted by childhood reputation as Sad-Sensitive; and externalizing problems were predicted by childhood Peer-Isolation. Gest et al.'s (2006) study provides added support to previous research examining the long-term effects of childhood peer experiences and reputations (e.g., withdrawn behaviours) and the consequences this might have later on in life (e.g., internalizing problems).

It appears then that social withdrawal is a behavioural indicator for interpersonal and psychological difficulties in childhood and adolescence (Rubin, Burgess, & Coplan, 2002) and later on into adulthood (e.g., Gest et al., 2006). Given the association found between social withdrawal and the development of internalizing problems and other aspects of an individual's life, such as romantic relationships, work competence, and academic competence, it is important to examine more closely the self-perceptions of withdrawn children. Previous research has examined independently either children's self-perceptions or their peers' perception of them. The present research goes beyond these findings by exploring simultaneously children's perceptions of themselves in the peer group and how their peers perceive them. The following section will examine age effects on children's conceptualization of social withdrawal and social anxiety.

Age Effects on Social Withdrawal and Social Anxiety

Social withdrawal. Past research has shown that children's conceptualization of social withdrawal changes across age. It has been found that younger children, in contrast to older children, have difficulty reliably categorizing social withdrawal as a distinct and cohesive category. Younger and colleagues (Younger & Boyko, 1987; Younger & Piccinin, 1989) suggested that younger children do not have a well-defined schema for social withdrawal. At lower grades, socially withdrawn behaviour is not highly salient to peers. In line with this view, research that has examined levels of peer acceptance or rejection using sociometric assessments seems to suggest that social withdrawal in preschoolers is not associated with peer rejection (Ladd & Burgess, 1999; Rubin, 1982).

Ladd and Burgess (1999) examined the relationship trajectories of aggressive, withdrawn, and aggressive/withdrawn children in a sample of kindergarten through Grade 2.

These researchers found that compared to aggressive or aggressive/withdrawn behaviours, withdrawn behaviours were not predictive of relational difficulties, with the exception that withdrawn children were initially more dependent in their relations with their teachers. Ladd and Burgess (1999) also found that the children's withdrawn behaviours were not stable and tended to decline with age. In addition, the results showed that withdrawn children's relationship trajectories were difficult to differentiate from that of the normal control group.

However, studies that have previously examined age-related changes in children's perceptions of social withdrawal have examined this issue using measures of withdrawal that may be based more on how adults view this concept not children (Younger, Schneider, & Guirguis-Younger, 2008). More recent studies, which have directly asked children how shy children behave or act, have found evidence that questions earlier findings that younger children have difficulty perceiving social withdrawal in their peers (e.g., Coplan, Girardi, Findlay, & Frohlick, 2007; Gavinski Molina, Coplan, & Younger, 2003; Younger et al., 2008). Unlike previous studies which tended to view social withdrawal as a unitary concept, more recent studies have focused on examining subtypes of social withdrawal and age related differences. In general, it has been found that younger children are better able at perceiving certain subtypes of social withdrawal such as fearful shyness, active isolation, and social disinterest, than others, such as self-conscious shyness.

For instance, Younger et al. (2008) interviewed children in Grades 1, 3, 5, and 7 to examine how children from various ages describe shyness. The children were asked to think of a peer whom they knew was shy and to then describe how they could tell that the peer was shy. The children were also asked about what situations might cause shy behaviours as well as what the peer in question was feeling and what their thoughts were. The participating

children most often mentioned the following behaviours: doesn't talk, stays by self, doesn't play or participate, runs/walks away from others, hides, looks away/avoids eye contact, shows physical signs of anxiety, stays close to familiar people, cries, blushes/turns red, and gets mixed up when talking/stuttering (Younger et al., 2008). Age related differences were found in the frequency with which some of the above categories were mentioned: the behaviours doesn't talk, stays by self, blushes, and gets mixed up when talking/stuttering increased across grade level while the behaviours hides, stays near familiar people, and cries decreased across grade level. The results also showed that the situations that the children used to describe when the shy behaviour occurred differed across age. The proportion of children who mentioned situations involving fearful shyness decreased across grade, while the proportion of children who mentioned situations involving self-conscious shyness increased across grade. Thus, when younger children are given an appropriate format in which to express their knowledge regarding social withdrawal, it does appear that they may be as capable as older children in perceiving it, or at least certain types of social withdrawal.

Moreover, in terms of the correlates and outcomes of social withdrawal across the lifespan, results from the research seem to indicate that socially withdrawn children are at increased risk for a multitude of behavioural problems (for a recent review, see Rubin et al., 2002). Even in early childhood (preschool and kindergarten), socially withdrawn children have been found to display low levels of self-worth, as well as high levels of anxiety (e.g., Coplan, Prakash, et al., 2004; Rubin, 1985; Stevenson-Hinde & Glover, 1996). In addition, research has shown that children who are socially withdrawn were more likely to experience problems associated with school adjustment such as peer rejection, social isolation, school refusal, and academic difficulties (e.g., Coplan et al., 2001; Gazelle & Ladd, 2003; Hart et

al., 2000). In middle childhood, social withdrawal has been increasingly associated with peer rejection, loneliness, negative self-perceptions, and depressive symptomatology (e.g., Boivin, Hymel, & Bukowski, 1995; Burgess & Younger, 2006; Harrist, Zaia, Bates, Dodge, & Pettit, 1997; Hymel, Bowker, et al., 1993; Hymel & Rubin, 1985; Hymel, Rubin, Rowden, & Lemare, 1990; Rubin et al., 1993; Rubin, Hymel, & Mills, 1989). Researchers have also found that older children are more likely to be better able to perceive the anxiety that might accompany withdrawn behaviours (e.g., Harrist et al., 1997; Hymel, Bowker, et al., 1993; Rubin et al., 1993). In addition, the poorer social skills of withdrawn children may also contribute to their peer rejection (Rubin et al., 2002). Research has shown, moreover, that during adolescence, social withdrawal continues to have a negative impact (e.g., internalizing difficulties such as depression, loneliness, low self-worth, and social anxiety) (Rubin et al., 1995).

Although research has shown that younger children are just as capable as older children in perceiving shy behaviours in their peers (at least certain types such as fearful shyness, active isolation, and social disinterest), it appears that there might be an age effect that comes into play in terms of whether this behaviour is perceived as being problematic by the peer group. In young children, behaviours that occur more frequently among shy children, such as construction and exploratory play are seen as relatively normative (Rubin, 1982); thus, these children do not appear to be rejected by their peers (Hart et al., 2000; Ladd & Burgess, 1999). In older children, however, such behaviour may no longer be seen as normative, but rather as deviant from the norm (Younger & Daniels, 1992) and, as a result, older children are more likely to be rejected by their peers (Boivin et al., 1995; Rubin et al., 1993). With increasing age, socially withdrawn children are viewed as less likeable by their peers and are

viewed as being more socially deviant (Younger & Daniels, 1992; Younger & Piccinin, 1989). Across age, research indicates that socially withdrawn behaviours are associated with negative consequences. Thus, a secondary focus of this study was to examine age-related changes in children's perceptions of socially withdrawn peers across various age groups.

Social anxiety. Younger children tend to report more social anxiety than older children (e.g., Inderbitzen & Hope, 1995; La Greca & Stone, 1993; La Greca, 1998; La Greca et al., 1988; La Greca & Lopez, 1998; Storch, Masia-Warner, Dent, Roberti, & Fisher, 2004; Vernberg, Abwender, Ewell, & Beery, 1992). Similarly to socially withdrawn children, children and adolescents who are socially anxious also tend both to perceive themselves and to be perceived by their peers in a negative way.

La Greca and Stone (1993), for example, found that children who reported a high level of fear of negative evaluation, social avoidance and distress specific to new peers or situations as well as to general situations, compared to those who were less socially anxious, perceived themselves to have lower self-worth, poorer behavioural conduct, and lower social acceptance. Similarly, Greco and Morris (2005) found that social anxiety in middle school-aged children was related to low peer acceptance, an association that might partially be mediated by social skills. Extending the research to early adolescence, Erath, Flanagan, and Bierman (2007) reported socially anxious early adolescents (according to both peer and self-reports), compared to their non-socially anxious classmates, were more victimized by their peers and were less well accepted by their peer group. Therefore, taken together, these findings indicate that across the developmental period of middle childhood through adolescence, there appears to be an association between social anxiety and poor peer relations (Erath et al., 2007).

Just as with socially withdrawn behaviour, socially anxious behaviour is perceived more negatively by older children than by younger children. For instance, Darby and Schlenker (1986) asked children in Grades 2, 4, and 7 to evaluate characters in stories who were described as having either high or low expectations regarding their self-presentational goals (e.g., the importance for the story character in accomplishing the goal in question as well as the story character's expectation of being able to accomplish it) and who had either high or low motivation to impress an audience. These researchers found that story characters described as socially anxious were perceived more negatively by older children than by younger children. For example, compared to younger children, older children gave more negative evaluations to the socially anxious story characters in terms of how good the character was, how much the children themselves liked the story character, as well as how much they believed that other children would like these story characters.

Spence, Donovan, and Brechman-Toussaint (1999) examined and compared the social outcomes, self-talk, social skills, outcome expectations and self-evaluation of performance during social-evaluative tasks of children (ages 7-14) with social anxiety disorder (*SAD*) and a matched non-clinical group. Compared to non-anxious peers, children with *SAD* demonstrated higher levels of negative self-talk and lower expected performance on social-evaluative tasks (e.g., a reading task and a role-play task) as well as showed deficits in social skills (both from self and parent reports). Moreover, socially anxious children rated themselves (as well as being rated by others) as less socially competent with peers and as less likely to receive positive outcomes from their peers during social interactions (e.g., behavioural observation during a role-play task and naturalistic behavioural observation at school) than their non-anxious peers.

Extending the research to adolescents, La Greca and Lopez (1998) found that in general, adolescents with high levels of social anxiety reported having less social acceptance, less support from their classmates, had lower perceptions of their romantic appeal and social acceptance than adolescents with low levels of social anxiety. Thus, these negative perceptions might lead to socially anxious adolescents missing out on social experiences which, in turn, might over time cause greater impairments in social functioning (La Greca & Lopez, 1998).

It appears then that socially anxious behaviours are also perceived more negatively by peers especially with age (e.g., Erath et al., 2007; Greco & Morris, 2005; La Greca & Stone, 1993; La Greca & Lopez, 1998). Moreover, children and adolescents who are socially anxious also perceive themselves in a more negative way (e.g., Spence et al., 1999). Thus, a secondary focus of this study was to examine children's perceptions of socially anxious peers across various age groups.

Relation of Gender to Social Withdrawal and Social Anxiety

The research on gender differences in social withdrawal has been examined in two ways (Rubin et al., 2002). One area of research has examined whether social withdrawal and social anxiety are more prevalent in girls or in boys. The second area of research has examined whether there are differences in the correlates and outcomes of socially withdrawn and socially anxious behaviours between boys and girls.

Prevalence. Previous research in the area has typically not reported gender differences in the frequency of socially withdrawn behaviours in young children (e.g., Rowe & Plomin, 1977; Simpson & Stevenson-Hinde, 1985). However, it appears that depending on the method of assessment used (i.e., peer reports, parent reports, observations, and self-

reports), the age of the subjects, how social withdrawal is defined (e.g., inhibition, shyness), the results seem to vary (Rubin et al., 2002).

For example, using reports of peer-nominated aggression and withdrawn behaviours with children 3 to 10 years of age, Lemerise (1997) found that regardless of age, boys were more often nominated as being aggressive than girls. As for peer-nominated shyness, in preschool-aged children, there were no significant gender differences. However, in primary school-aged children, girls were significantly more likely to be nominated as being shy than were boys. Also, based on maternal assessment and observational data, Simpson and Stevenson-Hinde (1985) found that there were no gender differences in the prevalence of shyness in children when they were tested at 42 months and again at 50 months. As for self-reports of children in elementary school, the results seem to support the research based on peer nominations, observation, and parental reports. For example, Lazarus (1982) examined the prevalence of shyness in fifth-grade children, and found that almost twice as many girls as boys labelled themselves as shy. Thus it appears that in older children, the prevalence of social withdrawal may be greater in girls than in boys.

Social anxiety, too, may impact differently on boys and girls. Several studies have examined gender differences in social anxiety among children and adolescents (e.g., La Greca et al., 1988; La Greca & Lopez, 1998; Nishina, Juvonen, & Witkow, 2005; Storch et al., 2004; Vernberg et al., 1992).

For example, La Greca and Stone (1993) examined the concurrent validity and factor structure of the *Social Anxiety Scale for Children-Revised (SASC-R)* with children in Grades 4 and 6. Overall, they found that on each subscale (i.e., FNE, SAD-New, and SAD-General) girls reported more social anxiety than boys. La Greca and Lopez (1998) found

similar results with adolescents. Adolescent girls reported more total social anxiety and greater social avoidance and distress specific to new peers or situations as well as fear of negative evaluation than did boys. A common reason given for these gender differences is that girls have a tendency to be more worried about how others evaluate them and view the opinions of others as more central to their self-esteem and identity than that of boys (Ginsburg, La Greca, & Silverman, 1998).

Outcomes and correlates. There is growing evidence that gender plays an important role in the correlates and outcomes of socially withdrawn behaviour. It appears that for boys, being withdrawn or shy tends to be more problematic and is seen as being less socially acceptable than for girls (Sadker & Sadker, 1994; Rubin & Coplan, 2004). For example, Radke-Yarrow, Richters, and Wilson (1988) found that mothers were less accepting of their sons if they were shy, whereas they had more affectionate and tender relationships with their shy daughters. Indeed, as for more aggressive types of behaviour, boys expect less parental disapproval for this type of behaviour than do girls (Perry, Perry, & Weiss, 1989).

Engfer (1993) examined the antecedents and consequences of shyness across a 6-year time span (from birth to 6.8 years of age). The results revealed that shyness had different meanings depending on the age of assessment and gender of the child (Engfer, 1993). For example, 33-month-old girls who were observed to be shy were found to have a harmonious mother-child relationship and were described with more positive attributes by their parents (e.g., more compliant, less moody). However, for shy boys, a different picture emerged. Boys who were observed to be shy at 33 months of age were described by their parents in more negative terms (e.g., more moody and oversensitive, less confident and happy). However, at 6.3 years of age, shyness in both boys and girls was associated with similar

negative characteristics, such as lack of verbal and social competence, being over-sensitive, and sadness. Thus, Engfer's (1993) results seem to indicate that while shyness in boys is consistently viewed more negatively by parents across age, for girls it is seen more negatively only when they are older.

Simpson and Stevenson-Hinde (1985) examined the quality of child-family interactions and temperamental characteristics of 42- to 50-month-old boys and girls. The researchers found that at 42 months of age, shy girls tended to have more positive family interactions, whereas shy boys had more negative family interactions. This could be because parents expect different appropriate behaviours for boys and girls. Furthermore, at 50 months of age, this gender difference was even larger. Thus, it appears that as children age, shy behaviours in boys were seen as being less acceptable than for girls.

Socially withdrawn behaviours have been associated with more negative outcomes across the lifespan for boys than for girls (Coplan, Prakash, et al., 2004; Morison & Masten, 1991; Stevenson-Hinde & Glover, 1996). For instance, Stevenson-Hinde and Glover (1996) examined shyness in children who were 4 years of age. The researchers utilized observations at home and in the laboratory, maternal questionnaires (e.g., child's temperament), and assessments made by playgroup leaders to divide the children into three categories of shyness (high-, medium-, and low-shy groups). Compared to medium-shy boys, medium-shy girls were found to receive a significantly higher proportion of positive interactions from their mothers. Moreover, the mothers were significantly more positive to medium-shy girls than towards high-shy girls. It appears then that extreme shyness in girls is not well accepted by mothers. Interestingly, mothers had significantly more positive interactions with high-shy boys than with high-shy girls. Stevenson-Hinde and Glover (1996) hypothesized that this

could be because unlike shy girls, shy boys can become “mothers’ darlings” in ways that shy girls are not able to. However, extremely shy boys were found to have more behavioural problems (e.g., acting out behaviours) than extremely shy girls. It appears that shyness in boys (at least those who are viewed as being extremely shy) may be associated with more negative outcomes.

Similarly, Rubin et al. (1993) reported that in middle childhood (Grade 5), withdrawn boys were more likely to display internalizing difficulties, to report feeling lonely, and to lack social skills compared to average and aggressive children. Conversely, withdrawn girls tended to view their social relations in a more positive way.

Coplan et al. (2001) examined the relation between different forms of kindergarten children’s nonsocial play behaviours such as reticent behaviour, solitary-passive behaviour, and solitary-active behaviour, and their adjustment to school. Results indicated that reticent behaviour, regardless of the child’s gender, was negatively associated with social adjustment and academic achievement and positively associated with child shyness. Children displaying solitary-active behaviour, again regardless of gender, were rated by their parents as being more emotionally dysregulated and by teachers as displaying more internalizing problems and as less socially competent. As for solitary-passive behaviours, there were significant gender differences found. For boys, solitary-passive behaviours were positively associated with shyness and internalizing problems, and negatively associated with academic achievement and social competence. For girls, solitary-passive behaviours were negatively associated with shyness and internalizing problems, and positively related to academic achievement, as well as being relatively unrelated to social competence. Thus, at least for boys, solitary-passive behaviours are associated with more negative adjustment outcomes in

kindergarten than for girls. As found in previous research, withdrawn behaviours in boys are associated with more negative outcomes across the lifespan compared to girls (e.g., Caspi et al., 1988; Kerr, Lambert, & Bem, 1996; Morrison & Masten, 1991; Rubin et al., 1993; Stevenson-Hinde & Glover, 1996).

In a more recent study, Coplan, Closson, and Arbeau (2007) examined gender differences in the relation between anxiety, aggressive behaviour, reticent behaviour, and solitary-passive behaviour, and loneliness in kindergarten children. Overall, the results showed that loneliness was positively associated with child anxiety, aggression, and peer exclusion. Focusing more specifically on the gender differences found, results indicated that compared to boys, aggression was significantly related to loneliness in girls. On the other hand, compared to girls, reticent behaviour was found to be significantly related to loneliness in boys (even when controlling for peer exclusion). Coplan, Closson, et al. (2007) felt that this provides further support for the notion that boys who are socially withdrawn are at increased risk for internalizing problems such as loneliness, especially since socially withdrawn behaviours appear to be less accepted in boys than girls (Rubin & Coplan, 2004). While aggressive behaviours are seen as being less socially accepted in girls than boys (e.g., Crick, 1997; Crick, Casas, & Mosher, 1997), it is not surprising then that aggression may be a risk factor in terms of girls experiencing negative adjustment outcomes (Coplan, Closson, et al., 2007). Therefore, overtly aggressive girls and socially withdrawn boys might have negative interactions with their peers, parents, and teachers which might then cause them to experience more loneliness at school (Coplan, Closson, et al., 2007).

Morison and Masten (1991) conducted a longitudinal study with elementary school-aged children (Grades 3–6) and then followed up with them 7 years later during adolescence. The

Revised Class Play (RCP; Masten et al., 1985) was used to identify children as being aggressive-disruptive, sensitive-isolated, or sociable-leader. Focusing on the sensitive-isolated factor, these researchers noted that boys who were high on this factor during middle childhood reported lower self-esteem and were less involved in sports and activities during adolescence. As for girls who were high on the sensitive-isolated factor during middle childhood, they reported having high self-esteem and having more ability and being involved more in sports and activities during adolescence.

Finally, in a prospective longitudinal study which extended from late childhood to the subsequent 30 years of their lives, Caspi et al. (1988) found that males who were identified as being shy in childhood were more likely to marry later, become fathers later and establish careers at a later age than non-shy males. In contrast, females who were identified as being shy in childhood were no different than non-shy females in terms of the age they got married or started families (Caspi et al., 1988). Similarly, Kerr et al. (1996) conducted a 25-year prospective longitudinal study which found similar results for shy males. However, different results were found for shy females. Kerr et al. (1996) found that females who were identified as being shy in childhood were significantly less likely to attend college compared to non-shy females. This disparity in findings has been attributed to cultural differences (Beidel & Turner, 1999).

It appears that socially withdrawn behaviours are particularly difficult for boys and are associated with more negative outcomes throughout the lifespan. Conversely, social anxiety may play a more important role in the development of peer relationship difficulties for girls than for boys (Hymel, Franke, & Freigang, 1985). For instance, Franke and Hymel (1984) found that compared to boys, self-reported anxiety was associated with more difficulties in

peer relations for girls. They also found that girls who are socially anxious were less well accepted by their peers and lonelier and were perceived as being less sociable and more isolated in their social behaviour. In addition, Franke and Hymel (1984) found that compared to boys, social anxiety was associated with greater feelings of social incompetence for girls. The reasoning behind this gender difference is that, compared to boys, girls tend to be more concerned about how others evaluate them as well as having a tendency to view another's opinion of themselves as being central to their self-esteem and identity (La Greca & Lopez, 1998).

La Greca and Lopez (1998) examined the association between friendships, peer relations, and social functioning with social anxiety during adolescence. Their results revealed that compared to adolescent boys, the level of social anxiety were more strongly related to adolescent girls' social functioning. For example, high levels of social anxiety in girls were associated with lower perceptions of social acceptance, less support from classmates and having less romantic appeal. Also, girls who had high levels of social anxiety reported having fewer friends, perceiving their friendships as being less intimate and supportive, and being lower on companionship, as well as feeling less competent about their friendships. Conversely, for boys, social anxiety was not found to be related to friendship quality. Thus, it appears that social anxiety for girls might have a significant impact on their close friendships and relationships (La Greca & Lopez, 1998). Therefore, another secondary focus of this study was to examine peers' perceptions of socially withdrawn boys and girls and socially anxious boys and girls.

Social Cognitive Biases and Socially Maladjusted Behaviours

Social withdrawal and aggression are the two major patterns of social maladjustment influencing children's peer relationships. Looking at aggressive children, researchers have found social cognitive biases that seem to underlie their aggressive tendencies which in turn can affect their problem-solving and social interactions (e.g., Crick, 1995; Crick & Dodge, 1994, 1996; Pakaslahti, 2000; Yoon, Hughes, Cavell, & Thompson, 2000). Dodge and colleagues (Dodge, 1980, 1986; Dodge et al., 2003; Dodge & Somberg, 1987) have found that aggressive children show a bias towards perceiving hostile intent in the behaviour of another child. In fact the most potent predictor of aggressive behaviour was the child's perception of the hostile intent compared to the actual level of intent (Dodge, 1980, 1986; Dodge et al., 2003).

For example, Burgess, Wojslawowicz, Rubin, Rose-Krasnor, and Booth-LaForce (2006) examined the attributions of withdrawn and aggressive middle school-aged children (Grades 5 and 6). Focusing primarily on the aggressive children, the researchers found that compared to withdrawn children and to a control group of average children, aggressive children were more likely to make attributions of external blame. This is consistent with previous research in the area. For instance, in a meta-analytic study, Orobio de Castro, Veerman, Koops, Bosch, and Monshouwer (2002) reported that aggressive behaviour in children was associated with hostile attributional biases. Similarly, Coplan, Girardi, et al. (2007) found that aggressive children in kindergarten and Grade 1 tended to rate all problem behaviours of hypothetical peers (i.e., shyness, aggression, and unsociability) as having the most negative impact in class compared to more shy, unsociable, and comparison group (socially competent) children.

Burgess et al. (2006) also found that aggressive children had a tendency to expect that others (peers) would show hostility towards them because of their previous peer experiences/interactions. Compared to nonaggressive children, aggressive children seemed to expect hostility to continue especially after a negative outcome with a particular peer. Therefore, aggressive children would be less trusting towards that particular peer in the future and are likely to perceive peers to be constantly and deliberately aggressive.

In contrast to the amount of research that has focused on the social-cognitions of aggressive children, less research has examined the social-information processing of socially withdrawn children (Wichmann, Coplan, & Daniels, 2004). In light of this, Wichmann et al. (2004) examined the social cognitions of socially withdrawn children from Grades 4 through 6. Using the *RCP* (Masten et al., 1985), children were identified as either socially withdrawn, aggressive, or average. Their social cognitions were assessed using 10 hypothetical vignettes derived from Erdley and Asher (1996). The children's responses to these vignettes were examined in terms of their social responses and hostile intent biases, self-efficacy, and social goals. In addition, a measure of causal attributions was also developed using hypothetical situations to assess the children's familiarity with that situation, as well as the children's applicability of seven attributions such as locus attributions (e.g., including internal attributions "I am good at making friends"), stability attributions (i.e., stable, unstable), and perceptions of control over the situation.

Results indicated that compared to aggressive and to average children, withdrawn children are biased in how they interpret social cues. That is, withdrawn children tended to display a self-defeating attitude in social situations. They are more likely to blame themselves for social failures (i.e., "I am not good at making friends") and to perceive

external factors as responsible for their social successes (Wichmann et al., 2004). Rubin and colleagues (e.g., Rubin, Burgess, Kennedy, & Stewart, 2003) have argued that because of being frequently rejected by their peers, withdrawn children may start blaming themselves – believe that there is something wrong with themselves – rather than blame some external source (e.g., other people) for their social failures (Rubin et al., 2006). This is consistent with previous research which has found self-defeating attributions in children who are distressed, lonely, and depressed (e.g., Crick & Ladd, 1993; Quiggle, Garber, Panak, & Dodge, 1992; Sweeney, Anderson, & Silverman, 1986). Although the social goals of withdrawn children were similar to average children, withdrawn children were found to endorse assertive goals less often, and to feel less successful than their peers in being able to carry out assertive goals (Wichmann et al., 2004). Finally, compared to aggressive and average children, withdrawn children endorsed more avoidant and passive social responses.

Based on the above results, in terms of withdrawn children's social cognitions, it appears that withdrawn children do not have social knowledge deficits but rather have behavioural deficits (Wichmann et al., 2004). While withdrawn children might have the social knowledge regarding the appropriate behaviour needed in a particular social situation, they might not be capable of acting appropriately because of some underlying tendencies (Wichmann et al., 2004). For some withdrawn children, this might be because of underlying anxiety and social fears.

Socially withdrawn behaviour might be motivated by social anxiety (Hymel & Rubin, 1985; Rubin, 1985). Social anxiety is often characterized as fear of negative evaluation, social avoidance, as well as social distress (e.g., La Greca & Stone, 1993; Watson & Friend, 1969). The social situations that socially anxious people tend to avoid vary from person to

person, but most involve some sort of interpersonal interaction (Beidel & Turner, 2007b; Beidel, Turner, & Morris, 1999, 2000; Chavira & Stein, 2005; Inderbitzen, Walters, & Bukowski, 1997; Velting & Albano, 2001). Many, although not all children who are socially withdrawn tend to be shy and oversensitive, displaying anxiety in various social situations (Asendorpf, 1990; Rubin & Mills, 1988). Consequently, if there exist social cognitive biases underlying withdrawal, they may well be anxiety related.

Biases Associated With Social Anxiety

Most of the research examining social cognitive processes associated with social anxiety has been conducted with adults. That research suggests that there are, indeed, biases associated with social anxiety.

Social anxiety may emerge because an individual is lacking appropriate social skills, which can therefore result in aversive experiences for the individual (e.g., a “skills deficit” approach – Bellack & Hersen, 1979; Curran, 1977; Segrin & Kinney, 1995). On the other hand, it is also possible that rather than resulting from a lack of social skills, social anxiety may emerge because the individual believes that he/she has particular deficiencies (i.e., the “cognitive self-evaluation” approach – Clark & Wells, 1995; Rapee & Heimberg, 1997; Rehm & Marston, 1968).

More recently, research in the area of social anxiety and phobia in adults (e.g., Clark & Wells, 1995; Rapee & Heimberg, 1997) has examined cognitive-behavioural models which highlight cognitive biases (i.e., interpretation biases and self-focused attention) which combine to aggravate and maintain social anxiety (Higa & Daleiden, 2008). Threat interpretation bias is defined as a person’s tendency to construe information as being threatening. Previous research has found that compared to non-socially anxious adults,

adults who are socially anxious tend to interpret ambiguous social situations as threatening (e.g., Amir, Foa, & Coles, 1998; Voncken, Bögels, & de Vries, 2003). Moreover, adults who are socially anxious tend to view themselves and their performance more negatively and critically, downplay their social skills, maintain inaccurate and negative perceptions of how others view them, and overestimate the probability that a negative social event will occur and what the cost would be if it does (e.g., Alden & Wallace, 1995; Cacioppo, Glass, & Merluzzi, 1979; Clark, 2005; Glass, Merluzzi, Biever, & Larsen, 1982; Hope, Heimberg & Bruch, 1995; McManus, Clark, & Hackmann, 2000; Mellings & Alden, 2000; Rapee & Lim, 1992; Stopa & Clark, 1993, 2000).

Self-focused attention, which is another cognitive bias, is described as shifting one's attention away from external stimuli to focusing more on one's internal stimuli (e.g., awareness of one's feared/anxious reaction in a perceived threatening social situation) (Higa & Daleiden, 2008). Therefore, by focussing more on the internal stimuli rather than what is going on in the particular social situation, the person might miss what is really happening in the situation in question, which will then interfere with how he/she processes the situation (Higa & Daleiden, 2008). This thought process might then serve to maintain social anxiety/phobia (Higa & Daleiden, 2008). Previous research has shown that in social situations, adults who are socially anxious show an increase in self-focused attention and a decrease in external-focused attention, compared to those who are not anxious (e.g., Mansell, Clark, Ehlers, & Chen, 1999; Mellings & Alden, 2000; Woody, 1996).

Focusing on the cognitive self-evaluation approach, Leary and Schlenker (1981) also proposed a model of social anxiety which is based on self-presentation theory (Goffman, 1959; Jones & Pittman, 1982; Schlenker, 1980; Tedeschi, 1981). According to Schlenker

and Leary (1982) “social anxiety arises in real or imagined social situations when people are motivated to make a particular impression on others, but doubt that they will do so, because they have expectations of unsatisfactory impression-relevant reactions from others” (p. 645). Consequently, there are two important components to social anxiety (Asendorpf, 1987; Leary, 1983, 2001), each of which is necessary but not sufficient to experience social anxiety: (1) the motivation for making a favourable impression, and (2) a belief that others will respond negatively.

Beck and Emery (1985) also stress the importance of the motivation for making a favourable impression and the fear of being evaluated negatively by others. Beck and Emery (1979) reported that among the cognitive distortions displayed by socially anxious adults in psychotherapy is the belief that what is paramount for one’s self-worth is the approval of others.

Ingram and Kendall (1987) have similarly stressed the importance of concerns about interpersonal evaluation in social anxiety. These authors propose that situations in which there is a perceived threat of social evaluation activate an “other-evaluative” schema, which then promotes the concern about how others are evaluating the individual. Incompetent social performance by socially anxious individuals is thus the result of their expectation of negative interpersonal evaluation.

Research on Social Anxiety in Adults

Based on numerous studies in the area of social anxiety in adults (e.g., Alden & Wallace, 1995; Arkin, Appelman, & Burger, 1980; Asendorpf, 1987; Beidel & Turner, 2007a; Beidel & Turner, 2007c; Mellings & Alden, 2000; Norton & Hope, 2001; Stopa & Clark, 1993, 2000), it appears that adults high in social anxiety interpret ambiguous situations as more

threatening, demonstrate a self-focused attention bias, rate themselves and their performance more negatively and critically and, moreover, believe and expect that others around them will evaluate them in a more negative way than adults low in social anxiety. Relatedly, compared to adults low in social anxiety, adults high in social anxiety respond more negatively to positive evaluative feedback and more positively to negative evaluative feedback, because subjects high in social anxiety may have an inclination to disregard information that is not consistent with their self-concept. Studies examining social anxiety in adults seem to provide evidence supporting Leary's (2001) and Schlenker and Leary's (1982) social anxiety model – motivation for making a favourable impression and a belief that others will respond negatively to them as well as the cognitive-behavioural model of social anxiety of Clark and Wells (1995) and Rapee and Heimberg (1997).

Social Anxiety in Children

Compared to the numerous studies conducted with adults, limited research has focused on investigating the etiology and treatment of social anxiety in children and adolescence (for reviews, see Kashdan & Herbert, 2001; Velting & Albano, 2001). Moreover, compared to research on socially anxious adults, limited research has focused on cognitive biases (i.e., self-focused attention) in socially anxious children (Higa & Daleiden, 2008). However, similar to adults who are socially anxious, it has been reported that when children who are socially anxious are presented with ambiguous social situations, they tend to exhibit interpretation- and threat-perception biases (e.g., Lu, Daleiden, & Lu, 2007; Muris, Merckelbach, & Damsma, 2000).

Muris et al. (2000) examined threat perception bias in non-referred socially anxious primary school-aged children (8 to 13 years old). These children were read seven

hypothetical, ambiguous stories (social situations that children were likely to encounter such as being teased by another child) and were instructed to decide as quickly as possible whether the story is scary and will have a bad end, or which story will be nonscary and have a happy end. Each of the stories was read one sentence at a time and after reading each sentence, the child had to predict what kind of ending the story would have. The children also completed three self-report measures (i.e., *SASC-R*; La Greca & Stone, 1993; *Spence Children's Anxiety Scale*, *SCAS* – Spence, 1998; and the *Screen for Child Anxiety Related Emotional Disorders*, *SCARED* – Birmaher et al., 1997) and a diagnostic interview (*Diagnostic Interview Schedule for Children – DISC*, Version 2.3; National Institute of Mental Health, 1992).

Results indicated that compared to non-socially anxious children, children who were socially anxious needed to hear fewer sentences before deciding that the story in question was going to have a scary end. Socially anxious children were more likely to perceive threat more often in the stories, rated the stories as being more threatening, and made more threatening predictions regarding what would happen next in the stories (Muris et al., 2000). In addition, these children exhibited higher scores on scales examining negative cognitions and feelings (Muris et al., 2000). Therefore, it appears that socially anxious children may perceive situations as threatening when it might not be the case.

To date, little research has focused on the role of social skills – actual skills deficits or children's beliefs that they lack social skills – in children who are socially anxious. However, what has been reported is similar to recent findings with adults: Children who are socially anxious also tend to underestimate their social skills – they believe that they lack social skills – which in turn undermine their confidence in various social situations (e.g.,

Beidel et al., 1999; Cartwright-Hatton, Hodges, & Porter, 2003; Cartwright-Hatton, Tschernitz, & Gomersall, 2005).

Cartwright-Hatton et al. (2003) compared observer and self-rated social skills and social anxiety in middle school-aged children. The children were asked to complete a public-speaking task (i.e., an unrehearsed two-minute speech about themselves in front of a video camera) and had to rate their performance as well as were rated by neutral observers on numerous social skills dimensions (e.g., "How loud and clear was your voice?" pp. 738-739). Although there was little correlation between observers' ratings of children's social skills and the children's level of social anxiety, there was a relation between children's self-perceptions of their public-speaking performance and their levels of social anxiety. Compared to children who were low on social anxiety, those who were high on social anxiety reported themselves as having poorer social skills based on their public-speaking performance. The observers remarked that notwithstanding the fact that children who were highly socially anxious appeared more nervous during their public-speaking performance, they showed no difference in social skills from those who were low in social anxiety.

Cartwright-Hatton et al. (2005) attempted to replicate and extend the previous research discussed above. In this study, middle school-aged children participated in an individual 3-minute conversation with an unfamiliar adult. The children had to rate themselves, as well as were rated by independent observers on their performance during the conversation. As in Cartwright-Hatton et al.'s (2003) study, independent observers were not able to differentiate between the performance of children who were either high or low on social anxiety. However, once again, children who were high in social anxiety rated themselves as having poorer social skills than did those who were low in social anxiety.

It appears then that social-cognitive biases may indeed accompany social anxiety in children. Children who are highly socially anxious appear to have a cognitive distortion in terms of how they evaluate their social skills as well as how they interpret social situations. That is, they perceive threat when it is not there and believe that they have actual social skills deficits (they predict social failure) when in fact they may not. Such biases might also operate in the social self-perceptions of withdrawn children. Rather than over-perceiving hostility in others, as do aggressive children, withdrawn children might instead place a greater importance on the acceptance and approval of their peers, while at the same time believing that they are not capable and will not be capable of gaining such approval.

There is some evidence pointing to such a bias. It has been found that withdrawn children undervalue and underestimate their social skills. For example, research has shown that withdrawn children believe they are unpopular and socially incompetent and report greater loneliness than aggressive children (e.g., Crozier, 1999; Hymel, Bowker, et al., 1993; Parkhurst & Asher, 1992; Prakash & Coplan, 2007; Rubin, 1985; Rubin et al., 2002; Rubin et al., 1995).

Burgess and Younger (2006) assessed Grades 6 and 7 children's and adolescents' behavioural-emotional functioning and their self-perceptions. The children were classified as withdrawn, aggressive, and average using the *RCP* (Masten et al., 1985). The children also completed two self-reports: *Self-Referent Rating Task (SRRT)* and the *Youth Self-Report (YSR)* (Achenbach, 1991). The *SRRT* was developed to measure the children's endorsement and recall of both negative and positive self-descriptors (Burgess & Younger, 2006). Although no differences were found between the three groups in recall of positive or negative self-descriptors, there were differences found regarding endorsements of these

descriptors. Compared to average and aggressive children, withdrawn children endorsed fewer positive and more negative self-descriptors. They perceived themselves in a more negative light than aggressive and average children, which is consistent with previous research in the area (e.g., Hymel et al., 1990; Rubin et al., 1993; Rubin, Hymel, & Mills, 1989). Moreover, there was no significant difference between aggressive and average children in terms of their endorsement of self-descriptors (either positive or negative). Thus, aggressive children viewed themselves no more negatively than and just as positively as average children. This result is also consistent with previous research which has found that aggressive children have a tendency to misconstrue and overvalue their self-perceptions versus how their peers view them (e.g., Hymel, Bowker, et al., 1993). Finally, in terms of the children's behavioural-emotional functioning, the results showed that compared to aggressive and average children, withdrawn children reported more internalizing problems (i.e., higher levels of anxiety, depressive symptoms, somatic complaints, and shy/withdrawn behaviours).

In a cross-cultural study, Prakash and Coplan (2007) examined the correlates of socially withdrawn elementary school-aged children in India. Children completed the *RCP* (Masten et al., 1985) as well as self-report measures of depression and loneliness. Teachers completed the *Teacher-Classroom Rating Scale (T-CRS)* (Hightower et al., 1986). Compared to average and aggressive children, the withdrawn children in this study reported more depressive symptoms (particularly for girls) and greater loneliness. The teachers rated the withdrawn children as having more internalizing difficulties (e.g., anxiety) compared to aggressive and average children. These results were found to be in line with North American research (e.g., Crozier, 1995; Hymel, Bowker, et al., 1993; Rubin & Mills, 1988; Rubin et

al., 1993). Also, compared to aggressive and average children, the withdrawn children tended to be disliked and rejected by their peers. This result is also similar to North American research which has reported that by middle-to-late childhood, socially withdrawn children tended to be disliked by their peers (Hymel, Bowker, et al., 1993).

Are these negative self-perceptions an accurate representation of how withdrawn children are actually perceived by the peer group? In the literature, there is a growing debate about whether withdrawn children are actively rejected by their peers, or simply ignored by the peer group. Some studies have found that children who are shy or withdrawn tend to be neglected by their peers (e.g., Coie, Dodge, & Coppotelli, 1982), whereas children who are aggressive tend to be rejected (e.g., Coie et al., 1982). Conversely, other studies have found different results. According to other studies, children who are withdrawn are rejected by their peers (e.g., Prakash & Coplan, 2007; for a review, see Rubin & Coplan, 2004), while neglected children do not differ from those who are average in terms of popularity in the peer group (e.g., Rubin, Hymel, LeMare, & Rowden, 1989).

However, an important consideration to keep in mind concerning this controversy may be the age of the child. It has been found that with increasing age, withdrawn children are viewed increasingly negatively by their peers (e.g., Boivin et al., 1995; Younger, Gentile, & Burgess, 1993; Younger & Piccinin, 1989). Thus, the same behaviour that may lead withdrawn children to be neglected at younger ages may result in their being rejected at older ages (Vasta, Younger, Adler, Miller, & Ellis, 2008).

For instance, Harrist et al. (1997) examined different subtypes of social withdrawal (i.e., unsociable, passive-anxious, active-isolate, and sad/depressed) over a 4-year span (from kindergarten to Grade 4) in terms of their sociometric status. The researchers found that

sad/depressed children in kindergarten were more likely to be rejected and in Grades 1 to 3 these same children were more likely to be neglected. This finding was consistent with previous research examining the sociometric status of depressed elementary school-aged children. These children's self-report measures and teacher-rated measures of depression were found to be positively correlated with rejection (e.g., Kennedy, Spence, & Hensley, 1989) and negatively correlated with popularity within the peer group (e.g., Cole & Carpentieri, 1990). As for children in the active-isolate group, Harrist et al. (1997) found that they were more likely than their peers to be rejected in kindergarten as well as in the post-kindergarten years. For the passive-anxious children, the results showed that they were no more likely to be sociometrically rejected by their peers than a non-withdrawn control group. This is in line with previous research which has demonstrated that in younger children, the behaviour of passive-anxious children might not be seen as deviant as compared to older children (e.g., Younger et al., 1993). Finally, for unsociable children, the results showed that these children were more likely to be neglected by their peers. However, as speculated by Harrist et al. (1997), these children might be at risk for later rejection because, as previously mentioned, socially withdrawn behaviour is seen in an increasingly negative light in older children (e.g., Younger & Piccinin, 1989).

In contrast to these findings, Hart et al. (2000) found a link between early childhood peer rejection and withdrawn behaviour. Hart et al. (2000) examined different subtypes of withdrawn behaviour (i.e., reticent, solitary-passive, and solitary-active) and their association with sociometric status in 4- to 6-year-old children. The results showed that children displaying reticent behaviour, compared to those who were sociable and to children displaying the other two types of withdrawn behaviour (i.e., solitary-passive and solitary-

active), received lower sociometric ratings across the three different cultures (i.e., China, Russia, and North America). Hart et al. (2000) speculated that the reason for this difference in finding, particularly in Chinese culture where previous research has tended to find a positive relationship between shyness and peer acceptance (e.g., Chen, Hastings, Rubin, Chen, Cen, & Stewart, 1998), is that the construct they used – reticent behaviour – is different from that used in previous research – socially withdrawn behaviour.

In a more recent study, Coplan, Girardi, et al. (2007) examined young children's attitudes and responses (kindergarten and Grade 1) towards hypothetically shy, unsociable, aggressive, and socially competent peers using vignettes. Not surprisingly, in terms of affiliative responses, results showed that children tended to like the socially competent hypothetical peer the best and wanted to play with them more, and liked the aggressive peer and wanted to play with them the least. Results also suggested that young children are able to differentiate between different subtypes of socially withdrawn behaviour. That is, children expressed a greater desire to play with and a greater liking of the hypothetical shy peer versus the hypothetical unsociable peer. Thus, just like aggressive children, unsociable children appear to be liked the least compared with shy and socially competent children. The children also reported that the aggressive peer would cause the most problem behaviours in class followed by the unsociable and shy peer. Just as with the results from Harrist et al. (1997), it appears that when examining different subtypes of socially withdrawn children (i.e., reticent and unsociable children), these children might be the ones who later on might be rejected by their peers. However, more research needs to be undertaken in order to understand the long-term impact the different types of socially withdrawn behaviours might have on children in middle and later childhood.

It appears that there is controversy concerning whether withdrawn children are rejected or not, especially when taking into consideration the different subtypes of socially withdrawn behaviours. Nevertheless, it may be significant that they believe themselves to be rejected, regardless of the actual view of their peers. Based on what is emerging in the research regarding social withdrawal in children, the social-cognitive bias seen in adults who are socially anxious might also apply to the self-perceptions of socially withdrawn children. Therefore, extending the social anxiety model of Leary (2001) and Schlenker and Leary (1982) to children, one could say that the level of social anxiety children experience might influence their self-evaluation, which might then influence how they interpret the social situation, which might, in turn, influence their behavioural response. How a child thinks he/she is perceived by others could lead to a self-fulfilling prophecy. Children who are socially anxious might place higher importance on favourable peer evaluations and have a bias towards perceiving and expecting negative evaluations compared to children who are not socially anxious. Hence, these children might be more likely to perceive themselves as rejected than children who are not socially anxious. The level of discrepancy between perceived peer acceptance and actual peer acceptance might, therefore, be greater in children who are highly socially anxious.

Objectives of the Present Study

The goal of the present study was to simultaneously examine and compare children's actual peer acceptance to their perceived peer acceptance. Children were classified into groups of either socially withdrawn, aggressive, or nondeviant children based on a peer assessment measure of social behaviour. The children rated, using a sociometric rating scale, how much they liked to play with each of their peers ("actual" peer acceptance). Then, they

rated how much they thought their peers liked to play with them (“perceived” peer acceptance). They also rated how important it was for them to be liked by each of their peers (“importance” of peer acceptance).

Based on previous research in the area examining children’s self-perceptions and peer acceptance (e.g., Burgess & Younger, 2006; Morison & Masten, 1991; Prakash & Coplan, 2007; Rubin et al., 1993; Rubin et al., 1995), it was hypothesized that socially withdrawn children would underestimate their degree of acceptance in the peer group. Thus, it was expected that compared to nondeviant children and aggressive children, socially withdrawn children would rate peer acceptance as more important and would perceive their peer acceptance as lower than their actual peer acceptance. We also examined whether discrepancies between perceived and actual peer acceptance for socially withdrawn, aggressive, and nondeviant children were related to age and gender.

Children’s social anxiety was also explored to see its effect on how children thought they were perceived by their peers. Thus, the children also completed a self-report measure of social anxiety. Based on previous research in the area of social anxiety (Cartwright-Hatton et al., 2003, 2005; Lu et al., 2007; Muris et al., 2000) we proposed that socially withdrawn children might display a social-cognitive bias similar to that found in socially anxious adults. That is, socially withdrawn children might place greater importance on receiving a favourable evaluation by their peers, but at the same time expect that their peers will evaluate them negatively. We hypothesized that the degree of social anxiety exhibited by withdrawn children would be positively related to both the importance of peer acceptance as well as the expectation of being negatively evaluated by their peers. The inclusion of socially withdrawn, aggressive, and nondeviant children in the present study allowed us to address

whether the bias underlying social anxiety was specific to socially withdrawn children only, or was characteristic of children who have social difficulties in general (e.g., both withdrawn and aggressive children). We also examined whether discrepancies in children's perceptions of socially anxious children was related to age and gender.

Method

Participants

The participants in this study were 479 children from Grades 3, 5, and 7. These age groups were selected because this is the typical age range used in previous studies in this area using similar types of measures (e.g., Younger et al., 1985, 1986; Boivin & Hymel, 1997; Rubin & Mills, 1988). Because this range covers most of the elementary school-age range from middle childhood to early adolescence, it also allowed for an examination of possible age effects (as previously discussed above) associated with how withdrawn children in comparison to aggressive, and nondeviant children are perceived by their peers (peer acceptance) (e.g., Boivin et al., 1995; Hart et al., 2000; Ladd & Burgess, 1999; Rubin et al., 1993).

These children were recruited from nine elementary and junior high schools in the Western Québec School Board. The schools sampled from this school board were located in districts ranging from a large urban area (6 schools), to smaller urban areas (2 schools) and a rural area (1 school). No demographic information was collected; however, the schools sampled catered to children from mostly middle-class backgrounds. The composition of the sample was predominately Caucasian. The sample was comprised of: Grade 3 children (79 boys, 87 girls) with an age range of 8-9 years; Grade 5 children (64 boys, 77 girls) with an age range of 10-11 years; and Grade 7 children (72 boys, 100 girls) with an age range of 12-

13 years. To participate in this study, all the children required parental permission as well as agreeing themselves to participate. An overall consent rate of 70.8% was achieved (72.2% for Grade 3, 73.4% for Grade 5, and 66.7% for Grade 7).

Materials

Peer assessment of social behaviour. The *Revised Class Play (RCP)* (Masten et al., 1985), one of the most commonly used peer assessment measures, was used to identify groups of withdrawn, aggressive, and average children. This questionnaire took the children around 30 minutes to complete. The *RCP* consists of three factors: Sociability-Leadership, Aggressive-Disruptive, and Sensitive-Isolated. It is a 30-item role-playing nomination scale. The Sociability-Leadership factor consists of 15 items (e.g., "Someone who is usually happy," "Someone who is a good leader"), Aggressive-Disruptive factor consists of 8 items (e.g., "A person who gets into a lot of fights," "Somebody who teases other children too much"), and Sensitivity-Isolation factor consists of 7 items (e.g., "Someone who is often left out," "Someone whose feelings get hurt easily").

Regarding the Sensitive-Isolation factor, Rubin and Mills (1988) proposed that this factor actually assesses two subtypes of social withdrawal: passive-withdrawal and active isolation. Rubin and Mills (1988) refer to passive-withdrawal as a child withdrawing himself/herself from the peer group because of social anxiety, shyness, and oversensitivity. As for active isolation, this is a child who is actively isolated by the peer group because of peer rejection (Rubin & Mills, 1988). Thus, for the present study, even though the entire Sensitivity-Isolation factor was administered, children were classified as withdrawn on the basis of the three passive-withdrawal items (i.e., "Someone who would rather play alone than with others," "Someone whose feelings get hurt easily," and "Someone who is very shy").

Further support for separating the Sensitivity-Isolation factor into two subscales comes from studies by Younger and Daniels (1992) and Bowker, Bukowski, Zargarpour, and Hoza (1998).

For the *RCP*, the children were asked to play the role of a director and assign a maximum of 6 classmates (up to 3 boys and 3 girls – omitting themselves) to different behavioural roles. The children were given a class roster to help them assign their classmates to the appropriate behavioural description. Each item was read aloud in the Grade 3 classes (and some Grade 5 classes when the students indicated that they wanted this), although students were encouraged to proceed at their own pace. For the Grade 7 classes, the students were encouraged to proceed at their own pace.

The *RCP* has good psychometric properties and has been used frequently in the assessment of aggression (e.g., Hughes, Cavell, & Prasad-Gaur, 2001; Yoon et al., 2000) and social withdrawal (e.g., Prakash & Coplan, 2007; Wichmann et al., 2004) in children. According to Masten et al. (1985), the *RCP* has a test-retest reliability that is quite stable over a 17-month period. It also has good reliability with an internal consistency of above .80 on all three factors (.94, .91, and .83 respectively) as well as good stability correlations (.87, .77, and .80 respectively) among children in elementary school (Masten et al., 1985). Both construct and concurrent validity have been supported through behavioural observations and teacher ratings of behaviour (Rubin & Cohen, 1986; Rubin, Hymel, LeMare, & Rowden, 1989).

The *RCP* was administered separately for boys and girls. Only children whose parents had consented participated in the nominations. The number of nominations each child received from his/her peers for each item was tallied. These scores were then standardized

through a z-transformation by gender and classroom to adjust for unequal class sizes and different numbers of boys and girls.

The following criteria were used to identify the three groups of children:

- (1) Withdrawn group: The withdrawn group was identified as those whose Z-score was greater than 0.8 on the sensitive-isolated factor (passive-withdrawal) on the *RCP* for same-gender peers and whose Z-score was less than 0.5 on the Aggressive-Disruptive factor on the *RCP* for same-gender peers.
- (2) Aggressive group: The aggressive group was identified as those whose Z-score was greater than 0.8 on the Aggressive-Disruptive factor on the *RCP* for same-gender peers and whose Z-score was less than 0.5 on the sensitive-isolated factor (passive-withdrawal) on the *RCP* for same-gender peers.
- (3) Nondeviant group: The nondeviant group was identified as those whose Z-score was less than 0.5 on the sensitive-isolated factor (passive-withdrawal) on the *RCP* for same-gender peers and less than 0.5 on the Aggressive-Disruptive factor on the *RCP* for same-gender peers.

The reasoning behind the above criteria used to identify the different groups of children was that we wanted to identify children as being high on the factor in question (e.g., aggression) and in the average range on the other factor (e.g., withdrawn). Table 1 shows the number of children (boys and girls) identified as being withdrawn, aggressive, and nondeviant based on the aforementioned criteria. See Appendix B for a copy of the instructions for administration of the *RCP* (Masten et al., 1985). See Appendix C for a copy of the *RCP*.

Table 1

Gender Distribution and Sample Size for the Different Groups

Group	Boys	Girls
Withdrawn	34	34
Aggressive	32	38
Nondeviant	104	138

Social Anxiety Scale for Children-Revised. To measure social avoidance and fear of negative evaluation, the *Social Anxiety Scale for Children-Revised (SASC-R)* developed by La Greca and Stone (1993) was used. It took approximately 10-15 minutes for the children to complete this measure. This scale is a 22-item self-report measure measuring three factors: Fear of Negative Evaluation (8 items), Social Avoidance and Distress – Specific to New Peers or Situations (6 items), and Social Avoidance and Distress – General (4 items). This scale has been used with children as young as 7 years of age (e.g., La Greca & Stone, 1993; Silverman, La Greca, & Wasserstein, 1995). The Fear of Negative Evaluation subscale measures children's concerns, fears, and worries about receiving evaluations that are negative from their peers. The Social Avoidance and Distress – Specific to New Peers or Situations subscale measures distress, inhibition, and avoidance based on situations with peers that are unfamiliar to the children. Finally, the Social Avoidance and Distress – General subscale measures children's avoidance or inhibition towards their peers in general. Children are asked to rate each of the items based on whether they believe that the items are true for them by using a 5-point rating scale with 1 = not at all true to 5 = all the time. The total scores can range from 18-90.

Internal consistency of the *SASC-R* is very good. La Greca and Stone (1993) reported for the Fear of Negative Evaluation subscale, Cronbach's alpha was .86, for Social Avoidance and Distress – Specific to New Peers or Situations was .78, and for Social Avoidance and Distress – General was .69. Similar internal consistency was found in the present study. For Fear of Negative Evaluation subscale, Cronbach's alpha was .89, for Social Avoidance and Distress – Specific to New Peers or Situations was .73, and for Social Avoidance and Distress – General was .68. With respect to concurrent validity, correlations

between the Fear of Negative Evaluation, Social Avoidance and Distress – Specific to New Peers or Situations, and Social Avoidance and Distress – General subscales and the Social Acceptance Subscale from the *Self-Perception Profile for Children* (SPPC; Harter, 1985) were -.43, -.39, and -.47 respectively. See Appendix D for a copy of the instructions for administration of the *SASC-R* (La Greca & Stone, 1993). See Appendix E for a copy of *SASC-R*.

Actual peer acceptance. Because a major goal of the present study was to assess children's overall acceptability by their peers and to compare this with their perception of their own acceptability as well as the importance they place on being accepted, a sociometric rating scale was used. This commonly used measure has been found to provide a good index of a child's overall level of likeability and acceptability by his/her peers (Asher & Hymel, 1981). It took approximately 15-20 minutes for the children to complete.

For this measure, the children were provided with a class list and asked to rate each participating classmate on a 5-point scale according to how much they "like to play with" each child at school (e.g., Hymel & Asher, 1977; Oden & Asher, 1977; Singleton & Asher, 1977). The scale was accompanied by five corresponding faces ranging from frowning (i.e., rating of "1") to smiling (i.e., rating of "5") in order to facilitate comprehension. Moreover, for Grade 7 children, they were instructed to replace the generic expression "play with" to "hang out with" at school. Thus a child's score on this measure was the sum of the scores each child received divided by the number of same-gender peers -1 which yielded a total actual peer acceptance average score for each child. This average score provided an index of actual peer acceptance for each child with higher scores indicating greater actual peer

acceptance. These scores were then converted to Z-scores within grade and gender in order to adjust for unequal sample size and gender distributions.

This sociometric rating measure has been used in many studies examining the social status of children (e.g., Asher & Wheeler, 1985; La Greca et al., 1988). Sociometric rating scales are advantageous for several reasons. For instance, the scores derived from the rating scales are based on how all the peers in the classroom perceive that one child (Hymel & Rubin, 1985). Moreover, the scores from the rating scales have also been found to be more stable and reliable over time as compared to nomination scores (Hymel & Rubin, 1985). Median test-retest correlations over periods of four and six weeks for elementary school children were .82 and .81 respectively for the play rating scale measure (Asher, Singleton, Tinsley, & Hymel, 1979; Oden & Asher, 1977).

Perceived peer acceptance. To assess perceived peer acceptance, an adaptation of the standard sociometric rating scale was devised. This adaptation of the standard sociometric rating scale has been used in previous research (e.g., David & Kistner, 2000; Kistner, David, Lonigan, & Hooe, 2000; Kistner, David-Ferdon, Repper, & Joiner, 2006). Children were asked to rate on the same scale from 1 to 5 how much they think that each of their classmates likes to play with them at school. Thus, the sum of the scores received for each child divided by the number of same-gender peers in the classroom -1 yielded a total perceived peer acceptance average score for each child. These scores were then converted to Z-scores within grade and gender in order to adjust for unequal sample size and gender distributions.

The ratings of perceived peer acceptance are a direct way of measuring children's beliefs about how they think they are perceived by the peer group. They provide a face-valid

assessment of perceived peer acceptance (David & Kistner, 2000). This measure has been found to be moderately stable over a 6-month period, with test-retest reliability of .77 (Kistner et al., 2000; Kistner et al., 2006). It has also been found to correlate with other self-report measures of perceived peer acceptance (Kistner et al., 2000; Kistner et al., 2006). The correlations between actual peer acceptance ratings and perceived peer acceptance ratings have been found to be comparable to the correlations of actual peer acceptance and other measures of perceived peer acceptance such as the *SPPC* (Harter, 1985) (Kistner et al., 2006).

Importance of peer acceptance. To assess the importance of peer acceptance, an adaptation of the standard sociometric rating scale was devised. For this measure, children were asked to rate on a scale from 1 to 5 how important it is for them to be liked by each of their classmates. Thus, the sum of the scores received for each child divided by the number of same-gender peers in the classroom -1 yielded an importance average score for each child. These scores were then converted to *Z*-scores within grade and gender in order to adjust for unequal sample size and gender distributions. See Appendix G for a copy of the instructions administered to the children. See Appendix H for a copy of an example of this measure.

Procedure

Before the start of the research, the researcher acquainted the teachers as well as the children with the study. See Appendix I for a copy of the introduction to the study that was read to the children. At that time, parental consent forms were distributed to the children to bring home. See Appendix J for a copy of the parental consent form.

To ensure that the children were sufficiently acquainted with their classmates, the questionnaires were administered in the winter/spring term. All the questionnaires were

group administered to the children during class time in their regular classroom setting. In addition to the researcher, there were typically 2 to 3 research assistants present during the administration of the questionnaires to assist the children. The administration of the questionnaires took place during two sessions: the first session usually took place at least one month before the second session depending on teacher/class availability. A concerted effort was made to return to all the schools at a later date to collect responses from the children who were absent during the planned sessions. The instructions and examples for each questionnaire were read aloud to the children.

During session #1, participating children completed the *RCP* (Masten et al., 1985) and the *SASC-R* (La Greca & Stone, 1993). For session #2, the children completed the Actual, Perceived, and Importance peer acceptance measures.

At the start of each session, the researcher introduced herself as well as the research assistants and explained to the participating children the questionnaires that they would fill out during that particular session. During this brief introduction, the children were also told that their answers would be kept strictly confidential. See Appendixes A and F for a copy of the instructions administered at the start of each session. At the end of each session, the researcher asked the children if they had any questions or if they had any comments about the questionnaires they had completed.

Results

Data Analyses

The raw scores for each participating child for the peer assessment measure of social behaviour were tallied by adding the number of nominations each child received from the same-gender peer for the items corresponding to the aggressive-disruptive factor and the

sensitive-isolated factor (passive-withdrawal items only) on the *RCP*. These scores were then divided by the number of same-gender raters in the class minus one to yield proportions.

Examination of these data revealed that several distributions were positively skewed. Peer nominations which measure such behaviours as aggression and withdrawal are commonly skewed (Ledingham, 1981). Because *Z*-scores assume a normal distribution, a square root transformation was applied to reduce skewness as suggested by Tabachnick and Fidell (1996). These transformed scores were then converted to *Z*-scores within grade and gender in order to adjust for unequal sample size and gender distributions.

Evaluation of Assumptions

Before proceeding with the principal analyses, an examination of the assumptions underlying MANOVAs was examined for any violations. Variables were examined for problems related to outliers, multivariate normality, multicollinearity, homogeneity of variance-covariance matrices, and an examination of the P-P plots and bivariate scatterplots.

Outliers. MANOVA is particularly sensitive to outliers. Extreme scores can produce either a Type 1 or Type 2 error. To detect if there were any univariate outliers present within each group, residuals exceeding the cut-off value of *Z* score of ± 3 were considered to be such. No univariate outliers were detected. The data were also screened for multivariate outliers using Mahalanobis distance and Cook's distance. For boys and girls, none of the Mahalanobis frequencies were greater than the value of $X^2(7) = 24.32, p < .001$. Moreover, none of Cook's frequencies were greater than the value of 1, therefore no multivariate outliers were found.

Multivariate normality. Another assumption underlying MANOVA is that the dependent variables have a multivariate distribution and that individual dependent variables

should be normally distributed within a group (Tabachnick & Fidell, 1996). MANOVA is said to be robust to a modest violation of normality as long as the violation is not caused by outliers (Tabachnick & Fidell, 1996). Using the criteria that the mean skewness is less than ± 1 , it was found that the data were relatively symmetrically distributed.

Multicollinearity. Pearson correlation coefficients between dependent variables were inspected to detect multicollinearity and singularity. As shown in Table 5, correlations among the dependent variables were at or below the suggested $r = .90$ value. Therefore, the correlation matrices show that the dependent variables are intercorrelated. Consequently, multicollinearity was not a problem.

Homogeneity of variance-covariance matrices. The variances of the dependent variables were examined. Box's M test provides a sensitive multivariate test for homogeneity of dispersion matrices. This test is based on the determinants of the variance-covariance matrices for each cell and the pooled variance-covariance matrix (Tabachnick & Fidell, 1996). Box's M test for homogeneity of dispersion matrices confirmed homogeneity of variance-covariance matrices for boys ($F(48, 6174) = 62.64$, n.s.) and for girls ($F(48, 10809) = 57.69$, n.s.).

An examination of the normal P-P plots data points (for boys and girls separately) found that the observed data points did not deviate from the expected cumulative probability suggesting that the data were normally distributed. Furthermore, an examination of the bivariate scatterplots found a relatively even distribution around the zero line, suggesting that there was no problem with linearity.

The above examination of the various assumptions is now complete and deemed satisfactory. Therefore, one can now proceed with the principal analyses.

Differences Between Withdrawn, Aggressive, and Nondeviant children

Social anxiety self-report. A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with social anxiety total score (*SASC-R* total score) as the dependent variable. Results revealed a significant main effect for Grade ($F(2, 359) = 9.61, p < .001, \eta^2 = .05$), Gender ($F(1, 359) = 15.26, p < .001, \eta^2 = .04$), and Group ($F(2, 359) = 7.22, p < .01, \eta^2 = .04$). No significant effects were evident for Grade X Group ($F(4, 359) = .21, n.s.$), Gender X Group ($F(2, 359) = .72, n.s.$), or Grade X Gender X Group ($F(4, 359) = 1.89, n.s.$).

A significant Grade X Gender ($F(2, 359) = 3.12, p < .05, \eta^2 = .02$) was observed. Follow-up simple effects analyses indicated a significant effect of Grade for girls ($F(2, 359) = 12.01, p < .001$) but not for boys ($F(2, 359) = .97, n.s.$). Subsequent Post Hoc analyses using Tukey's HSD indicated that girls in Grade 3 ($M = 53.98, SD = 14.70$) had significantly higher *SASC-R* total scores than girls in Grades 5 ($M = 45.73, SD = 16.14$) or 7 ($M = 40.67, SD = 12.43$).

Follow-up main effect analyses for Grade were conducted using Tukey's HSD Post Hoc comparisons which revealed that children in Grade 3 had significantly higher *SASC-R* total scores than children in Grades 5 or 7. Follow-up main effect analyses for Group were conducted using Tukey's HSD Post Hoc comparisons which revealed that withdrawn children had significantly higher *SASC-R* total scores than aggressive children or nondeviant children. For Gender, girls had significantly higher *SASC-R* total scores than boys. Relevant means and standard deviations are displayed in Table 2.

Table 2

Means and (Standard Deviations) of the Social Anxiety Scale for Children—Revised by Grade, Gender, and Group

IV	n	SASC–R Total Score	FNE	SAD–New	SAD–General
Grade					
3	130	48.71 (15.83) _a	22.20 (8.87) _a	17.41 (6.09) _a	9.10 (3.92) _a
5	110	43.19 (15.06) _b	20.23 (8.72)	14.69 (5.02) _b	8.27 (3.91) _{ab}
7	137	40.15 (12.79) _{bc}	18.31 (7.11) _c	14.73 (4.89) _{bc}	7.11 (3.15) _c
Gender					
Boys	169	40.91 (13.97) _a	18.38 (7.90) _a	14.80 (5.33) _a	7.73 (3.25) _a
Girls	208	46.49 (15.32) _b	21.69 (8.46) _b	16.33 (5.56) _b	8.47 (4.08) _b
Group					
Withdrawn	66	50.38 (14.83) _a	22.11 (9.19)	18.64 (5.02) _a	9.64 (3.70) _a
Aggressive	70	43.30 (15.96) _b	20.73 (8.90)	14.66 (5.76) _b	7.91 (3.79) _b
Nondeviant	241	42.44 (14.30) _{bc}	19.54 (7.91)	15.11 (5.30) _{bc}	7.79 (3.65) _{bc}

Note. FNE = Fear of Negative Evaluation; SAD–New = Social Avoidance and Distress (specific to new peers or situations); SAD–General = Social Avoidance and Distress (general situations). Means within the same column that do not share the same subscript are significantly different using Tukey's HSD test $p < .05$.

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with Fear of Negative Evaluation subscale score (FNE) as the dependent variable. Results revealed a significant main effect for Grade ($F(2, 359) = 6.29, p < .01, \eta^2 = .03$), and Gender ($F(1, 359) = 13.97, p < .001, \eta^2 = .04$). No significant effects were evident for Group ($F(2, 359) = 2.23, n.s.$), Grade X Gender ($F(2, 359) = 1.33, n.s.$), Grade X Group ($F(4, 359) = .39, n.s.$), Gender X Group ($F(2, 359) = 1.39, n.s.$), or Grade X Gender X Group ($F(4, 359) = 1.33, n.s.$).

Follow-up main effect analyses for Grade were conducted using Tukey's HSD Post Hoc comparisons which revealed that children in Grade 3 had significantly higher FNE scores than children in Grade 7 but not Grade 5. For Gender, girls had significantly higher FNE scores than boys. Relevant means and standard deviations are displayed back in Table 2.

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with Social Avoidance and Distress (specific to new peers or situations) (SAD–New) subscale score as the dependent variable. Results revealed a significant main effect for Grade ($F(2, 359) = 8.67, p < .001, \eta^2 = .05$), Gender ($F(1, 359) = 7.52, p < .01, \eta^2 = .02$), and Group ($F(2, 359) = 12.65, p < .001, \eta^2 = .07$). No significant effects were evident for Grade X Group ($F(4, 359) = .18, n.s.$) or Gender X Group ($F(2, 359) = .004, n.s.$).

A significant Grade X Gender ($F(2, 359) = 4.33, p < .05, \eta^2 = .02$) was observed. Follow-up simple effects analyses indicated a significant effect of Grade for girls ($F(2, 359) = 13.46, p < .001$) but not for boys ($F(2, 359) = .37, n.s.$). Subsequent Post Hoc analyses using Tukey's HSD indicated that girls in Grade 3 ($M = 19.21, SD = 5.56$) had significantly higher SAD–New scores than girls in Grades 5 ($M = 15.32, SD = 5.31$) or 7 ($M = 14.64, SD = 4.79$).

A trend was found for Grade X Gender X Group ($F(4, 359) = 2.29, p = .06, \eta^2 = .02$). The simple interactions between Grade and Group were examined for boys and for girls. For boys, the Grade X Group simple interaction was not significant ($F(4, 359) = .87, n.s.$) nor was the main effect of Grade ($F(2, 359) = .37, n.s.$). However, there was a significant main effect of Group ($F(2, 359) = 6.08, p < .01$). Follow-up main effect analyses for Group using Tukey's HSD Post Hoc comparisons revealed that boys who are withdrawn had significantly higher SAD–New scores ($M = 17.91, SD = 5.03$) compared to aggressive boys ($M = 13.50, SD = 5.10$) or nondeviant boys ($M = 14.21, SD = 5.16$). For girls, the Grade X Group simple interaction was also not significant ($F(4, 359) = 1.73, n.s.$). However, there was a significant main effect of Grade ($F(2, 359) = 13.46, p < .001$) and Group ($F(2, 359) = 6.61, p < .01$). Follow-up main effect analyses for Grade and Group were conducted using Tukey's HSD Post Hoc comparisons. These comparisons revealed that girls in Grade 3 ($M = 19.21, SD = 5.56$) had significantly higher SAD–New scores than girls in Grade 5 ($M = 15.32, SD = 5.31$) or Grade 7 ($M = 14.64, SD = 4.79$). Moreover, withdrawn girls had significantly higher SAD–New scores ($M = 19.36, SD = 4.98$) compared to aggressive girls ($M = 15.63, SD = 6.16$) or nondeviant girls ($M = 15.79, SD = 5.32$).

Follow-up main effect analyses for Grade and Group were conducted using Tukey's HSD Post Hoc comparisons which revealed that children in Grade 3 had significantly higher SAD–New scores than children in Grades 5 or 7. For Group, it was found that withdrawn children had significantly higher SAD–New scores than aggressive children or nondeviant children. Furthermore, for Gender, girls had significantly higher SAD–New scores than boys. Relevant means and standard deviations are displayed back in Table 2.

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with social avoidance and distress (general situations) (SAD-General) subscale score as the dependent variable. Results revealed a significant main effect for Grade ($F(2, 359) = 6.52, p < .01, \eta^2 = .03$), Gender ($F(1, 359) = 8.51, p < .01, \eta^2 = .02$), and Group ($F(2, 359) = 6.13, p < .01, \eta^2 = .03$). No significant effects were evident for Grade X Gender ($F(2, 359) = 2.10, n.s.$), Grade X Group ($F(4, 359) = .81, n.s.$), Gender X Group ($F(2, 359) = 1.38, n.s.$), or Grade X Gender X Group ($F(4, 359) = 1.11, n.s.$).

Follow-up main effect analyses for Grade were conducted using Tukey's HSD Post Hoc comparisons which revealed that children in Grade 7 had significantly lower SAD-General scores than children in Grades 3 or 5. Follow-up main effect analyses for Group were conducted using Tukey's HSD Post Hoc comparisons which revealed that withdrawn children had significantly higher SAD-General scores than aggressive children or nondeviant children. Moreover, for Gender, girls had significantly higher SAD-General scores than boys. Relevant means and standard deviations are displayed back in Table 2.

Sociometric rating. A 3 (Grade) X 2 (Gender) X 3 (Group) MANOVA was conducted with sociometric rating scale scores on peer acceptance (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance) as the dependent variables. With the use of Wilks' criterion, the overall MANOVA results revealed significant effects for Group ($F(6, 698) = 16.61, p < .001, \eta^2 = .12$), and Gender X Group ($F(6, 698) = 3.02, p < .01, \eta^2 = .02$). No significant effects were found for Grade ($F(6, 698) = .60, n.s.$), Gender ($F(3, 349) = .40, n.s.$), Grade X Gender ($F(6, 698) = 1.15, n.s.$), Grade X Group ($F(12, 923) = 1.42, n.s.$), or Grade X Gender X Group ($F(12, 923) = .88, n.s.$).

To investigate the impact of the interaction of Gender and Group as well as the main effect of Group on the individual dependent variables, a Roy-Bargmann stepdown analysis was performed on the prioritized dependent variables (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance). The three dependent variables were judged to be reliable enough to justify a stepdown analysis. Homogeneity of regression was achieved for all components of the stepdown analysis. It was found that the Gender X Group interaction had a significant impact for importance of peer acceptance ($F(2, 349) = 7.71, p < .01, \eta^2 = .04$), but not for actual peer acceptance ($F(2, 351) = 1.21, n.s.$), or for perceived peer acceptance ($F(2, 350) = .34, n.s.$). Thus, the interaction of Gender and Group accounted for 4% of the variability of importance of peer acceptance. The main effect of Group had a significant impact on actual peer acceptance ($F(2, 351) = 34.03, p < .001, \eta^2 = .16$), perceived peer acceptance ($F(2, 350) = 5.34, p < .01, \eta^2 = .05$), and importance of peer acceptance ($F(2, 349) = 10.67, p < .001, \eta^2 = .02$). Therefore, the main effect of Group accounted for 16% of the variability for actual peer acceptance, 5% of the variability for perceived peer acceptance, and 2% of the variability for importance of peer acceptance. See Table 3 for a summary of the results.

Table 3

Tests by Grade, Gender, Group, and Their Interaction Regarding Children's Sociometric Rating Scale Scores

IV	DV	Univariate F	df	Stepdown F	df
Grade	APA	1.14	2/351	.62	2/351
	PPA	.47	2/351	.94	2/350
	IPA	.04	2/351	.42	2/349
Gender	APA	.79	1/351	.45	1/351
	PPA	.005	1/351	.96	1/350
	IPA	.29	1/351	.37	1/349
Group	APA	33.24***	2/351	34.03***	2/351
	PPA	9.67***	2/351	5.34**	2/350
	IPA	4.13*	2/351	10.67***	2/349
Grade X Gender	APA	.58	2/351	.11	2/351
	PPA	1.37	2/351	1.29	2/350
	IPA	.69	2/351	.66	2/349
Grade X Group	APA	2.17	4/351	2.28	4/351
	PPA	.71	4/351	.83	4/350
	IPA	.85	4/351	.98	4/349

Table 3 (continued)

IV	DV	Univariate F	df	Stepdown F	df
Gender X Group	APA	1.08	2/351	1.21	2/351
	PPA	.84	2/351	.34	2/350
	IPA	7.09**	2/351	7.71**	2/349
Grade X Gender X Group	APA	1.01	4/351	1.01	4/351
	PPA	.79	4/351	1.18	4/350
	IPA	.25	4/351	.45	4/349

Note. APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance.

Univariate between subjects effects indicated a significant Gender X Group effect only for importance of peer acceptance ($F(2, 351) = 7.09, p < .01$). Results from follow-up simple effects analyses indicated a significant effect of Group for boys ($F(2, 351) = 10.03, p < .001$), but not for girls ($F(2, 351) = .52, n.s.$). Subsequent Post Hoc analyses using Tukey's HSD indicated that aggressive boys ($M = -.64, SD = 1.06$) believed that it is significantly less important to be liked by their peers compared to withdrawn boys ($M = .20, SD = .80$) or nondeviant boys ($M = .16, SD = .89$).

For the main effect of Group, significant univariate between subjects effects were found for actual peer acceptance ($F(2, 351) = 33.24, p < .001$), perceived peer acceptance ($F(2, 351) = 9.67, p < .001$), and importance of peer acceptance ($F(2, 351) = 4.13, p < .05$). Subsequent Post Hoc analyses using Tukey's HSD indicated that nondeviant children ($M = .35, SD = .80$) are significantly better liked by their peers than withdrawn children ($M = -.43, SD = 1.01$) or aggressive children ($M = -.37, SD = .81$). For perceived peer acceptance, withdrawn children ($M = -.45, SD = 1.07$) perceived themselves to be significantly less well liked by their peers than aggressive children ($M = .07, SD = 1.07$) or nondeviant children ($M = .12, SD = .82$). Finally, for importance of peer acceptance, aggressive children ($M = -.29, SD = 1.13$) believed that it is significantly less important to be liked by their peers compared to withdrawn children ($M = .12, SD = .85$). There was a trend ($p = .05$) found between aggressive children and nondeviant children. Results showed that aggressive children believed that it is less important to be liked by their peers compared to nondeviant children ($M = .01, SD = .88$).

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with actual peer acceptance rating scale score as the dependent variable. Results revealed a significant main

effect for Group ($F(2, 351) = 33.24, p < .001, \eta^2 = .16$). Tukey's HSD Post Hoc comparisons revealed that nondeviant children were significantly better liked by their peers than withdrawn children or aggressive children. No significant effects were evident for Grade ($F(2, 351) = 1.14, n.s.$), Gender ($F(1, 351) = .79, n.s.$), Grade X Gender ($F(2, 351) = .58, n.s.$), Gender X Group ($F(2, 351) = 1.08, n.s.$), or Grade X Gender X Group ($F(4, 351) = 1.01, n.s.$).

A trend was found for Grade X Group ($F(4, 351) = 2.17, p = .07, \eta^2 = .02$). Follow-up simple effects analyses indicated a significant effect of Group for children in Grade 3 ($F(2, 123) = 8.73, p < .001$), Grade 5 ($F(2, 107) = 16.56, p < .001$), and Grade 7 ($F(2, 130) = 13.93, p < .001$). Subsequent Post Hoc analyses, using Tukey's HSD indicated that in Grade 3, aggressive children ($M = -.43, SD = .89$) were significantly less well liked by their peers than nondeviant children ($M = .36, SD = .74$) but not withdrawn children ($M = -.04, SD = 1.08$). In Grade 5, nondeviant children ($M = .41, SD = .82$) were significantly better liked by their peers than withdrawn ($M = -.57, SD = .95$) or aggressive children ($M = -.48, SD = .63$). In Grade 7, nondeviant children ($M = .28, SD = .83$) were significantly better liked by their peers than withdrawn ($M = -.73, SD = .89$) or aggressive children ($M = -.22, SD = .87$).

Moreover, follow-up simple effects analyses indicated a significant effect of Grade for withdrawn children ($F(2, 351) = 4.19, p < .05$). Subsequent Post Hoc analyses using Tukey's HSD indicated that in Grade 3 ($M = -.04, SD = 1.08$) withdrawn children were better liked by their peers (trend $p = .05$) than in Grade 7 ($M = -.73, SD = .89$). No significant effect of Grade was found for aggressive children ($F(2, 351) = .63, n.s.$) or for

nondeviant children ($F(2, 351) = .46$, n.s.). Relevant means and standard deviations are displayed in Table 4.

Table 4

Means and (Standard Deviations) of the Sociometric Rating Scale Scores by Grade, Gender, and Group

IV	n	APA	PPA	IPA
Grade				
3	126	.13 (.89)	-.04 (.94)	-.07 (.93)
5	110	.08 (.92)	.01 (.94)	-.07 (.93)
7	133	.02 (.93)	.06 (.94)	.05 (.95)
Gender				
Boys	167	.05 (.91)	.04 (.94)	.02 (.96)
Girls	202	.10 (.92)	-.02 (.94)	-.06 (.92)
Group				
Withdrawn	64	-.43 (1.01) _a	-.45 (1.07) _a	.12 (.85) _a
Aggressive	69	-.37 (.81) _{ab}	.07 (1.07) _b	-.29 (1.13) _b
Nondeviant	236	.35 (.80) _c	.12 (.82) _{bc}	.01 (.88)

Note. APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance. Means within the same column that do not share the same subscript are significantly different using Tukey's HSD test $p < .05$.

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with perceived peer acceptance rating scale score as the dependent variable. Results revealed a significant main effect for Group ($F(2, 351) = 9.67, p < .001, \eta^2 = .05$). No significant effects were evident for Grade ($F(2, 351) = .47, n.s.$), Gender ($F(1, 351) = .005, n.s.$), Grade X Gender ($F(2, 351) = 1.37, n.s.$), Grade X Group ($F(4, 351) = .71, n.s.$), Gender X Group ($F(2, 351) = .84, n.s.$), or Grade X Gender X Group ($F(4, 351) = .79, n.s.$).

Follow-up main effect analyses for Group were conducted using Tukey's HSD Post Hoc comparisons which revealed that withdrawn children perceived themselves to be significantly less well liked by their peers than aggressive children or nondeviant children. Relevant means and standard deviations are displayed back in Table 4.

A 3 (Grade) X 2 (Gender) X 3 (Group) ANOVA was conducted with importance of peer acceptance rating scale score as the dependent variable. Results revealed a significant main effect for Group ($F(2, 351) = 4.13, p < .05, \eta^2 = .02$). No significant effects were evident for Grade ($F(2, 351) = .04, n.s.$), Gender ($F(1, 351) = .29, n.s.$), Grade X Gender ($F(2, 351) = .69, n.s.$), Grade X Group ($F(4, 351) = .85, n.s.$) or Grade X Gender X Group ($F(4, 351) = .25, n.s.$).

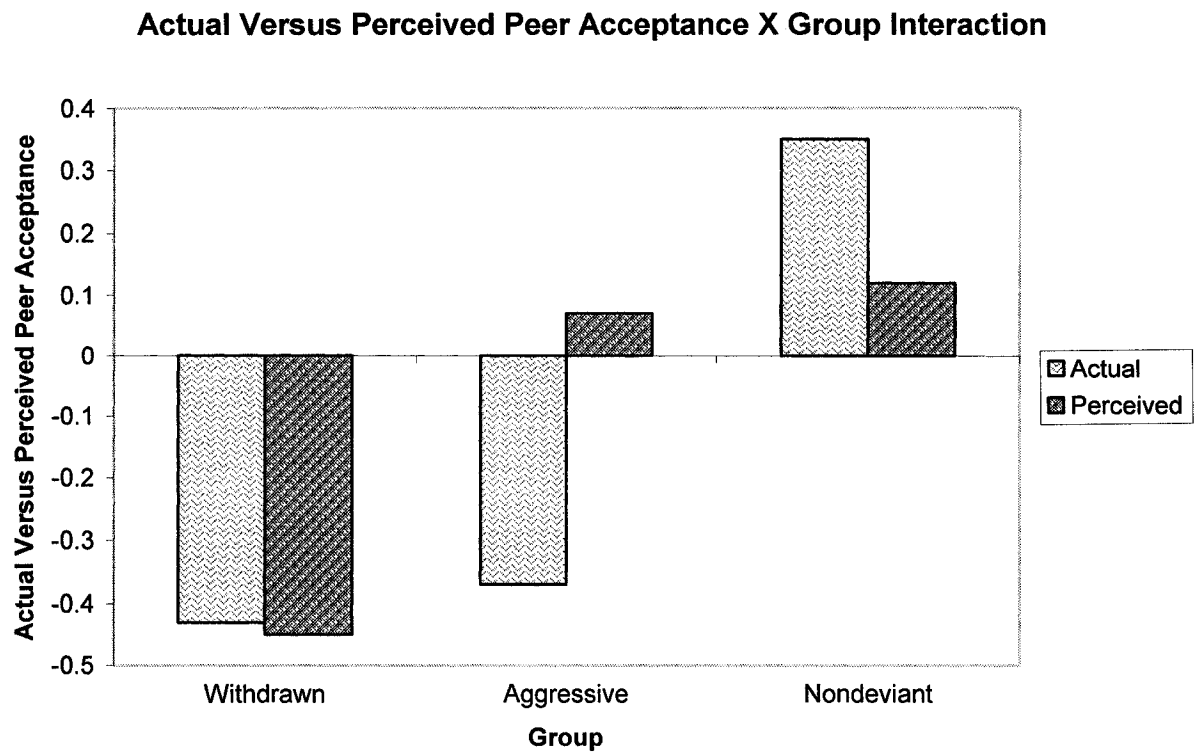
A significant Gender X Group ($F(2, 351) = 7.09, p < .01, \eta^2 = .04$) was observed. Follow-up simple effects analyses indicated a significant effect of Group for boys ($F(2, 351) = 10.03, p < .001$) but not for girls ($F(2, 351) = .52, n.s.$). Subsequent Post Hoc analyses using Tukey's HSD indicated that aggressive boys ($M = -.64, SD = 1.06$) believed that it is significantly less important to be liked by their peers compared to withdrawn boys ($M = .20, SD = .80$) or nondeviant boys ($M = .17, SD = .89$).

Follow-up main effect analyses for Group were conducted using Tukey's HSD Post Hoc comparisons which revealed that aggressive children believed that it is significantly less important to be liked by their peers compared to withdrawn children. There was a trend ($p = .05$) found between aggressive children and nondeviant children. It was revealed that aggressive children believed that it is less important to be liked by their peers compared to nondeviant children. Relevant means and standard deviations are displayed back in Table 4.

A 3 (Grade) X 2 (Gender) X 3 (Group) X 2 (actual peer acceptance versus perceived peer acceptance) ANOVA with repeated measures on the fourth factor was conducted on the sociometric rating scale scores. The within-subjects design analyses were tested using the multivariate criterion of Wilks' lambda (Λ). Results revealed a significant Act.Per X Group ($\Lambda = .93$, $F(2, 351) = 12.13$, $p < .001$, $\eta^2 = .06$). No significant effects were found for Act.Per ($F(1, 351) = .60$, n.s.), Act.Per X Grade ($F(2, 351) = 1.06$, n.s.), Act.Per X Gender ($F(1, 351) = .47$, n.s.), Act.Per X Grade X Gender ($F(2, 351) = 2.89$, n.s.), Act.Per X Grade X Group ($F(4, 351) = 1.91$, n.s.), Act.Per X Gender X Group ($F(2, 351) = .28$, n.s.), or Act.Per X Grade X Gender X Group ($F(4, 351) = 1.62$, n.s.).

Follow-up simple effects analyses using paired sample t tests indicated that for withdrawn children, there was no significant difference between actual peer acceptance ($M = -.43$, $SD = 1.01$) and perceived peer acceptance ($M = -.45$, $SD = 1.07$), $t(63) = .08$, n.s. For aggressive children, their actual peer acceptance ($M = -.37$, $SD = .81$) was significantly lower than their perceived peer acceptance ($M = .07$, $SD = 1.07$), $t(68) = -3.26$, $p < .01$. For nondeviant children, their actual peer acceptance ($M = .35$, $SD = .80$) was significantly higher than their perceived peer acceptance ($M = .12$, $SD = .82$), $t(235) = 3.92$, $p < .001$ (see Figure 1).

Figure 1



Differences Between High Socially Anxious Children and Low Socially Anxious Children

Correlations. Correlation coefficients were computed between the social anxiety scale (*SASC-R*) and the sociometric rating scale scores. The results of the correlational analyses are presented in Table 5. By examining this table it can be seen that *SASC-R* total scores and FNE were significantly negatively correlated with actual peer acceptance. Also, *SASC-R* total scores, FNE, SAD-New, and SAD-General were significantly negatively correlated with perceived peer acceptance. There were no significant correlations found between *SASC-R* total scores, FNE, SAD-New, and SAD-General and importance of peer acceptance.

Table 5

Correlations Between SASC-R and Sociometric Rating Scale

	1	2	3	4	5	6	7
1. SASC-R Total Score	—	.90***	.84***	.75***	-.12**	-.18***	-.01
2. FNE		—	.60***	.51***	-.13**	-.16**	.004
3. SAD-New			—	.58***	-.08	-.16**	-.03
4. SAD-General				—	-.08	-.12**	-.005
5. APA					—	.35***	.15**
6. PPA						—	.49***
7. IPA							—

Note. FNE = Fear of Negative Evaluation; SAD-New = Social Avoidance and Distress (specific to new peers or situations); SAD-General = Social Avoidance and Distress (general situations); APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance.

Creation of high and low social anxiety groups. Standardized total scores from the *SASC-R* (La Greca & Stone, 1993) were used to create two groups of children. Those whose standardized scores were at or above half a standard deviation from the mean (i.e., $z > 0.5$) were selected as the high social anxiety group. Those whose standardized scores were at or below half a standard deviation below the mean ($z < -0.5$) were selected as the low social anxiety group. Separate groups were created for boys and girls.

A 3 (Grade) X 2 (Social Anxiety Group – boys) MANOVA was conducted with sociometric rating scale scores on peer acceptance (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance) as the dependent variables. With the use of Wilks' criterion, the overall MANOVA results revealed nonsignificant effects for Grade ($F(6, 280) = .12$, n.s.), Social Anxiety Group ($F(3, 140) = 1.78$, n.s.), and Grade X Social Anxiety Group ($F(6, 280) = .58$, n.s.). Relevant means and standard deviations are displayed in Table 6.

Table 6

Means and (Standard Deviations) of the Sociometric Rating Scale Scores by Grade and Social Anxiety Group (for Boys Only)

IV	n	APA	PPA	IPA
Grade				
3	56	-.05 (.93)	.03 (.91)	.03 (.94)
5	43	.04 (.94)	.06 (.87)	-.03 (.99)
7	49	-.06 (.95)	-.01 (.96)	-.09 (1.01)
Social Anxiety Group				
High Social Anxiety	51	-.22 (.95)	-.10 (.89)	.06 (.91)
Low Social Anxiety	97	.07 (.91)	.09 (.91)	-.07 (1.01)

Note. APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance.

* $p < .05$. ** $p < .01$. *** $p < .001$.

A 3 (Grade) X 2 (Social Anxiety Group – girls) MANOVA was conducted with sociometric rating scale scores on peer acceptance (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance) as the dependent variables. With the use of Wilks' criterion, the overall MANOVA results revealed a significant main effect for Social Anxiety Group ($F(3, 155) = 4.04, p < .01, \eta^2 = .07$). No significant effects were found for Grade ($F(6, 310) = .14, n.s.$) or for Grade X Social Anxiety Group ($F(6, 310) = .57, n.s.$).

To investigate the impact of the main effect of Social Anxiety Group on the individual dependent variables, a Roy-Bargmann stepdown analysis was performed on the prioritized dependent variables (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance). The three dependent variables were judged to be reliable enough to justify a stepdown analysis. Homogeneity of regression was achieved for all components of the stepdown analysis. It was found that the main effect of Social Anxiety Group had a significant impact on actual peer acceptance ($F(1, 157) = 4.37, p < .05, \eta^2 = .02$), and perceived peer acceptance ($F(1, 156) = 8.22, p < .01, \eta^2 = .06$), but not for importance of peer acceptance ($F(1, 155) = .80, n.s.$). Thus, the main effect of Social Anxiety Group accounted for 2% of the variability for actual peer acceptance and for 6% of the variability for perceived peer acceptance. See Table 7 for a summary of the results.

Table 7

Tests by Grade, Social Anxiety Group, and Their Interaction (for Girls Only) Regarding Children's Sociometric Rating Scale Scores

IV	DV	Univariate F	df	Stepdown F	df
Grade					
	APA	.18	2/157	.004	2/157
	PPA	.15	2/157	.81	2/156
	IPA	.04	2/157	.35	2/155
Social Anxiety Group					
	APA	3.79	1/157	4.37*	1/157
	PPA	9.25**	1/157	8.22**	1/156
	IPA	.74	1/157	.80	1/155
Grade X Social Anxiety Group					
	APA	.68	2/157	.68	2/157
	PPA	.94	2/157	.74	2/156
	IPA	.97	2/157	.31	2/155

Note. APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Results of follow-up univariate between subjects effects for Social Anxiety Group revealed a trend for actual peer acceptance ($F(1, 157) = 3.79, p = .05$), a significant group difference for perceived peer acceptance ($F(1, 157) = 9.25, p < .01$), but not for importance of peer acceptance ($F(1, 157) = .74, n.s.$). Girls who were high on social anxiety ($M = -.09, SD = .95$) were less well liked by their peers than girls who were low on social anxiety ($M = .19, SD = .86$). Moreover, girls who were high on social anxiety ($M = -.24, SD = .90$) perceived themselves to be significantly less well liked by their peers than girls who were low on social anxiety ($M = .25, SD = .93$). Relevant means and standard deviations are displayed in Table 8.

Table 8

Means and (Standard Deviations) of the Sociometric Rating Scale Scores by Grade and Social Anxiety Group (for Girls Only)

IV	n	APA	PPA	IPA
Grade				
3	54	.04 (.87)	-.06 (.95)	.04 (.97)
5	53	.04 (.94)	-.10 (.92)	-.08 (.98)
7	56	.03 (.96)	.10 (.97)	.01 (1.00)
Social Anxiety Group				
High Social Anxiety	91	-.09 (.95)	-.24 (.90) _a	-.07 (.98)
Low Social Anxiety	72	.19 (.86)	.25 (.93) _b	.07 (.97)

Note. APA = actual peer acceptance; PPA = perceived peer acceptance; IPA = importance of peer acceptance. Means within the same column that do not share the same subscript are significantly different using Tukey's HSD test $p < .05$.

Discussion

The research examining peer-identified withdrawn, aggressive, and nondeviant children has generally focused on examining either children's self-perceptions or their peers' perceptions of them. While this research has provided valuable insight in terms of the social and psychological effects that social withdrawal and aggression have during childhood and adolescence and later on into adulthood, it has not provided a complete picture. It would seem important to further this research by simultaneously comparing children's self-perceptions to how their peers perceive them. Therefore, the primary goal of this study was to directly examine and compare actual peer acceptance and perceived peer acceptance in socially withdrawn children, as well as in two comparison groups – aggressive and nondeviant. Moreover, the present study went a step further and had the children also rate how important it was for them to be liked by their peers – the “importance” of peer acceptance. These were examined across age and gender. In addition, children's self-reported social anxiety was also examined to explore how this characteristic affected how they thought they were perceived by peers. The following discussion provides a summary and integration of the findings, as well as explanations and implications of the results. The limitations of the present study are described, and suggestions are made for future research.

Peer and Self-Perceptions of Withdrawn, Aggressive, and Nondeviant Children

When examining children's perceptions of how much peers liked to play with them (“actual” peer acceptance), it was not surprising to find that nondeviant children were significantly better liked than were socially withdrawn or aggressive children. This finding is similar to those of previous studies indicating that withdrawn and aggressive children are less well liked by their peers compared to average children (e.g., Hymel, Bowker, et al.,

1993; Jackson & Tisak, 2001; Prakash & Coplan, 2007; Rubin et al., 1993; Rubin, Hymel, & Mills, 1989; Zimmer-Gembeck, Geiger, & Crick, 2005). Although the behaviours of both withdrawn and aggressive children are quite different, both groups are perceived more negatively regardless of age than are more average, nondeviant children.

The present study also found a grade effect in terms of peers' acceptance of withdrawn children. As expected, withdrawn children were found to be better liked by their peers in Grade 3 (trend $p = .05$) than in Grade 7. However, there was no grade difference found in terms of peers' acceptance of aggressive or nondeviant children. It is normative for young children to engage in more solitary types of play behaviours (e.g., exploration, constructive play) (Rubin, 1982). It is not surprising then that younger children might not view children displaying such behaviour negatively, as they likely do not perceive these behaviours as deviant. In older children and adolescents, however, the display of socially withdrawn behaviours by their age-mates is seen as more deviant and negative, and therefore these children are more likely to be rejected by their peers (for a recent review, see Rubin & Coplan, 2004). As reported in previous research, social withdrawal and peer rejection are associated with internalizing difficulties across the life span such as loneliness, low self-esteem, depression, anxiety, and somatic complaints (e.g., Burgess & Younger, 2006; Coplan, Prakash, et al., 2004; Gest, 1997; Gest et al., 2006; Rubin & Burgess, 2001). It would seem valuable, therefore, that withdrawn children not be overlooked in the classrooms, but be identified early in the school system in order to intervene before these difficulties intensify and become more difficult to change.

When examining children's perceptions of how much they thought other children liked to play with them ("perceived" peer acceptance), the present study found no significant grade

differences between withdrawn, aggressive, or nondeviant children. However, significant group differences were found between withdrawn, aggressive, and nondeviant children. As predicted, withdrawn children perceived themselves to be significantly less well liked by their peers than did aggressive or nondeviant children. As reported in previous research, withdrawn children are aware of their lower social acceptance, whereas prosocial children (nondeviant children) are more aware of their positive peer status (e.g., Rubin & Stewart, 1996; Rubin et al., 1995). Hymel, Bowker, et al. (1993) found that compared to aggressive-rejected children, withdrawn-rejected children were more accurate in their self-perceptions. It could be that withdrawn children are just more willing to recognize their social difficulties (Boivin & Hymel, 1997).

On the other hand, the aggressive children in the present study perceived themselves to be significantly better liked by their peers than did the withdrawn children. Previous research has likewise found that aggressive children tend to view themselves positively and have overly optimistic views of their competencies compared to others (e.g., Boivin & Bégin, 1989; Graham, Bellmore, & Mize, 2006; Hughes, Cavell, & Grossman, 1997; Hughes, Cavell, & Prasad-Gaur, 2001; Hymel, Bowker, et al., 1993; Hymel et al., 1990; Juvonen, Nishina, & Graham, 2000). Indeed, aggressive children tend to report similar levels of peer acceptance as average children (e.g., Patterson, Kupersmidt, & Griesler, 1990; Zakriski & Coie, 1996). For instance, Hughes et al. (1997) examined the self-ratings of competence and support in early elementary school-aged children (Grades 2 and 3) who were aggressive versus nonaggressive. These ratings were compared to those obtained from mothers, teachers, and peers. The results showed that compared to nonaggressive peers, aggressive children were more likely to report idealized self-perceptions. Despite being

rated by peers as being less accepted and more rejected, as well as being rated by mothers, teachers, and peers as being more deviant, aggressive children were found to report levels of acceptance and competence that were similar to or higher than nonaggressive children. Hughes et al. (1997) also found that aggressive children tended to be undifferentiated (i.e., statistically overlapping) in their ratings of their competence and relationship quality compared to nonaggressive children. Higher levels of aggression were associated with aggressive children's inclination to report inflated and idealized views of others and themselves. Our findings concur, indicating that aggressive children's views of how others view them tend to be similarly inflated.

Why should aggressive children show this self-enhancing bias? One explanation was proposed by Hymel, Bowker, et al. (1993), who speculated that aggressive children have such an inflated view of their likeability because they do not receive clear negative feedback from their peers, as these peers might fear reprisal. A different explanation was suggested by Zakriski and Coie (1996) who compared rejection feedback in aggressive-rejected, nonaggressive-rejected, and average Grade 4 boys. These researchers had the children undergo two experimental tasks: the first (other-directed feedback) involved having the children view two 5-min videotaped vignettes of other children receiving feedback (negative or ambiguous feedback) from peers. The children then had to rate how much they thought the child receiving the feedback on the videotape (protagonist) liked the target child (attributed liking) and vice versa (liking). The second task (self-directed feedback) involved having the participating children interact for 5-min each with two confederates who provided the children with different types of feedback (negative or ambiguous). The children then had to rate how much they thought the confederates liked them (attributed liking) and vice versa

(liking). The results showed that regardless of group, all the boys rated self-directed feedback more positively. However, compared to average and nonaggressive-rejected boys, aggressive-rejected boys rated other-directed feedback more negatively and had the largest difference in attributed liking and liking between self-directed and other-directed conditions. While aggressive-rejected boys were able to recognize negative feedback when it was directed at another child, they had more difficulty when it directly involved them. Moreover, other researchers have found that aggressive children do indeed receive more negative responses from their peers (e.g., Hughes et al., 1997; Pellegrini, 1998). Thus, aggressive children's under-reporting of their own behaviour appears not to result from a lack of negative responses from their peers, but rather from a tendency to make self-protective errors (a "hyposensitivity") to negative feedback from other children (Hughes et al., 2001). This explanation concurs with the present study's findings regarding aggressive children's self-enhancing bias regarding how they think they are perceived by their peers.

The present study found no gender differences for either actual peer acceptance or perceived peer acceptance. Perhaps the lack of gender differences found in the present study might be because there was no differentiation made between different forms of nonsocial play behaviours (e.g., reticent, solitary-passive, solitary-active) or different forms of aggression (i.e., overt and relational aggression). For example, it has been found that girls tend to display more relational aggression than boys, and this form of aggression has been strongly linked to low peer status for girls. Boys, on the other hand, tend to display more overt aggression than girls, and this form of aggression has been strongly linked to low peer status for boys (e.g., Crick, 1996; Keresteš & Milanović, 2006; McNeilly-Choque, Hart, Robinson, Nelson, & Olsen, 1996; Ostrov & Keating, 2004; Rys & Bear, 1997). Regarding

socially withdrawn behaviours, past research has reported gender differences in some subtypes of withdrawn behaviours. For instance, Coplan et al. (2001) reported no significant gender differences in the relation between reticent behaviour and social adjustment and academic achievement. However, their results indicated significant gender differences for solitary-passive behaviours. Solitary-passive behaviours in boys were found to be positively associated with shyness and internalizing problems, and negatively associated with academic achievement and social competence. For girls who displayed solitary-passive behaviours, this was found to be negatively associated with shyness and internalizing problems, and positively related to academic achievement as well as being relatively unrelated to social competence. Future research should examine children's actual peer acceptance and perceived peer acceptance across gender and different types of withdrawn and aggressive behaviours in order to more fully understand children's self-perceptions and its relation to peer acceptance.

Regarding children's ratings of how important it was for them to be liked by their peers ("importance" of peer acceptance), the present study found no significant grade differences between withdrawn, aggressive, or nondeviant children. However, a significant group difference was found: aggressive children believed it was significantly less important to be liked by peers than did withdrawn children. A similar trend was found ($p = .05$) when aggressive children were compared to nondeviant children. Contrary to our hypothesis, there was no significant difference found between withdrawn and nondeviant children, though the trend was in the predicted direction. As for gender differences, the present study found that aggressive boys felt that it was significantly less important for them to be liked by their peers than did withdrawn or nondeviant boys. As for girls, there was no significant difference in

perceptions of the importance of peer acceptance between withdrawn, aggressive, or nondeviant behaviour.

Children who are aggressive do not seem to care or pay attention to how others view their behaviour. However, for withdrawn children, and to a lesser extent for nondeviant children, our findings suggest that it is important to be liked by peers. This is in line with Leary's (2001) and Schlenker and Leary's (1982) theory regarding social anxiety: the motivation for making a favourable impression. It appears, based on the present study's results, that withdrawn children place a higher importance on favourable peer evaluations compared to aggressive children. Given this, one might speculate on the effectiveness of current interventions for aggressive children. Since it appears, based on our findings, that aggressive children believe that it is less important to be liked by peers compared to others (e.g., withdrawn children), what effect would this have on the success of current interventions? Moreover, what effect does this belief have on aggressive children's behaviour in general or in their demeanour? Future research on aggression needs to address these issues more fully. Moreover, as previously mentioned, a limitation of the present study is that no differentiation was made between different types of aggression (i.e., overt/physical aggression and relational aggression). It would be interesting to see in future research if there are differences in importance of peer acceptance and its relation to aggressive children's self-perceptions and peer acceptance for boys and girls who characteristically display different forms of aggressive behaviour.

When directly comparing withdrawn children's actual versus perceived peer acceptance, no significant difference was found, contrary to our hypothesis. We assumed that withdrawn children would underestimate their likeability. However, it appears that they may actually

have been more realistic in their assessments, holding a more accurate view of the extent to which others like them. Withdrawn children tend not to be well liked – and our results indicate that they are aware of this status. These findings run parallel to those reported by Zimmer-Gembeck, Hunter, and Pronk (2007) who found that compared to prosocial children 9 to 13 years of age, withdrawn children were relatively more aware of their low social acceptance, and also perceived themselves to not be well liked by their peers. Having a realistic view of oneself might seem positive; however, in the case of withdrawn children, it might have negative consequences. Research with depressed individuals, for example, sheds some light on this. Research which compared normal, nondepressed adults to depressed adults found that those who were nondepressed showed positive biases in their self-cognitions (Abramson & Alloy, 1990). The term that has been used in the research to describe having a positively biased self-perception is “illusory glow” (Lewinsohn, Mischel, Chaplin, & Barton, 1980). Thus, nondepressed individuals may be described as having a glow “that involves an illusory self-enhancement in which one sees oneself more positively than others see one” (p. 210) (Lewinsohn et al., 1980). Having this optimistic view of oneself is considered to be significant for adaptive reasons (Burgess & Younger, 2006). For instance, having this “illusory glow” may help focus an individual’s attention and memory on his/her more positive attributes versus negative attributes, thereby maintaining the individual’s positive self-perceptions (Lewinsohn et al., 1980). However, the withdrawn children in the present study tended not to show this optimistic view of themselves. Rather than distorting their view positively, as did the aggressive children, the withdrawn children were more realistic in their view of how they thought their peers viewed them.

These findings fit well with Burgess' and Younger's (2006) observations that withdrawn children endorsed more negative and especially fewer positive words as self-descriptive than did aggressive and average children. As Burgess and Younger suggest, this lack of positive bias may result in withdrawn children's having difficulty maintaining a positive view when faced with difficult social situations. Indeed, withdrawn children's beliefs that they are not liked by their peers might play a role in the development of socioemotional problems (Rubin et al., 2006). This lack of positive bias might play a role in the development of internalizing difficulties such as depression, loneliness, low self-esteem, anxiety, and somatic complaints that have been associated with withdrawal (e.g., Boivin et al., 1995; Burgess & Younger, 2006; Coplan, Prakash, et al., 2004; Crozier, 1995; Gazelle & Ladd, 2003; Gest, 1997; Gest et al., 2006; Hymel et al., 1990; Rubin, 1993b; Rubin et al., 1995; Rubin & Burgess, 2001). Future research could be directed towards examining how maintaining accurate, rather than positively biased self-perceptions has on the social behaviour and peer acceptance of children and adolescents.

On the other hand, the aggressive children in the present study perceived themselves to be significantly better liked by their peers than they actually were. This is congruent with the findings of other studies which showed that compared to how their peers perceive them, aggressive children tend to overestimate as well as misapprehend their own competencies (e.g., Hughes et al., 1997; Hymel, Bowker, et al., 1993; Juvonen, Graham, & Schuster, 2003; Zakriski & Coie, 1996). Past research (e.g., Asher, Parkhurst, Hymel, & Williams, 1990; Boivin, Thomassin, & Alain, 1989; Dodge & Frame, 1982) suggests that such inflated self-perceptions may lie in aggressive children's social-cognitive deficiencies or "ego-defensiveness" (Chen et al., 2004). For example, Chen et al. (2004) found that middle

school-aged aggressive children, irrespective of culture (i.e., Canadian, Brazilian, Chinese, and Italian), did not report negative self-perceptions in self-worth, scholastic competence, or social competence, despite having difficulties in both school and social adjustment.

There is a debate in the literature whether this inflated self-perception in aggressive children is a protective or a risk factor (Hughes et al., 1997). On the one hand, some have speculated that having a positive perception of one's social acceptance may act as a short-term protective buffer against negative responses associated with peer rejection (e.g., loneliness) (Sandstrom & Zakriski, 2004). For instance, Sandstrom and Coie (1999) examined mechanisms of social status improvement using a prospective study with early elementary school-aged children. Rejected children at the start of Grade 4 (some of whom improved their social status by the end of Grade 5) were recruited from a larger sociometric sample. These researchers conducted prospective analyses to verify whether the children's own perceptions of their behaviour in Grade 4 and peer-nominated aggression were predictive of social status improvement by the end of Grade 5. The results showed that even after initial levels of rejection were controlled, initially rejected boys (but not girls) in Grade 4 who believed that they were well liked by their peers, demonstrated greater improvement in social status by the end of Grade 5 than initially rejected boys who did not. It appears at least in the short-term, having a self-enhancing bias may be related to having better relationship experiences.

This inflated self-perception might serve as a protective factor for aggressive children. For instance, they are less likely to suffer from internalizing problems (e.g., depression, loneliness, anxiety) than are withdrawn children. The flip side is that aggressive children, who have a tendency to externalize the blame for their problems through such inflated self-

perceptions of competence, might be less likely to view themselves as having problems. Consequently, they might be less motivated to change their behaviour, which might in turn impede their progress in psychosocial interventions (Hughes et al. 1997).

Baumeister, Smart, and Boden (1996) reviewed the literature on aggression and suggested that having positively biased self-concepts might have a "dark side". They disputed the long-held view that aggressive behaviour is associated with having low self-esteem. They suggested that it is individuals with very positive views of themselves who are more likely to show aggressive types of behaviours, especially when these individuals receive negative social feedback which is extremely discrepant with their positive self.

In order to examine the above mentioned issue more closely, David and Kistner (2000) examined the hypothesized link between aggression and positively biased self-perceptions in elementary school-aged children (Grades 3 to 5). These researchers compared children's actual peer acceptance and perceived peer acceptance using sociometric ratings. Children's aggression was measured using a peer nomination measure which has three subscales (i.e., relational aggression, overt aggression, and prosocial behaviour) (Crick, Bibgee, & Howes, 1996; Crick & Grotpeter, 1995). Results showed that, consistent with Baumeister et al.'s (1996) hypothesized link between aggression and biased positive self-perceptions, boys and girls who overestimated their peer acceptance were more prone to be nominated as aggressive by their peers (David & Kistner, 2000). No difference was found between perceptual bias and these two types of aggressive behaviours (i.e., relational and overt aggression), consistent with previous research (e.g., Rys & Bear, 1997; Tomada & Schneider, 1997). However, compared to girls, boys were reported to display both more overt and more relational aggression. David and Kistner (2000) also found a linear

association between increases in children's positive biased self-perceptions and peer-nominated aggression. Their results showed that having positive self-perceptions does have a "dark side". Future research needs to examine the causal relation between aggression and positively biased self-perceptions in both genders, perhaps using longitudinal studies.

In the present study, nondeviant children were found to be significantly better liked by their peers than they thought they were. This is in line with previous research (e.g., Hughes et al., 1997) which found that nonaggressive children, compared to aggressive children, tended to underestimate their functioning, both their cognitive competence and their peer acceptance. In keeping with Leary's (2001) and Schlenker and Leary's (1982) self-presentation theory, one might speculate that the reason nondeviant children underestimate their peer acceptance might be because they lack a high motivation to create a favourable impression with respect to their perceived social status. This possible explanation is demonstrated by Shepperd, Arkin, and Slaughter (1995) in a study with undergraduates which found that compared to shy young adults, non-shy young adults were significantly less motivated to make excuses subsequent to failure. Thus, because nondeviant children's self-worth is presumably less dependent on the approval of others, it is possible that they are less influenced by a social desirability bias than withdrawn children or the self-enhancement bias of aggressive children. Future research should examine this hypothesis more closely.

Peer and Self-Perceptions of Socially Anxious Children

The results from correlational analyses showed that children who were highly socially anxious and had high fear of negative evaluation were less well liked by their peers. These children, particularly if they also showed high levels of social avoidance and distress (specific to new peers or situations as well as general situations), tended also to perceive

themselves as less well liked by their peers. Contrary to our hypothesis, social anxiety was not significantly correlated with children's ratings of the importance of peer acceptance. This finding is surprising given that socially anxious individuals have a very high desire to make a favourable impression but at the same time believe that they will not be able to do so (e.g., Clark & Wells, 1995; Musa & Lépine, 2000). A possible explanation for this discrepancy is that the socially anxious children in the present study may have indicated that it was not important to be liked by their peers because minimizing the importance of being liked by their peers (at a cognitive level) might serve as a self-protecting factor.

As with the research on social withdrawal and aggression, previous social anxiety research has also indicated a relation between peer rejection and social anxiety in children and adolescents (e.g., Greco & Morris, 2005; Inderbitzen, Walters, & Bukowski, 1997; La Greca et al., 1988; La Greca & Stone, 1993). In general, the research has shown a clear association between being actively disliked or less preferred by peers and social anxiety (Greco & Morris, 2005). We need to keep in mind, however, that the above results from the present study are correlational in nature. Thus the direction of the correlation is unclear. On the one hand, not being liked by peers, and knowing that one is not liked by peers can make a child feel more socially anxious, and therefore more isolated and less likely to try and join his or her peers in various social situations. On the other hand, socially anxious individuals are less likely to engage in social situations, resulting in their peers liking them less. It becomes therefore a negative self-perpetuating circle (Greco & Morris, 2005).

Greco and Morris (2005) examined more closely the factors that might help explain the link between social anxiety in children and low levels of peer acceptance. These researchers examined mediating and moderating roles of close friendships and social skills in middle

school-aged children. The results showed that social anxiety was related to social skills, social preference, and friendship quality (e.g., conflict and betrayal). However, there was no relation found with friendship quantity and social impact. Although acknowledging the limitations of the cross-sectional nature of their research, Greco and Morris (2005) postulated that social anxiety is influenced by, and also directly influences, the social skills a child has, which then have an effect on his/her peer acceptance. More research, especially research that is longitudinal is needed to understand and examine more closely the role that social skills and friendship quality might play in relation to socially anxious children's low peer acceptance, and how this might influence their negative self-perceptions.

The present study also found some grade and gender differences in terms of children's self-reported responses on the *SASC-R*. For boys, there were no grade differences found. However, it was found that young girls (girls in Grade 3) reported significantly higher *SASC-R* total scores and *SAD-New* scores than older girls (girls in Grades 5 and 7). Overall, young children (children in Grade 3) reported significantly higher *SASC-R* total scores, *FNE*, *SAD-New*, and *SAD-General* scores than older children. Also, girls reported significantly higher *SASC-R* total scores, *FNE*, *SAD-New*, and *SAD-General* scores compared to boys. These results are consistent with previous findings concerning grade and gender differences in social anxiety (e.g., Crick & Ladd, 1993; Higa & Daleiden, 2008; Inderbitzen & Hope, 1995; La Greca, 1998; La Greca et al., 1988; La Greca & Lopez, 1998; La Greca & Stone, 1993; Nishina et al., 2005; Storch et al., 2004; Vernberg et al., 1992).

The present study also found some interesting social anxiety effects when comparing a group of children who were high on social anxiety versus a group of children who were low on social anxiety. For boys, no significant social anxiety effects were found for grade,

group, or grade by group regardless of whether it was actual peer acceptance, perceived peer acceptance, or importance of peer acceptance that was examined. On the other hand, girls who were high on social anxiety were both less well liked and also perceived themselves as less well liked by their peers than those low on social anxiety. These results are consistent with previous research which has found that social anxiety has a greater impact on the social functioning of girls than boys (La Greca, 2001). Indeed, research has found that self-reported anxiety is associated with greater peer relationship difficulties for girls such as being less well accepted by their peers and being lonelier than for boys (e.g., Franke & Hymel, 1984; Greco & Morris, 2005; La Greca & Lopez, 1998). Our findings that girls high on social anxiety perceived themselves as less well liked lead us to speculate that this might cause them to miss out on social opportunities which might lead them to have greater impairments in their social functioning. Consistent with this notion is research on adults which has found that 70% of social phobic adults have impairments in social functioning such as marrying later than normal controls (e.g., Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Turner, Beidel, Dancu, & Keys, 1986) (as cited in La Greca, 2001).

Given that girls tend to be more concerned than boys with how others evaluate them, it was somewhat surprising that no difference in importance of peer acceptance was found between girls who were high or low on social anxiety. It could be that girls who were high on social anxiety responded to this question in a self-protecting way. Maybe they did not want to admit to others or to themselves that it was important for them to be liked by their peers. As previously mentioned, research has shown that girls who are high on social anxiety are not well liked and perceive themselves to be not well liked by their peers (e.g., La Greca & Lopez, 1998). Thus, highly socially anxious girls might convince themselves

that it is not important for them to be liked by their peers. Another aspect to consider has to do with the question itself: How important is it for you to be liked by “X” in your class? The question did not ask the children how important it was for them to be liked by someone who is their best friend. It could be that the majority of the peers in their class were not considered to be a close, intimate friend. They might not feel that it is as important for them to be liked by someone that they do not consider to be a close friend. However, since friendship quality was not evaluated in the present study, this is only speculative. Future research might include aspects of friendship as factors to consider when examining how important it is for socially anxious children and adolescents to be liked by their peers.

Withdrawn, Aggressive, and Nondeviant Children, and Self-Reported Social Anxiety

Results from the present study showed that withdrawn children had significantly higher *SASC-R* total scores and *SAD-New* and *SAD-General* scores than aggressive or nondeviant children. There were no significant differences found in *FNE* scores between withdrawn, aggressive, or nondeviant children, although the trend was in the predicted direction. As for gender differences, significant results were found only for *SAD-New*. Results revealed that withdrawn boys reported significantly higher *SAD-New* scores compared to aggressive boys or nondeviant boys. Similarly, withdrawn girls reported significantly higher *SAD-New* scores compared to aggressive girls or nondeviant girls.

Prior research has found that withdrawn children have more internalizing problems, especially higher levels of anxiety, than do aggressive or average children (e.g., Burgess & Younger, 2006; Prakash & Coplan, 2007). It was not surprising then that withdrawn children in the present study similarly endorsed higher levels of social anxiety total and social avoidance and distress (specific to new peers or situations as well as general situations)

compared to aggressive or nondeviant children. When socially withdrawn children are faced with social situations, particularly new situations and/or peers, this can be overwhelming since they might feel under-prepared for dealing with these situations. They might feel unsure of their abilities and not quite know how to conduct themselves since they have had little practice to fall back on to help them deal with the situation in question. Socially withdrawn children, because of their negative experiences in social situations, might withdraw even more and be less likely to engage in future social situations. Therefore, they may not be able to learn and practice social skills which would help them deal more effectively with social situations that might occur.

Some withdrawn children might remove themselves from the social situations because of underlying anxiety and social fears, particularly those involving new peers or situations. The reasoning behind this might be that withdrawn children, compared to aggressive or average children, have behavioural deficits (e.g., believe that they lack social skills) rather than social knowledge deficits (Wichmann et al., 2004). Similarly, previous research on social anxiety has found that compared to children who were low on social anxiety, highly socially anxious children rated themselves as having poorer social skills even though other trained observers were unable to differentiate high and low socially anxious children based only on social skills (e.g., Cartwright-Hatton et al., 2003; Cartwright-Hatton et al., 2005). Therefore, based on the results of the present study and previous research in the area there does appear to be a link between social withdrawal in children and social anxiety. Thus, the social cognitive biases underlying withdrawal might well be anxiety related. However, since this was not directly examined in the present study, this would need to be explored more fully in future research.

General Conclusions

Prior to the completion of the present study, there had been little research directly comparing actual peer acceptance with perceived peer acceptance. The present study has provided some interesting findings and insight in terms of how withdrawn, aggressive, and nondeviant children are actually perceived by the peer group compared to how they *think* they are perceived by their peers. Moreover, this study also went a step further and directly asked these children how important it was for them to be liked by their peers. It is believed that the responses to these questions will have important implications in the interventions that are used with withdrawn and aggressive children. That is, these responses might help in developing more appropriate interventions as well as alter their focus with withdrawn and aggressive children.

Limitations and Suggestions for Future Research

Some limitations of the present study need to be highlighted and ideas for future research will also be discussed. First, the present study used "social withdrawal" as the umbrella term which focused on only two particular types of behavioural solitude previously described (i.e., unsociable children and shy children). Moreover, the present study did not differentiate between different forms of aggression (i.e., overt and relational). As a result, the present study might not be generalizable to different subtypes of social withdrawal or different forms of aggression. Future research should focus on examining sociometric ratings of peer acceptance using different subtypes of socially withdrawn children and different forms of aggression in order to establish if the results of the present study would vary depending on the different subtypes of social withdrawal and forms of aggression.

Second, the children in the present study were obtained from a Canadian, middle-class community-based sample. Generalizing these findings to other cultures, children from other demographic backgrounds, and to clinically-based populations should be undertaken with caution. For instance, in some cultures, such as China, shyness and behavioural inhibition may be viewed as being more normative and culturally acceptable than in Western cultures (Chen & French, 2008; Chen, Rubin, & Li, 1997; Chen, Rubin, Li, & Li, 1999; Chen et al., 1998). Future research could examine cross-culturally how social withdrawal and aggression are viewed, how these views affect children's actual peer acceptance versus their perceived peer acceptance, as well as how important it is for them to be accepted/liked by their peers. This knowledge might help clinicians and researchers develop more appropriate intervention programs while taking such cultural differences into account.

Third, the findings of the present study regarding social anxiety indicated that withdrawn children had higher social anxiety total scores, SAD-New, and SAD-General scores compared to aggressive or nondeviant children. Similar to what was found with socially withdrawn children, children who were high on social anxiety were both less well liked by their peers and also perceived themselves to be less well liked by their peers. Therefore, the social-cognitive biases underlying withdrawal might be anxiety related. Since some of the findings of the present study regarding social anxiety were based on correlations, future research that is longitudinal in nature would help to further our understanding on the role that social anxiety plays either directly or indirectly in the lives of socially withdrawn children. Future research could also examine more directly how social anxiety affects withdrawn children's peer and self-perceptions, as well as the long-term effects this might have on

various aspects of their lives such as friendship, romantic relationships, social competence, work competence, and so on.

Fourth, friends play an important role throughout our lives by providing personal, social, and emotional support, as well as playing an important role in social development (Miller & Coll, 2007). With socially withdrawn children, friends might also help lessen the social discomfort that they experience when in a larger social group. Friendships might serve as a protective factor for socially withdrawn, and indeed for aggressive children as well, by helping to lessen the emotional and social-cognitive difficulties that might occur within their peer group (Burgess et al., 2006). For instance, having a best friend might help buffer the negative effects associated with social withdrawal (e.g., low peer acceptance, low/negative self-perceptions, internalizing difficulties such as anxiety, somatic complaints, and depression). Unfortunately though, the research specifically examining the friendships of socially withdrawn children has been rather scarce (Rubin, Wojslawowicz, Rose-Krasnor, Booth-LaForce, & Burgess, 2006). Increasing our research and knowledge in this area could help further our understanding of the possible benefits that having friends has on socially withdrawn children. Future research could include aspects of friendships (e.g., prevalence, quality, stability) as factors to consider when examining how these might impact socially withdrawn or aggressive children and adolescents' peer acceptance, as well as how these might influence their self-perceptions.

Fifth, based on the findings of the present study, withdrawn children seem to have accurate, more realistic views of themselves and their peers. On the other hand, aggressive children had positively-biased self-perceptions, and nondeviant children tended to underestimate their peer acceptance. Given the importance of advancing our knowledge

regarding children's self-perceptions, future research could examine how maintaining these different perceptions of oneself (e.g., accurate but negative perceptions, a self-enhancement bias) has on the social behaviour and peer acceptance of children and adolescents who are aggressive or socially withdrawn. Such research could also examine the effect these perceptions might have over the long-term on various areas of a person's life, such as work competence, romantic relationships, academic competence, and so on.

Finally, the results of the present study comparing peer-nominated children on sociometric ratings of peer acceptance (i.e., actual peer acceptance, perceived peer acceptance, and importance of peer acceptance) has provided valuable knowledge concerning peer perceptions and self-perceptions of socially withdrawn, aggressive, and nondeviant children. These results may be important in tailoring, developing, and implementing appropriate intervention programs for withdrawn and aggressive children.

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Appendix A

Initial Instructions for Session #1

Hi, my name is Marie-Hélène. A few weeks ago I talked to you about a big project that I am working on and I distributed letters for you to bring home to your parents that explained this project in more detail. Attached to the letter was a form that your parents had to sign in order to give you permission to participate in this project.

As explained in the letter, this project is divided into two parts. Today we are going to be doing the first part. However, before we begin, I just want to go over a few things with you. First, I want to tell you that your participation in this project is voluntary and, if you want to, you can stop participating at any time. Second, as I mentioned a few weeks ago, you are going to be filling out some questionnaires. It is important to remember, however, that these questionnaires are not tests. There are no right or wrong answers to these questions because everyone may see things differently from other people in your class. We all have different views of things. The only important thing to remember about these questionnaires is that you answer the questions truthfully. Third, your answers to these questions will be kept private. That means that nobody, not your friends, your teachers, and your parents is going to see your answers. The only exception is if I have concerns about your personal safety. Your answers are going to be combined with the answers of other boys and girls in the project. Only numbers will be used instead of your name – thus no answers will be associated with your name. Fourth, please do not talk while you are answering these questions, and don't look to see what the person next to you is doing. Finally, for each questionnaire, I will give you some instructions. When I am sure that you understand how to fill out the questionnaire, I will read each question aloud to you, while you read it silently to

yourselves. Once I have read the question, you will write down your answer and I will go on to the next question.

The questionnaires that we will be filling out today will take approximately 45 minutes.

Do you have any questions before we start?

Appendix B

Instructions for Administration of the Revised Class Play

We are going to use the list of names that I have handed out for this activity. One list has only the names of boys in your class, while the other list has only the names of girls in your class. Please look at it and note that each name has a number beside it. When you are filling out this questionnaire, write down the number, not the name. For example, (use one name as an example).

OK. Let's begin. First, we are going to imagine that you are the director of a play starring the students in your classroom. The director of a play has to do many important things, but the most important job is to select the right people to act in the play. So, your job is to choose the students from the list provided who could play each part or role best. Try to pick students who seem to fit the part in real life. For example, if I ask you to choose someone who has red hair, I would like you to choose a kid in your class who has red hair to play this part.

I am going to read aloud some roles, and I would like you to decide which of your classmates would be the best choice for each role. On the three lines below the items, I would like you to print the numbers of the children you pick.

- You can choose up to three boys and up to three girls, but you can't pick yourself.
- If no one seems best suited to play the role, then you don't need to pick anyone
- You can pick the same kid for more than one role, if he/she fits both very well.
- We want everyone to make their own decision, so please keep your choices to yourself, do not say them out loud.

Let's try an example by choosing from the list with names of boys and girls in your class who would be the best boy(s) and girl(s) to play the following part:

Example:

Someone who is tall. Write the numbers of up to three boys in your class and up to three girls in your class who are tall. Please remember to keep your answers to yourself.

Does everyone understand? OK. Let's go on.

Appendix C

Revised Class Play

ID # _____

Revised Class Play

Name: _____

Grade: _____

Age: _____

Date: _____

School: _____

A CLASS PLAY

1. A person who is a good leader.

BOYS

GIRLS

2. A person who gets into a lot of fights.

BOYS

GIRLS

3. Someone who would rather play alone than with others.

BOYS

GIRLS

4. A person with good ideas for things to do.

BOYS

GIRLS

5. A person who loses their temper easily.

BOYS

GIRLS

6. Someone who shows off a lot.

BOYS

GIRLS

7. Someone you can trust.

BOYS

GIRLS

8. A person who interrupts when other children are speaking.

BOYS

GIRLS

9. Somebody who has many friends.

BOYS

GIRLS

10. Someone who waits their turn.

BOYS

GIRLS

11. Someone whose feelings get hurt easily.

BOYS

GIRLS

12. A person everyone listens to.

BOYS

GIRLS

13. Someone who plays fair.

BOYS

GIRLS

14. Someone who has trouble making friends.

BOYS

GIRLS

15. Someone who acts like a little kid.

BOYS

GIRLS

16. Someone who has a good sense of humour.

BOYS

GIRLS

17. A person who can't get others to listen.

BOYS

GIRLS

18. Somebody who is very shy.

BOYS

GIRLS

19. Somebody who is polite.

BOYS

GIRLS

20. Somebody who makes new friends easily.

BOYS

GIRLS

21. A person who is too bossy.

BOYS

GIRLS

22. Somebody who is often left out.

BOYS

GIRLS

23. Someone who helps other people when they need it.

BOYS

GIRLS

24. Someone who is usually sad.

BOYS

GIRLS

25. A person everyone likes to be with.

BOYS

GIRLS

26. A person who can get things going.

BOYS

GIRLS

27. Somebody who teases other children too much.

BOYS

GIRLS

28. Someone who is usually happy.

BOYS

GIRLS

29. Somebody who picks on other kids.

BOYS

GIRLS

30. Someone who likes to play with others rather than alone.

BOYS

GIRLS

Appendix D

Instructions for Administration of the Social Anxiety Scale for Children–Revised

For this second questionnaire, you will answer “some questions about your thoughts and feelings. I would like you to first listen to the instructions, and then answer each question as honestly as possible. Answer every question even if some are hard to decide. **Do not** circle two answers for the same sentence. **There are no right or wrong answers.** Only you can tell us how you think and feel about yourself. Remember, no one else will see your papers. Keep your paper to yourself. No one else will see your answers. Before we get started, I want to show you how to use this rating scale.”

“Please use these numbers to show **How much you feel** something is true for you (review each one)”

- 1 = not at all
- 2 = hardly ever
- 3 = sometimes
- 4 = most of the time
- 5 = all the time

“First, let’s try these sentences. How much does each describe how you feel?”

Example:

a. I like summer vacation.... 1 2 3 4 5

Let's try another example.

b. I like to eat spinach..... 1 2 3 4 5

Does everyone understand? "Okay, let's go on to the other sentences."

Appendix E

Social Anxiety Scale for Children—Revised

ID # _____

SASC-R (Elementary School Version)

Name: _____

Grade: _____

Age: _____

Date: _____

School: _____

This is not a test, there are no right or wrong answers. Please answer each as honestly as you can.

Use these numbers to show HOW MUCH YOU FEEL something is true for you:

- 1 = not at all**
- 2 = hardly ever**
- 3 = sometimes**
- 4 = most of the time**
- 5 = all the time**

Now let's try these sentences first. How much does each describe how you feel?

a. I like summer vacation... 1 2 3 4 5

b. I like to eat spinach... 1 2 3 4 5

1. I worry about doing something new in front of other kids.... 1 2 3 4 5

2. I like to play with other kids..... 1 2 3 4 5

3. I worry about being teased..... 1 2 3 4 5

- | | | | | | |
|---|---|---|---|---|---|
| 4. I feel shy around kids I don't know..... | 1 | 2 | 3 | 4 | 5 |
| 5. I only talk to kids that I know really well..... | 1 | 2 | 3 | 4 | 5 |
| 6. I feel that other kids talk about me behind my back..... | 1 | 2 | 3 | 4 | 5 |
| 7. I like to read..... | 1 | 2 | 3 | 4 | 5 |
| 8. I worry about what other kids think of me..... | 1 | 2 | 3 | 4 | 5 |
| 9. I'm afraid that others will not like me..... | 1 | 2 | 3 | 4 | 5 |
| 10. I get nervous when I talk to kids I don't know very well..... | 1 | 2 | 3 | 4 | 5 |
| 11. I like to play sports..... | 1 | 2 | 3 | 4 | 5 |
| 12. I worry about what others say about me..... | 1 | 2 | 3 | 4 | 5 |
| 13. I get nervous when I meet new kids..... | 1 | 2 | 3 | 4 | 5 |
| 14. I worry that other kids don't like me..... | 1 | 2 | 3 | 4 | 5 |
| 15. I'm quiet when I'm with a group of kids..... | 1 | 2 | 3 | 4 | 5 |
| 16. I like to do things by myself..... | 1 | 2 | 3 | 4 | 5 |
| 17. I feel that other kids make fun of me..... | 1 | 2 | 3 | 4 | 5 |
| 18. If I get into an argument with another kid, I worry
that he or she will not like me..... | 1 | 2 | 3 | 4 | 5 |
| 19. I'm afraid to invite other kids to do things with me
because they might say no..... | 1 | 2 | 3 | 4 | 5 |
| 20. I feel nervous when I'm around certain kids..... | 1 | 2 | 3 | 4 | 5 |
| 21. I feel shy even with kids I know well..... | 1 | 2 | 3 | 4 | 5 |
| 22. It's hard for me to ask other kids to do things with me..... | 1 | 2 | 3 | 4 | 5 |

Appendix F

Initial Instructions for Session #2

Hi, remember me? My name is Marie-Hélène. I came here a few weeks ago and we filled out two questionnaires together as part of a project that I am working on. Today, we are going to be filling out the last questionnaire for my project. The questionnaire that we are going to fill out together asks you to rate yourself and your classmates on a few statements. This will take approximately 20 minutes.

Before we begin, I just want to go over a few things. First, I want to tell you that your participation in this project is voluntary and, if you want to, you can stop participating at any time. Second, as I mentioned a few weeks ago, it is important to remember that these questionnaires are not tests. There are no right or wrong answers to these questions because everyone may see things differently from other people in your class. We all have different views of things. The only important thing to remember about these questionnaires is that you answer the questions truthfully. Third, your answers to these questions will be kept private. That means that nobody, not your friends, your teachers, and your parents are going to see your answers. The only exception is if I have concerns about your personal safety. Your answers are going to be combined with the answers of other boys and girls in the project. Only numbers will be used instead of your name – thus no answers will be associated with your name. Fourth, please do not talk while you are answering these questions, and don't look to see what the person next to you is doing. Finally, I will give you some instructions regarding how to complete this questionnaire. When I am sure that you understand how to fill out the questionnaire, I will read each question aloud to you,

while you read it silently to yourselves. Once I have read the question, you will write down your answer and I will go on to the next question.

Do you have any questions before we start?

Appendix G

Instructions for Administration of the Sociometric Rating Scale

For this activity, we are going to use the class list that I have handed out. You are going to use this class list to rate each of your classmates on different situations. The first question asks you to rate each of your classmates on a scale from 1 (I really don't like to) to 5 (I really like to a lot) as to whether you like to play with that classmate at school. All you need to do is circle the number on the scale from 1 to 5 which best represents whether you like to play with that classmate at school. If you are not sure what a particular number means, look at the corresponding face. For example,

- 1 corresponds to a face that is frowning (I really don't like to)
- 2 corresponds to a face that is kind of frowning but not completely (I kind of don't like to)
- 3 corresponds to neutral face (it depends; I kind of don't like to and kind of like to)
- 4 corresponds to a face that is kind of smiling (I kind of like to)
- 5 corresponds to a face that is smiling (I really like to a lot)

Does everyone understand? Give an example. (Have the students fill out the first question. When everyone is finished, move onto the second question.)

The second question is exactly the same except for one thing. Instead of asking how much you like to play with each person, we want you to tell us how much you think they like to play with you. As with the first question, all you need to do is circle the number on the scale from 1 (he/she really does not like to) to 5 (he/she really likes to a lot) which best represents how much you think that each child in your class likes to play with you at school.

If you are not sure what a particular number means, look at the corresponding face. For example,

- 1 corresponds to a face that is frowning (they really don't like to)
- 2 corresponds to a face that is kind of frowning but not completely (they kind of don't like to)
- 3 corresponds to a neutral face (they sometimes like to, sometimes don't like to)
- 4 corresponds to a face that is kind of smiling (they kind of like to)
- 5 corresponds to a face that is smiling (they really like to a lot)

Does everyone understand? Give an example. (Have the students fill out the second question. Once everyone is finished, move onto the last question.)

The last question I would like you to answer has to do with how important it is for you to be liked by each one of your classmates. As before, all you need to do is circle the number from 1 (it is not important at all) to 5 (it is very important) which best represents how important it is for you to be liked by each of your classmates. If you are not sure what a particular number means, look at the corresponding face. For example,

- 1 corresponds to a face that is frowning (it is not important at all)
- 2 corresponds to a face that is kind of frowning but not completely (it is kind of not important)
- 3 corresponds to neutral face (it depends)
- 4 corresponds to a face that is kind of smiling (it is kind of important)
- 5 corresponds to a face that is smiling (it is very important)

Does everyone understand? Give an example. (Have the students fill out the last question.)

Appendix H

Sociometric Rating Scale (Examples)

ID#: _____

Name: _____

Grade: _____

Age: _____

Date: _____

School: _____

How much do you like to play with this person at school?

					
	1	2	3	4	5
	I really don't like to	I kind of don't like to	It depends	I kind of like to	I really like to a lot
John Doe	1	2	3	4	5
John Doe	1	2	3	4	5

ID#: _____

Name: _____

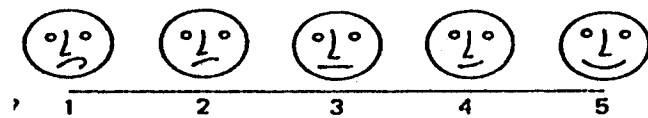
Grade: _____

Age: _____

Date: _____

School: _____

How much do you think that (child's name) likes to play with you at school?



	1	2	3	4	5
	They really don't like to	They kind of don't like to	They sometimes like to/sometimes don't like to	They kind of like to	They really like to a lot
John Doe	1	2	3	4	5
John Doe	1	2	3	4	5

ID#: _____

Name: _____

Grade: _____

Age: _____

Date: _____

School: _____

How important is it for you to be liked by (child's name)?

					
	1	2	3	4	5
	It is not important at all	It is kind of not important	It depends	It is kind of important	It is very important
John Doe	1	2	3	4	5
John Doe	1	2	3	4	5

Appendix I

Initial Meeting With the Children

Hi, my name is Marie-Hélène and I am a student at the University of Ottawa. My goal today is to tell you a little bit about a big project that I am working on. Basically, I am interested in how you view yourself as well as your classmates. I need your help to learn more about this. All you will have to do is fill out some questionnaires that we will be doing together during class time. Although these questionnaires may seem like tests that you have done at school, there are no right or wrong answers to them. I just need you to answer the questions as honestly as you can. Your answers will be kept private. That means that your friends, your parents, your teachers are not going to know any of your answers.

Today, I will be handing out letters for your parents as well as permission forms for them to fill out. Please remember to bring these forms back even if you do not want to and/or your parents do not want you to participate in this study.

Any questions?

Thank you for your time.

Appendix J

Letter of Permission Sent to the Parents

Date, 2001

Dear Parent(s) or Guardian(s):

We would like to request your child's participation in a research project being conducted by Marie-Hélène Gavinski Molina (Ph.D. student) and Dr. Alastair Younger from the School of Psychology at the University of Ottawa. This project has been approved by the Western Québec School Board, the Principal of your child's school (name of principal), and by the University's Research Ethics Board (Health Sciences and Science REB). The goal of this study is to examine the relationship between how students your child's age view themselves and how other students view them.

This project consists of two sessions. We are requesting permission for your child to participate in both sessions. Students who do not have parental permission to participate will do some other quiet activity during the two sessions. The scheduling of the sessions will be at the teacher's convenience, in order to minimize disruption to the daily classroom routine. The students will complete the questionnaires individually in their regular classroom setting.

In the first session, students will be asked to complete a couple of questionnaires. The first questionnaire asks them about their perceptions of their classmates' social abilities. The students will pretend that they are directors of a play and will indicate which students best fit a particular role (e.g., "someone you can trust," "someone who is too bossy," and "someone who likes to play with others rather than alone"). Then, the students will complete a short questionnaire in which they will rate how they feel in a number of different situations (e.g., "I feel nervous when I'm around certain kids," "I'm quiet when I'm with a group of kids"). This group session will last approximately 45 minutes.

The second session of the study will be conducted several weeks later. In this session, students will participate in a 20-minute group session which will consist of filling out one questionnaire. This questionnaire asks students how much they like to play with each of the other students in their class, and how much they feel each of the other students likes to play with them. It also asks them whether they feel it is important to be liked by each of their classmates.

Participation in this research project is completely voluntary and your child may withdraw from the study at any time. The information collected in this research is strictly confidential and will be seen only by researchers associated with this project. To maintain confidentiality, the students will also be asked not to discuss their answers with one another. All the information collected will be coded such that your child's name is not associated with the data. The findings from this study may be helpful in future research designed to help children get along better with others.

If you have any questions or comments about this research, please feel free to contact myself, Marie-Hélène Gavinski Molina or Dr. Alastair Younger at . If you have any ethical concerns about this study, please contact Catherine Lesage (Protocol Officer for Ethics in Research, 562-5800 ext. 5387). You may keep this letter for your

information. Please complete the attached consent forms and have your child return one of them to his/her teacher as soon as possible even if you do not wish to have your child participate in this research project. You may keep the other consent form for your own records.

Thank you very much for your cooperation.

Marie-Hélène Gavinski Molina
Ph.D. student

Alastair Younger, Ph.D.
Professor

CONSENT FORM

I have read the attached letter requesting my son/daughter to participate in this research project. I have discussed this with my child, and

_____ I give permission for my child to participate in this project.

_____ I am interested in receiving a summary of overall findings following completion of the study.

_____ I do not give permission for my child to participate in this project.

Date: _____

Child's name : _____
Please print

Child's birthdate: _____
day/month/year

Child's gender: boy _____ girl _____

Child's Grade: _____ Child's Home Room Teacher: _____

Parent's or Guardian's signature: _____

Please return this signed consent form to your child's school as soon as possible (even if you do not want your child to participate in this study).