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Social withdrawal in childhood, gender,  
and adult adjustment

Michelle Williams

A Thesis

in

The Department of

Psychology

Presented in Partial Fulfilment of the Requirements  
for the Degree of Master of Arts at  
Concordia University  
Montréal, Québec, Canada

August 1995

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## Abstract

Social Withdrawal in Childhood, Gender,  
and Adult Adjustment

Michelle Lara Williams

Research suggests that withdrawn children have personality difficulties, such as negative self-regard, and are at risk for emotional problems such as depression. Research also suggests that socialization pressures reinforce an inhibited behavioral stance in females, and an achievement-oriented stance in males. In addition, a critical parenting style has been implicated in children's retreat from others. The present study examined the adult personality functioning and psychiatric/emotional status of withdrawn children. It also examined gender and perceived parental criticism as factors influencing the risk for negative adjustment in adulthood.

A subsample of 135 adults (67 males; 68 females) was drawn from a population originally screened in Grades 1, 4 and 7 for social withdrawal and aggression. The participants completed questionnaires measuring self-esteem, fear of negative evaluation, social anxiety, depression, anxiety, global emotional distress and perceived parental criticism.

Individuals who were withdrawn in childhood were low in self-esteem and high in social anxiety relative to individuals without such a history. In addition, males who were withdrawn were more likely to be fearful of negative

evaluation and to report more distress than men who were not withdrawn. No such effect was found for the women. Perceived parental criticism, however, did not heighten the risk for negative adjustment in adults who had been withdrawn. The results differentiate between personality difficulties and psychiatric/emotional symptoms as sequelae of childhood withdrawal in young adulthood. The findings also point to more negative adjustment in men than women who were withdrawn. The influence of gender-role socialization pressures is considered as a causal factor.

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## INTRODUCTION

The present study was designed to examine the personality and emotional adjustment of adults who were withdrawn as children. Characteristics such as fear of negative evaluation and a low sense of self-regard have been consistently linked with childhood withdrawal. Research findings have also linked childhood withdrawal with internalizing problems in late childhood, adolescence and early adulthood. Whether these negative features of personal adjustment prevail beyond early adulthood and whether factors such as gender and perceived parental criticism increase the likelihood of poor adult adjustment are questions which have not been adequately researched. These questions were examined in the present study.

Withdrawal for purposes of the present study refers to social isolation, shyness and hypersensitivity (Moskowitz, Schwartzman & Ledingham, 1985). It is generally prompted by feelings of anxiety in the presence of others as opposed to peer rejection elicited by inappropriate or intrusive social interaction. Individuals who display this social discomfort comprise a group who "move away from the world" (Caspi, Elder & Bem, 1988). Accordingly, research literature dealing with the various forms of behavioral solitude is pertinent as a context for the present study.

Unlike childhood aggression which has been shown to be both stable (Olweus, 1979) and predictive of later

difficulties (e.g., Robins, 1966; Moskowitz & Schwartzman, 1988), early investigations of childhood withdrawal have not yielded such a consistent picture of outcome. The notion that withdrawal in childhood is a risk factor for later difficulties has therefore been questioned (Kohlberg, Ricks, & Snarey, 1984).

The view that childhood withdrawal may not be a risk factor for later maladjustment has persisted despite the fact that the inconsistency of reported findings may have stemmed from construct and measurement variance, in addition to a dearth of prospective, relative to retrospective studies. Many authors have noted the problematic nature of retrospective designs (e.g., Parker & Asher, 1987), particularly their dependence on the individual's recollection of the past. More recent studies have utilized the prospective follow-up approach (e.g., Rubin, 1985; Schwartzman, Ledingham & Serbin, 1985). Other methodological improvements include the use of community as opposed to clinic samples (Eme, 1979), and peer as opposed to teacher or parent assessments of withdrawal (Cowen, Pederson et al., 1973). In addition, recent investigations of the clinical sequelae of childhood withdrawal have used better measures of outcome than those previously available including more reliable indices of internalizing and externalizing problems.

As a result of these methodological improvements, a

clearer picture of the implications of childhood withdrawal has emerged. Recent investigations have suggested, for example, that withdrawal in childhood does lead to difficulties such as depression and anxiety disorders in later childhood and adolescence (Rubin, 1993; Schwartzman, Peters, Verlaan & Serbin, in press). These findings which link childhood withdrawal with maladjustment in adolescence underline the importance of examining the sequelae of childhood withdrawal in adulthood.

#### "Person" Factors

Three maladaptive "person" characteristics have been associated with withdrawal: a self-protective behavioral stance, low self-confidence, and fear of evaluation. Rubin (1985) found that children identified as passive isolates in early childhood engaged in what he termed "low cost" behaviour more than their normal counterparts. Passive isolation here refers to a solitary behaviour style associated with anxiety, negative self-appraisal and lack of peer acceptance. In preschool and kindergarten these children were more likely, when confronted with hypothetical dilemmas, to propose adult intervention as a solution (Rubin, Daniels-Beirness, & Bream, 1984). They were also less assertive when dealing with peer requests. These behaviours appear to serve as strategies for the withdrawn child to avoid negative confrontation with peers.

Related to such strategies are the low levels of self-confidence across various domains that are reported by withdrawn children despite objectively adequate performance. Subjective underestimates of competence may serve as self-protective strategies to cope with fears of failure. In Rubin's study (1985) passive isolates in Grade 2 rated themselves as socially incompetent in response to hypothetical social dilemmas even though they were able to function as competently as controls. Moreover, the withdrawn children rated themselves low in competence in the cognitive and physical-motor domains as well as the social domain.

Similar findings were obtained in a study reported by Moskowitz and Schwartzman (1988). Adolescents who were originally identified as withdrawn in childhood rated themselves low in cognitive competence despite the fact that their performance was average, or better than average on intelligence and school achievement measures, and parents did not perceive them as problematic students.

The tendency for withdrawn children to report low levels of confidence has also been found in younger children. Engfer (1993) found that boys and girls who had been shy at age 33 months reported less self-confidence at age 6 years than did controls in the area of peer acceptance. Unlike the previous studies discussed, gender differences were also reported. The boys expressed low confidence in their athletic and cognitive skills and the

girls expressed low confidence in the area of maternal acceptance. These studies document a vulnerability to low self-confidence as a correlate of withdrawal in childhood across a wide range of domains.

There are findings which indicate that self-protective behaviours, including underestimates of competence, shown by withdrawn children arise from a concern about being evaluated by others. For example children who were inhibited at 21 months (i.e., consistently shy, quiet and timid in unfamiliar settings) were more cautious and overly concerned with evaluation by the examiner at age 4 than contrast children in a laboratory situation (Kagan, Reznick et al., 1984). In subsequent follow-ups, these children continued to exhibit self-protective behaviours, such as being physically cautious at age 5½ years (Kagan, 1988). These findings suggest first, that a self-protective behavioral stance associated with withdrawal is maintained over time; and second, that inhibited children exhibit cautious, low-cost behaviours to protect themselves from failure and the negative evaluations from others that they anticipate will follow.

The concerns inhibited children have with regard to negative evaluation are further indicated by longitudinal evidence reported by Asendorpf (1993). He found that inhibited Kindergarten children were less likely to make requests of an unfamiliar peer but were just as likely as

controls to do so when the peer was familiar to them. He concluded that behavioral inhibition does not indicate a lack of social competence so much as an inhibition of social behaviour in unfamiliar situations as a self-protective strategy under conditions of uncertainty. At 8 years of age, the inhibited children took longer than controls to direct a request to a peer stranger, and continued to experience more isolation in peer group situations. Moreover, while the social interaction of control children increased in frequency with age, in contrast, the solitary-passive play of the inhibited children became more frequent.

Asendorpf argued that this shift to more solitary-play is a developmental change signalling the emergence of social withdrawal as a coping strategy. In observations of children during free play, he found that the rate of children's success in contact initiation attempts in class was unrelated to measures of inhibition in Kindergarten, but negatively related in Grades 1 and 2. One may infer from these findings that a "vicious circle" effect is created. Inhibition triggered by the anticipation of negative or infrequent positive evaluation from others results in contact failure and negative evaluation which reinforces inhibition. One may also infer that the negative self-perceptions held by withdrawn children which do not match the objective views of others (Rubin, 1985) lead to contact failure as was found in Asendorpf's study.



In summary, children who are variously described as withdrawn, shy, fearful or inhibited are reported to feel less competent and more negative in their self-regard than their normative peers. In addition, they engage in low-cost, self-protective behaviours. It is suggested that these behaviours serve to reduce anxiety and fearfulness in a variety of situations. The anxiety appears to be induced by social-evaluative concerns which promote distinctive self-protective coping strategies, which in turn may lead to maladaptive adjustment.

With the exception of the ongoing Concordia Risk Project, as far as can be ascertained, studies to date have not as yet examined whether such personality difficulties are manifested in adults with childhood histories of withdrawal. Accordingly, a portion of the present study addressed this question.

#### Childhood Withdrawal and Later Internalizing Difficulties

In addition to linking childhood withdrawal with personality difficulties, there are studies which identify this behaviour style as a risk factor for internalizing difficulties in late childhood, adolescence and early adulthood. Kagan et al. (1984), for example, have reported findings that document the continuity of an inhibited behavioral style in the form of an internalizing stance from toddlerhood to childhood. Children who had been inhibited as

toddlers were described as timid and fearful at age 4 years. At age 5, one-third of the original group displayed symptoms of intense anxiety or isolation which interfered with ordinary social functioning (Gersten, 1986; cited in Kagan, 1989). At age 7, these children were cautious and avoidant of peers and adults. They were also vulnerable to fears such as a fear of kidnappers (Kagan, Reznick, & Snidman, 1988). Further follow-up data pertaining to the internalizing difficulties of these children have not been reported.

Rubin and colleagues found that social isolation in conjunction with negative perceptions of social competence in early childhood predicts loneliness and anxiety in middle childhood (Rubin & Mills, 1988), and depression, parent-assessed internalizing problems, and negative appraisals of schooling in late childhood/adolescence (Rubin, 1993). The incompetence that withdrawn children attribute to themselves appears to play a crucial role in the development of internalizing difficulties.

Biederman, Rosenbaum et al. (1991) compared 4-to-7 year-old inhibited children who were considered at-risk for anxiety disorders because of parental psychopathology (the risk sample) to 7 and 8 year old children who had originally been identified as inhibited at 21 months of age by Garcia-Coll, Kagan and Reznick (1984; the longitudinal sample). The results revealed that both groups of inhibited children had higher rates of co-occurring anxiety spectrum disorders than

the control groups. The "risk" sample had significantly higher rates of over-anxious disorder (excessive or unrealistic anxiety or worry) and the longitudinal sample had significantly higher rates of phobic disorder. On the basis of these findings, Biederman et al. concluded that behavioral inhibition in and of itself is a risk factor for anxiety disorders in childhood because behavioral inhibition was found to be unrelated to parental psychiatric illness in the longitudinal sample. Furthermore, behavioral inhibition was first determined at 21 months of age, whereas psychopathology status was assessed at 7 to 8 years of age.

The findings of Biederman, Rosenbaum et al. (1991) are consistent with those of a longer follow-up study reported by Schwartzman, Peters, Verlaan and Serbin (in press). Individuals who were originally identified as withdrawn in childhood were assessed in early adulthood. Lifetime prevalence rates for simple and social phobia were significantly elevated in the women. The current prevalence rate for social phobia was elevated in both the men and the women. These findings highlight childhood withdrawal as a factor that may continue to place individuals at risk beyond childhood and adolescence.

In summary, there is evidence accruing that children who are withdrawn are at risk for later emotional difficulties. It is important to identify those factors which increase the vulnerability to personality and

psychiatric difficulties in adults who were withdrawn as children.

### Gender Role Socialization and Social Withdrawal

Gender-role socialization pressures may play a role in the development and maintenance of children's withdrawn behaviours, and the emotional problems they reflect. Such pressures may give rise to different degrees of negative adjustment in men and women with childhood histories of withdrawal. In general, evidence has led researchers to the view that the conventional socialization of males encourages them to be independent and exploratory, to have control over the external world, and to inhibit the expression of affect (Hoffman, 1977; Block, 1983). Females are encouraged to be self-evaluative, less independent and oriented towards affiliation with others (Hoffman, 1977; Block, 1983). Findings from a variety of studies suggest that parents, teachers, and peers are potent sources of socialization pressure in that they explicitly and implicitly encourage such behaviour patterns while discouraging inappropriate gender role behaviour.

Bacon and Ashmore (1985) found that fathers considered isolation and poor peer relations to be problematic for their sons, and aggressive-hostile behaviour to be problematic for their daughters. Similarly, Atkinson and Endsley (1976) found that parents wanted their daughters to

display "feminine" behaviours such as "being shy with strangers" and "seeking parental affection". Parents also indicated a strong preference that their sons exhibit "masculine" behaviours such as "hitting back playmate" and "being socially adventurous". It has also been noted that parents show more concern over a boy who exhibits "sissy" behaviour than a girl who is a "tomboy" (Maccoby & Jacklin, 1974).

Other investigations have examined the role of teachers in gender role socialization. Nursery school teachers have been observed to respond to aggressive acts by boys, whereas such acts by girls were more likely to be met with either no response (Serbin & O'Leary, 1975; Fagot & Hagon, 1985), or a soft reprimand (Serbin & O'Leary, 1975). Boys also received more direction, assistance, and encouragement for their efforts in various independent activities, whereas girls received more attention when they engaged in clingy, dependent behaviour (Serbin & O'Leary, 1975). It is likely that young boys are reinforced for the basic assumption that their behaviour has an effective impact on the environment. Girls, in contrast, appear to be reinforced for passivity and inaction.

Peers are also an important source of gender role socialization. Research data from a study by Schwartzman et al. (in press) indicate that the peer group socializes girls to be more conforming than boys. Specifically, withdrawal

and aggression in 10 year old girls are viewed negatively by other girls. At age 13, when other-sex evaluation becomes more salient, males indicate a preference for the girls who are withdrawn. Boys do not appear to receive as close critical peer scrutiny, nor are they required to adjust their social behavioral styles. Based on these findings, the authors suggested that girls in their sample were judged more critically over a greater range of behaviours than boys, and as a result, could be expected to learn to conform to peer expectations more than boys.

Such gender-role pressures appear to have implications for the manner in which emotional distress is manifested. Gjerde, Block and Block (1988) found that 18 year old depressed males, displayed antagonism, lack of restraint and rebelliousness, while also reporting that they felt shy, vulnerable and prone to worry. Depressed women were not observed to have poor interpersonal skills, but reported that they were aggressive, self-centered, and alienated. The authors attributed the discrepancy between self-reported and observed behaviour to the influence of gender-role socialization. Congruent with gender-role expectations, men externalized and women internalized their distress, although both sexes reported feelings opposite to their overt behaviour.

Comparing subjects' responses to male and female case histories of common reactions to stress, Hammen and Peters

(1977) found that depressive symptoms elicited more rejection of men than women. The authors concluded that depression in men prompts more negative reactions from others than depression in women because it deviates from stereotypical masculine behaviour.

It appears, then, that a departure from sex-role appropriate expressions of distress can elicit negative reactions from others. It is also important to consider the influence of gender-role deviance on the individual's self-regard. Findings from a variety of studies suggest that the self-esteem of men and women is derived from a general conformity to gender-role expectations.

Schwalbe and Staples (1991) reported that, overall, sources of self-esteem were similar for men and women. Reflected appraisals (our interpretation of others' reactions to us) were most important, followed by self-perceptions (our observation and interpretation of our behaviour) and then social comparisons (evaluating ourselves by using others as a standard). Women, however consistently attached more importance to reflected appraisals than men; men attached more importance to social comparisons than women. The authors concluded that reflected appraisals are more important for women because they are socialized to value relationships, whereas social comparisons are more important for men because they are socialized to be more competitive.

Stein, Newcomb and Bentler (1992) found that concerns with oneself and one's goals in adolescence (agency) were related to high self-esteem in adulthood for males; and concerns with oneself in conjunction with an expressive orientation in adolescence (communality) were related to high self-esteem in adulthood for females. On the basis of these longitudinal results, the researchers concluded that an orientation in adolescence that is congruent with traditional sex-role stereotypes is congruent with high levels of self-esteem in adulthood.

Finally, Josephs, Markus and Tafarodi (1992) examined the question of gender differences in sources of self-esteem. Men in their sample derived their positive self-assessment by distinguishing themselves from others as superior in a variety of domains; and by expecting to improve in their independent thinking ability. The women found their self-esteem in a rich structure of knowledge about others; and expected to improve in their interdependent thinking. These results suggest that the self-esteem of men is derived, in part, from separation from others, whereas the self-esteem of women is derived, in part from interpersonal relationships. Thus, these findings provide further evidence that self-esteem is related to fulfilling gender-appropriate expectations.

In sum, these findings suggest that the self-esteem of men and women is derived, at least in part, from fulfilling



gender-normative role expectations. Specifically, women's self-esteem appears to be related to interpersonal connectedness with others, while men's self-esteem is associated with independence from others.

### Parenting Behaviour

In addition to socialization pressures within and outside of the family, certain parenting characteristics may be expected to heighten the risk for maladjustment in adults who were withdrawn as children. Overcontrolling, overinvolved parenting has long been associated with withdrawal in children (Hetherington & Martin, 1986). Excessive levels of parental overinvolvement have been linked to an elevated incidence of anxiety disorders in children (Stubbe, Zahner, Goldstein & Leckman, 1993). Baumrind (1967) found that the parents of disaffiliated, dysphoric children were more controlling than parents of aggressive children; and less controlling but also less accepting than parents of normal children. Parker (1983) reported that depressed or anxious adults described their parents as less caring and more overprotective than did a normative control group.

Parental nonacceptance has been implicated by various researchers as a salient factor in the rise of various forms of internalizing difficulties. Martin (1975), in a review of early studies, noted that parental nonacceptance and power

assertive discipline were found to be related to withdrawn-neurotic behaviour in children. Self-reported shyness in 18-year old females was linked to perceived maternal rejection and maternal psychological control (Eastburg & Johnson, 1990). Similarly, internalizing symptoms such as shyness and social withdrawal in fifth and sixth grade children have been linked with perceived parental rejection (Armentrout, 1971). Hostility and rejection by parents were also prevalent in children who were judged to need help because of their withdrawn or isolated social status (Wahler & Dumas, 1987).

Zimbardo and Radl (1981) suggested that children who are subjected to excessive discipline or who experience their parents as very judgmental become shy and anxious. Beudet and Schwartzman (1988) found that maternal criticism was directed more often at adolescents who had been withdrawn in childhood.

In sum, at least three types of parenting behaviour have emerged as correlates of withdrawal in children: an overly critical parenting style, parental overcontrol and parental rejection. It is possible that exposure to these negative parenting characteristics influences the course and maintenance of various difficulties associated with childhood withdrawal. As such, the implication of these negative parenting characteristics in the degree of risk for later difficulties merits further study.

## OVERVIEW AND RATIONALE OF THE STUDY

A consistent finding in the literature is that social withdrawal is associated with feelings of anxiety and inadequacy. In addition, children who are variously described as withdrawn, isolated, inhibited or shy appear to engage frequently in self-protective behaviours to reduce anxiety induced by social evaluative concerns. Although a coping style marked by self-protective behaviours may allow the withdrawn child to avoid the negative evaluations of others, it is also likely that a behavioral style of this kind leads to maladjustment. Research has, in fact, demonstrated a link between childhood withdrawal and various internalizing difficulties in late childhood and adolescence. However, this link has yet to be clearly established for adults who were withdrawn as children.

It is also likely that there are factors which increase the risk for difficulties in adults who were withdrawn as children. First, gender-role socialization is likely to influence the form and level of distress experienced by men and women who were withdrawn as children. Second, negative parenting behaviours have been associated with children's withdrawal. Thus, the individual's perception of parents as judgmental or critical may also be a factor that increases the risk for maladjustment in adulthood.

Accordingly, the present study examined the adult adjustment of individuals with a childhood history of

withdrawal. Gender and perceived parental criticism in adolescence were examined as factors influencing the manifestation of distress in adults who were withdrawn as children. Four questions concerning the sequelae of childhood withdrawal were examined.

Question 1. The first question was prompted by the literature on the link between childhood withdrawal and maladjustment in late childhood and adolescence. Withdrawn children often convey a persistent sense of negative self regard (Rubin & Mills, 1988) and appear to be overly concerned with potential negative evaluation (Kagan et al., 1984; Asendorpf, 1993). They engage in self-protective behaviours such as looking to adult intervention as a solution to a problem (Rubin et al., 1984) and reporting low levels of competence (e.g., Moskowitz & Schwartzman, 1988). Such findings raise the question as to whether characteristics associated with childhood withdrawal are also apparent in adults with a childhood background of withdrawal. In the present study a fear of negative evaluation and low self-esteem were expected to be present in adults who were withdrawn as children.

Question 2. Research also suggests that withdrawn children are at risk for the development of various internalizing difficulties in late childhood and adolescence (e.g., Rubin & Mills, 1988). Adults who were withdrawn as children were expected to manifest similar emotional

difficulties. They were expected to report more depression, anxiety, global distress and social anxiety relative to individuals without a childhood history of withdrawal.

Question 3. The third question stems from the literature on the influence of gender role socialization on profiles of behaviour patterns and distress in males and females. Females appear to be reinforced for an inhibited, affiliative behaviour style and to internalize distress, whereas males are encouraged to be assertive, achievement-oriented and to externalize distress (Block, 1983; Hammen & Peters, 1977). Deviation from sex-role expectations may result in negative sanctions from others. Research has also suggested that men and women derive self-esteem from a conformity with sex-role expectations (e.g., Stein et al., 1992).

The question addressed in the present study concerned the impact that gender role socialization might have on the personality and emotional adjustment of adults with a childhood history of withdrawal. Men and women with this history were expected to experience difficulties. However, withdrawal in a male's behavioral repertoire is not consistent with gender role expectations. Withdrawal in males should invite harsher negative sanctions than withdrawal in females. In the present study, therefore, men who were withdrawn in childhood were expected to report more anxiety, depression, social anxiety and fear of negative

evaluation and lower self-esteem than their female counterparts.

Question 4. The final question derives from the literature which links parental criticism to childhood withdrawal (e.g., Beaudet & Schwartzman, 1988). Low self-regard as a function of perceived high parental criticism may impact on the individual's ability to view him/herself as a worthy person. The question addressed was whether perceived parental criticism in adolescence increased the risk for personality and emotional maladjustment in adults with a childhood history of withdrawal.

In the present study, individuals who were withdrawn as children and who indicated that their parents were highly critical of them during their adolescence were expected to report more depression, anxiety, global distress, social anxiety, fear of negative evaluation and low self-esteem. Parental criticism was expected to interact with withdrawal to increase the risk for difficulties.

### Hypotheses

The foregoing literature review suggests that social withdrawal places the child at risk for social and emotional maladjustment in adulthood. Parental criticism as perceived by the adult, and gender-role socialization pressures may augment the risk for difficulties in adults with a childhood history of withdrawal. Accordingly, the present study was

designed to test the following hypotheses:

(1) Adults with a history of withdrawal in childhood are fearful of negative evaluation and have low self-esteem;

(2) They also manifest elevated general anxiety, depression, global distress and social anxiety;

(3) Men who were withdrawn as children have more personality and emotional problems than women who were withdrawn in childhood.

(4) Personality difficulties and emotional distress in individuals who have a history of withdrawal will be heightened by the perception of frequent parental criticism in adolescence.

## METHOD

Subjects

The sample consisted of 136 individuals (67 males; 69 females) whose average age was 26.94 years (SD = 2.1). They were part of a larger group (n=435) being assessed as a representative subsample of the original research population of the Concordia Longitudinal Risk Project (n=1770). The Concordia Longitudinal Risk Project was initiated in 1977-78 when 4,108 school children in Grades 1, 4 and 7 were screened for aggression and social withdrawal on a modified French version of the Pupil Evaluation Inventory (PEI), a peer nomination instrument (see Appendix A; Pekarik, Prinz et al., 1976).

In the present sample, 17 subjects were drawn from the Grade 1 cohort, 61 from the Grade 4 cohort and 58 from the Grade 7 cohort. The number of men and women from each cohort was approximately equal. The majority of the subjects were recruited from the two older cohorts because social withdrawal does not appear to stabilize as a behavioral dimension until the age of 8 or 9 years (Younger, Schwartzman, & Ledingham, 1985). Of the 474 individuals initially invited to participate in the large study 8.2% (n=39) did not accept the invitation.

The PEI is a factor-analyzed measure which consists of items that load on the factors of aggression, social withdrawal and likeability (see Appendix B for list of



behaviour descriptors). In the original screening of 1977-78 (see Ledingham, 1981; Schwartzman, 1985), the PEI was administered to students in each classroom separately. The children were asked to nominate up to four males and four females who best fit each behaviour item. Boys and girls were rated separately.

The number of nominations for each child was summed for the social withdrawal, aggression and likeability factors. The total factor score was subjected to a square root transformation to reduce skewness and then standardized for each sex within each classroom. This procedure removed the effect of differences in class size and sex on final aggression and withdrawal scores.

Classification of subjects. In order to examine adult characteristics associated with a history of childhood withdrawal, the original withdrawal and aggression factors were dichotomized. The aggressive dimension was included in the present study to serve as a contrast behavioral style. Subjects whose childhood withdrawal scores were above the 75th percentile were designated as withdrawn in childhood. Similarly, subjects whose childhood aggression scores were above the 75th percentile were designated as aggressive. The correlation between the aggression and withdrawal variables was not significant overall ( $r = -.01$ ) or by sex ( $r = -.03$  for males;  $r = .01$  for females), rendering it unnecessary to control for aggression in the identification of those who

were withdrawn. This classification procedure defined 68 subjects who were originally withdrawn as children (33 males; 35 females), and 68 subjects who were originally aggressive as children (33 males; 35 females).

Tables 1 and 2 summarize demographic characteristics for the sample as a function of group and sex. SES was measured by the Prestige Scale (Rossi, Sampson et al., 1974).

### Measures

Subjects completed French versions of the questionnaires. In order to assess their reliabilities, inter-item reliabilities (coefficient alpha) were computed. In addition, item analyses were performed to determine whether any of the measures would be improved by item deletion. The alpha coefficients were high for all measures. Item analyses indicated that deletion of items would not improve their internal consistency.

#### (1) Self-Esteem Scale (SET, Rosenberg, 1965)

This is a 10-item scale designed to measure self-esteem, in particular self-acceptance (see Appendix C). The SET has a Guttman scale reproducibility coefficient of .92; a two-week test-retest correlation of .85; convergent validity coefficients are reported to range from .56 to .83; and the measure has good predictive validity in relation to measures of shyness, depression, and assertiveness. The alpha

Table 1  
Demographic characteristics for the withdrawn groups

Demographic Variables	High Withdrawal	Low Withdrawal
Mean age (SD)		
Males	26.97 (1.99)	27.06 (2.14)
Females	26.86 (2.38)	26.88 (2.06)
Civil status		
Single		
Males	n = 19	n = 13
Females	n = 6	n = 9
Married/ Cohabiting		
Males	n = 13	n = 16
Females	n = 26	n = 21
Divorced/ Separated		
Males	n = 1	n = 4
Females	n = 3	n = 4
Mean years of education (SD)		
Males	11.72 (2.44)	11.84 (2.74)
Females	10.88 (2.46)	12.38 (2.50)
Mean Prestige score-SES (SD)		
Males	272.72 (162.26)	261.06 (143.72)
Females	315.94 (134.82)	313.12 (178.40)

Table 2  
Demographic characteristics for the aggression groups

Demographic Variables	High Aggression	Low Aggression
Mean age in years (SD)		
Males	27.09 (2.26)	26.94 (1.87)
Females	26.57 (2.00)	27.18 (2.39)
Civil status		
Single		
Males	n = 14	n = 18
Females	n = 9	n = 6
Married/ Cohabiting		
Males	n = 17	n = 12
Females	n = 23	n = 24
Divorced/ Separated		
Males	n = 2	n = 3
Females	n = 3	n = 4
Mean years of education (SD)		
Males	10.45(1.87)	13.12(2.51)
Females	11.14(2.24)	12.11(2.83)
Mean Prestige score-SES (SD)		
Males	245.16(115.26)	288.00(181.25)
Females	276.08(138.01)	352.97(166.42)

coefficient for the French version of this measure was .83.

(2) Index of Self-Esteem (ISE, Abell, Jones & Hudson, 1984; Hudson, 1987)

This is a 25-item scale designed to measure the degree to which an individual has problems with self-esteem (see Appendix D). The ISE has a mean alpha of .93, indicating excellent internal consistency. The alpha coefficient for the French version was .90. The ISE also has good construct and discriminant validity; it distinguishes reliably between clients judged by clinicians to have problems in the area of self-esteem and those who do not.

The SET measure was included in this study, in addition to the ISE measure, to determine convergent validity between the two scales. Although the SET is widely used, it was not developed specifically for adult populations. The ISE is not a measure which is prevalent in the literature, suggesting that it is neither widely used, nor widely known. Nevertheless, the 25 items of this scale appear to capture the concept of self-esteem very well.

(3) Fear of Negative Evaluation (FNE, Watson & Friend, 1969)

This is a 30-item measure designed to assess an aspect of social anxiety - fear of negative evaluation (Appendix E). Items include behaviour descriptions indicating anxiety stemming from perceptions of disapproval by others (e.g., "I am often afraid that I may look ridiculous or make a fool of myself"). It is correlated with such measures as social

approval, locus of control, dependence, and other measures of anxiety. The authors report a test-retest reliability of .78 to .94 and high internal consistency (average item to total score correlation was .72; Kuder-Richardson coefficient of .94 to .96). The alpha reliability of the French version of the FNE was .91.

(4) Social Avoidance and Distress Scale (SAD, Watson & Friend, 1969)

This is a 28-item measure used to assess one's experience of distress, fear and anxiety, and avoidance of social situations (see Appendix F). The authors report satisfactory test-retest reliability (.68 to .79) and internal consistency (average item to total score correlation of .77; and a Kuder-Richardson coefficient of .94. The alpha reliability of the French translation of the SAD was .90.

(5) Symptom Checklist (SCL-90, Derogatis, Rickles & Rock, 1976; Derogatis, Lipman, & Covi, 1982)

The SCL-90 is a 90-item self-reported symptom inventory which covers the symptom patterns of psychological difficulties (see Appendix G). The anxiety (ANX) and depression (DEP) scales and the Global Symptom Index (GSI) were used in this study. The reliability of the SCL-90 ranges from .70 to .90 (Cronbach alpha's). The test-retest reliability ranges from .78 to .90 for a one week period. The authors also report satisfactory convergent validity between the scales of the SCL-90 and the MMPI clinical

scales (.42 to .64). High inter-item reliabilities (.74 to .83) have been reported for the French translation of the SCL-90 (Back, 1988).

(6) Perceived Parental Criticism Measure(PPC)

The perceived parental criticism scale consists of 46 items. The subject indicates the extent to which he or she was criticized by his/her mother and father during adolescence on a 1 to 5 rating scale (see Appendix H). Many of the items were drawn from a scale developed by Harris and Howard (1979, 1984) which was used to examine the effect of perceived parental criticism on the self-esteem of adolescents. Their data indicated that adolescents who perceived frequent parental criticism had a more negative self-image.

Alpha coefficients for the French versions of the maternal and paternal criticism scales were .90 and .92, respectively. An index of perceived parental criticism was computed using the mean of the perceived maternal criticism and perceived paternal criticism scale scores. The correlation between the maternal criticism scale and the parental criticism scale (PPC) was .89. The correlation between the paternal criticism scale and the parental criticism scale was .91. An alpha coefficient of .94 was obtained for the parental criticism scale, indicating high internal reliability.

An examination of the data indicated that four subjects

had not completed the maternal criticism scale, 13 subjects omitted the paternal criticism scale, and one subject omitted both the mother and the father scales. The subject who had not provided ratings for either parent was omitted from the study. This reduced the number of subjects from the Grade 1 cohort to 16. In the case of the 17 subjects who provided ratings for only one parent, the data for that parent served as their perceived parental criticism score. This procedure was deemed appropriate because the study was concerned with a milieu of criticism as perceived by the subject, whether or not the source of the perceived criticism was paternal or maternal.

### Procedure

Subjects were contacted by telephone and invited to participate. They were informed that the study was part of the ongoing Concordia Longitudinal Risk Project. They were asked to come to the Concordia Longitudinal Risk Project's laboratory to complete a series of questionnaires. They were also told the amount of money they would receive for their participation (\$25.00). A total of 129 subjects volunteered to come to the laboratory. An additional seven female subjects agreed to complete the package of questionnaires in their homes in the presence of a research assistant. The same testing procedure was followed in the home as in the laboratory (see Appendix I).



On arrival at the laboratory, subjects were informed as to the purpose of the study, following which they completed informed consent forms (see Appendix J). Completion of the test protocol took between 1½ and 2 hours.

### Statistical Treatment of Data

Missing data. Missing item values were replaced by the sample modal values of the items. This procedure was adopted because it offers an accurate point estimate of a missing value.

Overview of the analyses. Hierarchical multiple regression analyses were performed to test the hypotheses of the study. Evaluation of the statistical assumptions of this procedure led to the identification of one univariate outlier in the ISE measure of self-esteem and in the PPC; and to the transformation of scores on three variables to reduce skewness. A reflected square root transformation for ISE scores and a logarithmic transformation of PPC scores eliminated the need to delete the original univariate outliers. A square root transformation was applied to the SAD. No multivariate outliers among the cases were identified using a  $p > .001$  criterion for Mahalanobis distance and a criterion of  $> 1$  for Cook's distance. There were no violations of the multivariate assumptions of normality, linearity and homoscedasticity of residuals.

Hierarchical regression analyses optimally call for 15

to 20 subjects per variable (Tabachnick & Fidell, 1989). With 135 subjects in the study, there was a ratio of 15 subjects per variable.

Analysis of cohort effect. Given that peer perceptions of withdrawal have been shown to be unstable in Grade 1 children (Younger, Schwartzman, & Ledingham, 1985), it was necessary to examine whether or not there was a biasing cohort effect. To assess this possibility, the means on each dependent variable for the 16 subjects from the Grade 1 cohort were compared to the means of 20 subjects who were randomly drawn from the Grade 4 and 7 cohorts in a series of t-tests (see Appendix K). The results indicated that, overall, the Grade 1 subjects were not reliably different from the two other cohorts on any measure. In addition, the frequency distributions and screening for outliers remained unaffected by the removal of Grade 1 data. Data from all three cohorts were therefore combined.

Analysis of "home" data effect. Similarly, it was necessary to test for any biasing effect in testing the seven subjects at home. The mean on each dependent variable for the 7 female subjects tested at home was compared to the mean of 21 females who were randomly drawn from the pool of 62 subjects tested in the laboratory (see Appendix L). The results indicated that, overall, there were no significant differences between subjects tested in the home and in the laboratory on any measure. In addition, the distribution of

scores and screening for outliers were unaffected by the removal of home data. Data across the two testing conditions were therefore combined.

All 135 subjects were retained for the analyses. Summary descriptive statistics on each variable as a function of group and sex are presented in Tables 3 and 4.

Correlational analyses. A series of Pearson correlations, overall and by sex, between each pair of predictor variables were computed in order to determine redundancy among predictor variables prior to their separate entry in the regression analyses (see Appendix M). The generally low levels of correlation found between predictor variables permitted their separate entry in the regression analyses.

Pearson correlations between dependent variables were also computed to assess redundancy (see Appendix N). The analyses revealed that depression and anxiety were each highly correlated with global distress in both the men and the women ( $r$ 's  $> .70$ ). Despite the high correlations, a sufficient amount of variance remained to allow for different outcomes. Therefore, for exploratory purposes, it was decided to run three separate analyses to assess for symptom specificity beyond global distress (depression versus anxiety subsumed by global distress). All other correlation coefficients were below .70, rendering it unnecessary to delete or combine dependent variables.

Table 3  
 Summary statistics of the criterion variables for the  
 withdrawal groups

Variable	High Withdrawal Mean (SD)	Low Withdrawal Mean (SD)
<b>Self-Esteem Scale</b>		
Overall	21.79 (4.63)	22.99 (4.85)
Males	21.15 (4.80)	23.30 (4.50)
Females	22.44 (4.45)	22.68 (5.21)
<b>Index of Self-Esteem</b>		
Overall	72.60 (13.63)	77.79 (10.73)
Males	68.79 (15.39)	78.21 (9.58)
Females	76.20 (10.76)	77.38 (11.87)
<b>Social Avoidance and Distress Scale</b>		
Overall	9.46 (6.67)	6.34 (5.47)
Males	9.67 (6.93)	6.36 (5.24)
Females	9.26 (6.51)	6.32 (5.77)
<b>Fear of Negative Evaluation</b>		
Overall	13.99 (7.84)	11.88 (7.12)
Males	14.79 (6.85)	9.76 (6.76)
Females	13.23 (8.71)	13.94 (6.95)
<b>Anxiety</b>		
Overall	59.68 (11.37)	56.28 (11.00)
Males	61.67 (12.70)	56.64 (9.44)
Females	57.80 (9.78)	55.94 (12.47)
<b>Depression</b>		
Overall	59.50 (11.29)	56.27 (11.73)
Males	62.45 (11.01)	56.55 (12.15)
Females	56.71 (10.98)	56.00 (11.49)
<b>Global Symptom Index</b>		
Overall	61.00 (11.31)	57.60 (11.40)
Males	64.64 (10.54)	57.21 (9.82)
Females	57.57 (11.07)	57.97 (11.40)

Table 4  
 Summary statistics of the predictor variables for the  
 aggression groups

Variable	High Aggression Mean (SD)	Low Aggression Mean (SD)
<b>Self-Esteem Scale</b>		
Overall	22.70 (4.83)	22.70 (4.71)
Males	22.24 (3.57)	22.21 (5.74)
Females	21.91 (5.82)	23.17 (3.45)
<b>Index of Self-Esteem</b>		
Overall	74.43 (13.24)	75.94 (11.77)
Males	72.94 (13.57)	74.06 (13.77)
Females	75.83 (12.95)	77.76 (9.29)
<b>Social Avoidance and Distress Scale</b>		
Overall	7.74 (6.19)	8.09 (6.41)
Males	7.58 (5.92)	8.45 (6.76)
Females	7.89 (6.51)	7.74 (6.14)
<b>Fear of Negative Evaluation</b>		
Overall	13.07 (7.74)	12.81 (7.39)
Males	11.30 (6.41)	13.24 (7.91)
Females	14.74 (8.57)	12.38 (6.95)
<b>Anxiety</b>		
Overall	60.24 (11.81)	55.72 (10.31)
Males	63.15 (11.14)	55.15 (10.30)
Females	57.49 (11.90)	56.26 (10.44)
<b>Depression</b>		
Overall	58.10 (11.85)	57.69 (11.38)
Males	61.06 (10.46)	57.94 (13.13)
Females	55.31 (12.55)	57.44 (9.59)
<b>Global Symptom Index</b>		
Overall	60.35 (11.84)	58.25 (10.15)
Males	63.42 (10.63)	58.42 (10.50)
Females	57.46 (12.34)	58.09 (9.96)

## RESULTS

In order to analyze the results, correlations between the predictor and dependent variables were first computed. Following these correlational analyses, a staged multiple regression model was applied to each of the seven dependent variables.

First, the relations between predictor and dependent variables were examined in a series of Pearson correlations. Overall (see Table 5), there were significant positive correlations between aggression and anxiety ( $r = .20, p < .05$ ) and between withdrawal and social anxiety ( $r = .25, p < .005$ ). There was also a negative relationship between withdrawal and the ISE measure of self-esteem ( $r = -.20, p < .05$ ). Perceived parental criticism was positively related to anxiety ( $r = .25, p < .005$ ), depression ( $r = .23, p < .01$ ) and global distress ( $r = .31, p < .001$ ). There was also a negative relationship between PPC and the ISE measure of self-esteem ( $r = -.26, p < .005$ ) as well as the SET measure ( $r = -.23, p < .05$ ).

For men (see Table 6), there was a positive correlation between aggression and anxiety ( $r = .35, p < .005$ ). Withdrawal for men was negatively related to the ISE measure of self-esteem ( $r = -.33, p < .01$ ) and positively related to fear of negative evaluation ( $r = .35, p < .005$ ), social anxiety ( $r = .25, p < .05$ ), depression ( $r = .25, p < .04$ )

Table 5  
Intercorrelations of predictor and dependent variables  
for total sample

	SET	ISE	FNE	SAD	ANX	DEP	GSI
WD	-.13	-.20 <sup>b</sup>	.14	.25 <sup>c</sup>	.15	.14	.15
AGG	-.07	-.05	.02	-.05	.20 <sup>a</sup>	.02	.10
Sex	.03	.12	.09	-.05	-.10	-.14	-.14
PPC	-.23 <sup>b</sup>	-.26 <sup>c</sup>	.01	.02	.25 <sup>c</sup>	.23 <sup>b</sup>	.31 <sup>d</sup>

Note. WD = withdrawal; AGG = aggression; PPC = perceived parental criticism; SET = Self-Esteem Scale; ISE = Index of Self-Esteem; FNE = Fear of Negative Evaluation; SAD = Social Avoidance and Distress Scale; ANX = SCL-90 Anxiety; DEP = SCL-90 Depression; GSI = SCL-90 Global Symptom Index.

<sup>a</sup>  $p < .05$

<sup>b</sup>  $p < .01$

<sup>c</sup>  $p < .005$

<sup>d</sup>  $p < .001$

Table 6  
Intercorrelations of predictor and dependent variables  
for males

	SET	ISE	FNE	SAD	ANX	DEP	GSI
WD	-.23	-.33 <sup>c</sup>	.35 <sup>c</sup>	.25 <sup>a</sup>	.22	.25 <sup>a</sup>	.35 <sup>c</sup>
AGG	.003	-.05	-.14	-.08	.35 <sup>c</sup>	.13	.23
PPC	.06	.23	-.18	-.08	.14	.18	.27 <sup>a</sup>

Note. WD = withdrawal; AGG = aggression; PPC = perceived parental criticism; SET = Self-Esteem Scale; ISE = Index of Self-Esteem; FNE = Fear of Negative Evaluation; SAD = Social Avoidance and Distress Scale; ANX = SCL-90 Anxiety; DEP = SCL-90 Depression; GSI = SCL-90 Global Symptom Index.

<sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$

<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$



and global distress ( $r = .35, p < .05$ ). Perceived parental criticism was only positively related to global distress ( $r = .27, p < .05$ ).

For women (see Table 7), withdrawal was positively related to social anxiety ( $r = .26, p < .05$ ). Perceived parental criticism was negatively related to the ISE measure of self-esteem ( $r = -.26, p < .01$ ), and positively related to anxiety ( $r = .34, p < .005$ ), depression ( $r = .25, p < .05$ ) and global distress ( $r = .30, p < .05$ ).

Second, a hierarchical regression analysis was performed on each outcome measure using SPSS\* REGRESSION (1986) in the following manner: Sex was entered at the first step; Group membership (Aggression and Withdrawal) was entered in the second step; the Sex x Group interactions were entered at the third step; Perceived Parental Criticism (PPC) was entered at step 4; finally, the PPC x Group interactions were entered as the final step.

Tables 8 to 14 (pp.44-50) display the t-values, standardized regression coefficients (B), squared semi-partial correlations ( $sr^2$ ),  $R^2$  change ( $\Delta R^2$ ) after entry of each set of variables, as well as the total variance accounted for ( $R^2$ ) after entry of all variables. All results are reported for transformed variables. The unique role of each predictor variable ( $sr^2$ ) was examined when a block's contribution was significant.

Sex, which was entered at step 1 prior to its

Table 7  
Intercorrelations of predictor and dependent variables for females

	SET	ISE	FNE	SAD	ANX	DEP	GSI
WD	-.02	-.07	-.04	.26 <sup>a</sup>	.08	.03	-.02
AGG	-.13	-.05	.15	-.02	.06	-.10	-.03
PPC	.22	-.26 <sup>b</sup>	.22	.07	.34 <sup>c</sup>	.25 <sup>a</sup>	.30 <sup>a</sup>

Note. WD = withdrawal; AGG = aggression; PPC = perceived parental criticism; SET = Self-Esteem Scale; ISE = Index of Self-Esteem; FNE = Fear of Negative Evaluation; SAD = Social Avoidance and Distress Scale; ANX = SCL-90 Anxiety; DEP = SCL-90 Depression; GSI = SCL-90 Global Symptom Index

<sup>a</sup>  $p < .05$

<sup>b</sup>  $p < .01$

<sup>c</sup>  $p < .005$

<sup>d</sup>  $p < .001$

interaction with Group, did not predict any outcome. Group membership was added to the equation at step 2 to test the hypotheses dealing with childhood withdrawal as a risk factor for personality and psychiatric difficulties in adulthood. Group membership was a significant predictor of the ISE measure of self-esteem ( $\Delta R^2 = .04$ ,  $p < .05$ ; see Table 9) and two emotional difficulties: (1) social anxiety ( $\Delta R^2 = .07$ ,  $p < .05$ ; see Table 11) and, (2) SCL-90 anxiety ( $\Delta R^2 = .06$ ,  $p < .05$ ; see Table 12). An examination of the individual components of group membership indicated that withdrawal was negatively related to self-esteem, accounting for 4% of the total variance. Withdrawal was also positively related to social anxiety and accounted for 6% of the total variance. Aggression was positively related to SCL-90 anxiety, accounting for 4% of the total variance. There was also a trend for withdrawal to be positively associated with SCL-90 anxiety ( $p = .07$ ).

The Sex x Group interactions were added to the equation in stage 3 to test the hypotheses that men and women with a history of childhood withdrawal would differ in psychiatric and personality difficulties. These interactions were relevant in the prediction of fear of negative evaluation ( $\Delta R^2 = .06$ ,  $p < .05$ ; see Table 10) and SCL-90 global distress ( $\Delta R^2 = .05$ ,  $p < .05$ ; see Table 14). The interaction of Sex x Withdrawal was significant in the prediction of fear of negative evaluation and SCL-90 global

distress. The interaction accounted for 4% of the total variance on each of these variables. Further examination of these interactions indicated that men who were withdrawn were more likely to be fearful of negative evaluation and to be emotionally distressed than men who were not withdrawn. No such differential effect was apparent in the women. For social anxiety, the overall  $R^2$  was no longer significant at this stage of the regression (see Table 11). Thus, total  $R^2$  for social anxiety was significant only when testing for the main effect of group membership.

At stage 4, PPC was added to the predictive equation prior to its interaction with group membership. The PPC contributed significantly in the prediction of (1) the ISE measure of self-esteem ( $\Delta R^2 = .06$ ,  $p < .01$ ; see Table 9) and (2) the SET measure of self-esteem ( $\Delta R^2 = .05$ ,  $p < .05$ ; see Table 8). Perceived parental criticism was negatively related to both measures of self-esteem. For emotional or psychiatric difficulties, PPC made a significant contribution in the prediction of (1) SCL-90 anxiety ( $\Delta R^2 = .05$ ,  $p < .01$ ; see Table 12), (2) SCL-90 depression ( $\Delta R^2 = .05$ ,  $p < .01$ ; see Table 13) and (3) SCL-90 global distress ( $\Delta R^2 = .08$ ,  $p < .001$ ; see Table 14). Perceived parental criticism was positively related to all of these variables. Perceived parental criticism accounted for 7% of the total variance on the ISE measure of self-esteem, 5% on the SET measure of self-esteem, 6% on SCL-90 anxiety, 5% on SCL-90

depression and 9% on SCL-90 global distress. For FNE, the overall  $R^2$  was no longer significant at this stage of the regression (see Table 10).

The PPC x Group membership interactions addressed the hypothesis that PPC in conjunction with withdrawal would increase the risk for later difficulties above and beyond group membership and the Group x Sex interactions. Entry of these variables in the equation did not produce significant increments in explained variance on any of the criterion variables.

With entry of all the predictor variables including interactions, F values remained significant for the ISE measure of self-esteem, anxiety, depression and global distress. For the ISE measure of self-esteem, 15% of the total variance was accounted for ( $R^2$  adjusted = .10,  $p$  = .008; see Table 9). For SCL-90 anxiety, 16% of the total variance was accounted for ( $R^2$  adjusted = .10,  $p$  = .001; see Table 12). For SCL-90 depression, 12% of the total variance was accounted for ( $R^2$  adjusted = .07,  $p$  = .03; see Table 13). For SCL-90 global distress, 19% of the total variance was accounted for ( $R^2$  adjusted = .15,  $p$  = .001; see Table 14).

Summary. First, it was expected that childhood withdrawal would be a significant predictor of personality difficulties in adulthood. A negative association was found between withdrawal and the ISE measure of self-esteem.

Table 8  
Hierarchical regression analyses predicting SET

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1				
Sex	.03	.00	.38	.00
Step 2-Group Membership				
Withdrawal	.13	.02	-1.46	.02
Aggression	-.07	.00	-.78	
Step 3-Group x Sex				
Withdrawal x Sex	.33	.01	1.15	.01
Aggression x Sex	-.22	.00	-.75	
Step 4				
PPC	-.23	.05	-2.58	.05 <sup>a</sup>
Step 5-PPC x Group				
PPC x WD	-.02		-.13	.00
PPC x AGG	.00		-.10	
Total $R^2 = .08$				

Note. SET = Rosenberg's Self-Esteem Scale.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

Table 9  
Hierarchical regression analyses predicting ISE

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1 Sex	.03	.00	-1.45	.00
Step 2-Group Membership				.04 <sup>a</sup>
Withdrawal	-.20	.04	2.41 <sup>a</sup>	
Aggression	-.05	.00	.60	
Step 3-Group x Sex				.02
Withdrawal x Sex	-.48	.02	-1.69	
Aggression x Sex	-.02	.00	-.09	
Step 4 PPC	-.26	.07	3.02 <sup>c</sup>	.06 <sup>c</sup>
Step 5-PPC x Group				.01
PPC x WD	-.10	.01	.85	
PPC x AGG	-.11	.00	-.82	
Total $R^2 = .15^c$				

Note. ISE = Index of Self-Esteem.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

Table 10  
Hierarchical regression analyses predicting FNE

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1				
Sex	.09	.01	1.01	.01
Step 2-Group Membership				
Withdrawal	.14	.02	1.62	.02
Aggression	.02	.00	.21	
Step 3-Group x Sex				
Withdrawal x Sex	-.64	.04	-2.26 <sup>a</sup>	.06 <sup>a</sup>
Aggression x Sex	.46	.02	1.62	
Step 4				
PPC	.01	.00	.07	.00
Step 5-PPC x Group				
PPC x WD	.07	.00	.55	.00
PPC x AGG	-.03	.00	-.25	
Total $R^2 = .09$				

Note. FNE = Fear of Negative Evaluation.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$



Table 11  
Hierarchical regression analyses predicting SAD

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1 Sex	-.05	.00	-.55	.00
Step 2-Group Membership				.07 <sup>a</sup>
Withdrawal	.25	.06	2.99 <sup>c</sup>	
Aggression	-.04	.00	-.52	
Step 3-Group x Sex				.00
Withdrawal x Sex	-.05	.00	.29	
Aggression x Sex	.19	.00	.24	
Step 4 PPC	.02	.00	.27	.00
Step 5-PPC x Group				.00
PPC x WD	.06	.00	.44	
PPC x AGG	-.06	.00	-.45	

Total  $R^2 = .07$

Note. SAD = Social Avoidance and Distress Scale.

<sup>a</sup>  $p < .05$

<sup>b</sup>  $p < .01$

<sup>c</sup>  $p < .005$

<sup>d</sup>  $p < .001$

Table 12  
Hierarchical regression analyses predicting ANX

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1				
Sex	.10	.00	-1.17	.01
Step 2-Group Membership				
Withdrawal	.15	.03	1.82	.06 <sup>a</sup>
Aggression	.20	.04	2.41 <sup>a</sup>	
Step 3-Group x Sex				
Withdrawal x Sex	-.26	.01	-.92	.03
Aggression x Sex	-.52	.03	-1.86	
Step 4				
PPC	.23	.06	2.75 <sup>b</sup>	.05 <sup>b</sup>
Step 5-PPC x Group				
PPC x WD	.07	.00	.54	.00
PPC x AGG	.00	.00	.02	
Total $R^2 = .16^c$				

Note. ANX = SCL-90 Anxiety.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

Table 13  
Hierarchical regression analyses predicting DEP

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1 Sex	-.14	.02	-1.58	.02
Step 2-Group Membership				.02
Withdrawal	.14	.02	1.65	
Aggression	.02	.00	.24	
Step 3-Group x Sex				.03
Withdrawal x Sex	-.38	.01	-1.34	
Aggression x Sex	-.39	.01	-1.38	
Step 4 PPC	.23	.05	2.70	.05 <sup>b</sup>
Step 5-PPC x Group				.01
PPC x WD	.08	.00	.61	
PPC x AGG	-.13	.00	-1.00	
Total $R^2 = .12^a$				

Note. DEP = SCL-90 Depression.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

Table 14  
Hierarchical regression analyses predicting GSI

Predictor	$\beta$	$sr^2$	t values	$\Delta R^2$
Step 1				
Sex	-.14	.02	-1.67	.02
Step 2-Group Membership				
Withdrawal	.16	.03	1.84	.04
Aggression	.10	.01	1.15	
Step 3-Group x Sex				
Withdrawal x Sex	-.61	.04	-2.17 <sup>a</sup>	.05 <sup>a</sup>
Aggression x Sex	-.44	.02	-1.60	
Step 4				
PPC	.30	.09	3.62 <sup>d</sup>	.08 <sup>d</sup>
Step 5-PPC x Group				
PPC x WD	.05	.00	.40	.00
PPC x AGG	-.09	.00	-.67	
Total $R^2 = .19^c$				

Note. GSI = SCL-90 Global Symptom Index.

- <sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$   
<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

Withdrawal did not predict the SET measure of self-esteem or fear of negative evaluation.

Second, it was expected that childhood withdrawal would be a significant predictor of psychiatric difficulties in adulthood. A positive association was found between withdrawal and social anxiety. There was also a trend for withdrawal to be related to SCL-90 anxiety. In addition, aggression predicted SCL-90 anxiety. Withdrawal did not predict SCL-90 depression or SCL-90 global distress.

Third, it was expected that men and women with a history of childhood withdrawal would differ in the degree of psychiatric and personality difficulties. A significant sex x withdrawal interaction was found for fear of negative evaluation and SCL-90 global distress. Men who were withdrawn were more likely to be fearful of negative evaluation and experience global distress than men who were not withdrawn. Significant Sex x Withdrawal interactions were not found for measures of self-esteem, social anxiety, SCL-90 depression and SCL-90 anxiety.

Fourth, it was expected that PPC in conjunction with childhood withdrawal would heighten the risk for psychiatric and emotional difficulties. The PPC x withdrawal interaction was not associated with any criterion variable. However, PPC alone made a significant contribution to the prediction of both measures of self-esteem, SCL-90 anxiety, SCL-90 depression and SCL-90 global distress.

## DISCUSSION

The aim of the present study was to examine the adjustment of adults who were withdrawn as children. Specifically, the study examined whether characteristics associated with childhood withdrawal, such as low self-regard and fear of negative evaluation, are also seen in adults with a childhood background of withdrawal. Whether there is a link between childhood withdrawal and psychiatric/emotional difficulties in adulthood was also investigated. Social anxiety, SCL-90 depression, SCL-90 anxiety and SCL-90 global distress were the targeted psychiatric outcome variables. In addition, gender and perceived parental criticism in adolescence were examined to determine whether these factors increase the risk for maladjustment in adults who were withdrawn as children.

The general thrust of the present results provides partial support for three of the study's four hypotheses. The results indicate that withdrawal in childhood (a) is related to certain personality difficulties in adulthood; (b) is linked to a number of adult psychiatric/emotional difficulties; and (c) predicts different outcomes for men and women. The results did not provide evidence of perceived parental criticism as a mediating factor of risk in relation to childhood withdrawal.

Individuals who were withdrawn in childhood reported

low levels of self-esteem on the ISE measure relative to those who did not present with this history. This was not the case for the SET measure of self-esteem. The zero-order correlation between the two measures, however, was quite high (.68 to .70 overall and by sex), suggesting that they measure relatively the same construct. The discrepancy in results may stem from the fact that the SET measure was not developed for use with adults. It consists of only 10 items which may not adequately tap the more complex features of self-esteem in adulthood. The negative relation between childhood withdrawal and adult self-esteem as measured by the ISE extends the research findings which document this association in childhood and adolescence (Rubin, 1985; Moskowitz & Schwartzman, 1988). The negative sense of self-regard, which is a major feature of childhood withdrawal, also appears to be a key feature of the adult adjustment of withdrawn children.

In addition to reporting low self-esteem, individuals who were withdrawn as children reported psychiatric/emotional maladjustment. Childhood withdrawal was associated with adult social anxiety. Its links with global distress, general anxiety and depression, however, were marginal at best. Social anxiety may be seen as a clinically plausible aftermath of childhood withdrawal and suggests continuity in the salient features of childhood withdrawal. In the present study, withdrawal referred

primarily to social avoidance prompted by anxiety and shyness (Ledingham, 1981). Social anxiety in adulthood also reflects anxiety and avoidance of social situations (Watson & Friend, 1969). The relation between childhood withdrawal and social anxiety found in this study is consistent with the positive link between childhood social withdrawal and later social phobia found by Schwartzman et al. (1990).

The results also point to the specificity of the form of anxiety in adulthood which is linked to childhood withdrawal. In other words, the anxiety which was linked to childhood withdrawal was social in nature. However, general anxiety, that is, the general tension, restlessness and nervousness that is tapped by the SCL-90 anxiety scale, was associated primarily with childhood aggression, and only marginally with withdrawal.

Similarly, depression was not unusually prevalent in those who had been withdrawn in childhood. Given that depression was noted in children and young adolescents who were identified as withdrawn at a younger age (Rubin & Mills, 1988; Rubin, 1993), the present finding would suggest a diminution of risk with age for depressive symptoms in children who are withdrawn. However, because the childhood depression status of the subjects of the study was not assessed, it is not possible to test this interpretation directly. An alternative interpretation allows for the possibility that depression manifests itself at particular



periods of developmental vulnerability in the life course of less resilient individuals. Accordingly, it may be that withdrawn children are at risk for depression as they go through the pre-to-post pubertal phase (Rubin & Mills, 1988; Rubin, 1993), late adolescence to early adulthood (Schwartzman et al., in press), and again, later on during age periods when increased stress is normative, such as those involving role transitions.

Although the results suggest that both men and women with a childhood history of withdrawal are at risk for low self-esteem and social anxiety, the results further indicate that males experience a more diverse set of negative outcomes than females. For men in the study, a history of childhood withdrawal predicted fear of negative evaluation and SCL-90 global distress. As noted earlier, research on gender role socialization suggests that males are reinforced for an assertive and achievement-oriented approach to the world (e.g., Hoffman, 1977; Block, 1983). In addition, it has been theorized that a departure from gender-role expectations elicits negative sanctions from others (e.g., Hammen & Peters, 1977). Clearly, childhood withdrawal is a behavioral stance which is more congruent with sex-role expectations for females, whereas it is counter to the expectations for males (e.g., Hoffman, 1977; Block, 1983). It is possible that men who were withdrawn as children received more negative feedback than did their female

counterparts. This negative evaluation may have threatened their sense of self-regard, which, in turn, may have led them to fear further negative evaluations from others.

In addition, it is likely that the self-protective behaviour patterns of withdrawn males inhibits their engagement in competitive and assertive behaviours to attain gender-appropriate goals. This may have led men in the present sample who were withdrawn to develop relatively high levels of global distress.

The finding that childhood withdrawal is not as significant a risk factor for later personality and emotional difficulties in females as it is for males may stem from differential gender-role socialization pressures. Unlike males, females appear to be reinforced for a non-assertive, affiliative behavioral stance (Hoffman, 1977; Block, 1983). Childhood withdrawal in females would be congruent with sex-role expectations, and may not draw negative sanctions from others. Nevertheless, the low level of self-esteem reported by women who had been withdrawn in childhood suggests that certain gender-related goals are not being met. In particular, there is evidence that females derive their self-esteem through interpersonal relationships (Stein, Newcomb & Bentler, 1992). A markedly inhibited, withdrawn behaviour style may interfere with the development of close interpersonal relationships, and the boost in self-esteem that comes from rewarding relationships.

It should be noted that the gender differences in outcome for the withdrawn children were more apparent in the zero-order correlational analyses than in the regression analyses. This is likely due to the statistical power constraints of limited sample size and the modest-to-moderate range of significant statistical effects. Nevertheless, it is possible to discern a general pattern of negative outcomes for withdrawn boys relative to withdrawn girls (see Tables 6 and 7). Childhood withdrawal in the men was related to low self-esteem, fear of negative evaluation, social anxiety, depression and global distress. In contrast, childhood withdrawal was associated only with social anxiety in the women. The general tenor of these results is consistent with the notion that boys who are withdrawn are more vulnerable to later adjustment problems than girls because of greater gender-role socialization difficulties.

Although gender clearly emerged as a factor which influences the degree of risk in adults who were withdrawn as children, perceived parental criticism did not. Perceived parental criticism in adolescence was not associated with withdrawal in the present results as a risk factor for personality and psychiatric/emotional difficulties in adulthood. However, perceived parental criticism in itself was a predictor of low self-esteem, anxiety, depression, and global distress.

Previous work has indicated that adolescents who were

withdrawn in childhood are more likely than others to be the target of criticism from their parents (Beaudet & Schwartzman, 1988). The most plausible reason for the apparent discrepancy in results between the current study and the Beaudet and Schwartzman study is the difference in the measures of criticism used. In the Beaudet and Schwartzman study, the parents provided descriptions of their adolescent offspring. The index of "criticalness" was the number of negative comments made. Therefore, the measure of criticism was direct. In the present study, the measure was essentially retrospective and self-reported by the offspring. Although it was suggested that the mere perception of criticism can have a profound effect on an individual's sense of self, it is important to recognize that retrospective accounts of parenting behaviour by offspring may be biased (Halverson, 1988).

There are two possible interpretations of the findings which link perceived parental criticism with various difficulties in adulthood. First, it is possible that the perception of parental criticism increases the risk for personality and psychiatric difficulties. Thus, it may represent a separate and independent risk factor for personality and emotional problems. Alternatively, perceived parental criticism may be more of an outcome than a predictor variable; that is, it may be more a reflection of current emotional state. Individuals who have lower self-

esteem, high anxiety, depression or global distress may be prone to reporting that they were criticized by their parents during adolescence because of a currently negative orientation to the world. Difficulties such as low self-esteem and depression involve a negative perception of the self and others which would likely extend to perceptions of parental behaviour in adolescence.

It should be noted that perceived parental criticism was not associated with fear of negative evaluation and social anxiety as one might have expected. These two outcome variables appear to be particularly relevant to perceptions of criticism because they involve concerns with judgmental evaluation. It may be that fear of negative evaluation and social anxiety are more associated with over-protective parenting, as opposed to negative, critical parenting. Children who are exposed to an over-protective parenting style may not develop the core emotional premise needed, that is, that there is a secure anchor base, which would permit them to explore the world. Thus, they may feel anxious about separating from their parents and, would be prone to developing social anxiety and concerns about negative evaluation from unfamiliar others, including teachers and peers (e.g., Bacon & Ashmore, 1985; Fagot & Hagon, 1985).

The only measure of parenting behaviour included in the present study was perceived parental criticism. However

research has also suggested that social withdrawal is linked to over-protective parenting (Stubbe et al., 1993) and parental rejection (Eastburg & Johnson, 1990). It may be useful for future studies to examine the differential effect of all three negative features of parenting on the sequelae of childhood withdrawal. Ideally, it would be best to conduct a prospective study that would directly measure these parenting characteristics and their effects on later adjustment. Although a direct measure may not be feasible, it remains useful to examine whether the perception of such parenting characteristics is differentially associated with particular outcomes.

This study yielded a number of findings which merit further attention and point the way to future research. First, the findings indicate that both men and women who were withdrawn in childhood reported lower self-esteem and elevated levels of social anxiety in adulthood. These findings suggest continuity in the salient problematic features of childhood withdrawal and underlines the need for further examination of these features.

Second, men, relative to women, who were withdrawn in childhood appear to be more penalized. This is consistent with research demonstrating that, for men, childhood shyness is related to a delay in the achievement of role transitions, such as marriage and the establishment of a stable career (Caspi et al., 1988). Women with a history of

childhood shyness in the Caspi study did not demonstrate a similar delay in the achievement of role transitions. It is relevant to note in this context that the civil status data for the present sample are consistent with this research. Nineteen men as compared to 6 women in the high withdrawal group were still single at the time of current testing. The findings in the present study highlight the importance of continuing to study the impact that this childhood behaviour pattern has on men. For example, it would be useful to investigate factors which may relate to the heightened levels of global distress experienced by these men, such as gender-role congruent achievements.

Although the results suggest that women with a childhood history of withdrawal do not experience as much difficulty as do men of similar background, it would be premature to conclude, on the basis of this study, that childhood withdrawal in women is not a risk factor for later maladjustment. As has been noted, the finding that childhood withdrawal in both the women and the men of the sample was associated with low self-esteem and high levels of social anxiety suggests that women who were withdrawn in childhood may also experience difficulty in attaining gender appropriate goals. It is important, therefore, to continue studying the impact of childhood withdrawal on the lives of women as well as the men. Future studies could examine, for example, the link between childhood withdrawal in women and

the quality of their later interpersonal relationships, including mental adjustment.

Finally, the results suggest that the outcomes of childhood withdrawal are centered more around personality difficulties than emotional or psychiatric symptoms. The discomfort of these individuals in their mid to late 20's may reflect a dissatisfaction directed at the self rather than symptomatic emotional distress. Future research is indicated which examines such personality characteristics as attributional style and fear of failure as continuing outcome features of childhood withdrawal that constrict the emotional lives of these individuals.

Although emotional or psychiatric difficulties in this study were not highlighted as central outcomes of childhood withdrawal, it would also be useful to examine whether such difficulties emerge in later years. It may be that as the consequences of withdrawal further accumulate, emotional difficulties may increase. In addition, as noted previously, it may be that such emotional difficulties will arise during normative transitional stress periods. It would be important to examine whether certain factors, such as the non-achievement of specific life goals mediate these negative outcomes.

#### Summary

The present study indicates that early social withdrawal is a risk factor for personality difficulties and



emotional/psychiatric symptoms in adulthood. Negative self-perceptions and the prevalence of characteristics that are features of childhood withdrawal (e.g., social anxiety) emerged as key features of the adult adjustment of both men and women with childhood histories of social withdrawal.

Men who have a history of childhood withdrawal, however, appear to be at risk for more difficulties than their female counterparts. They were more prone to fears of negative evaluation and general emotional distress. This pattern of adjustment is consistent with the notion that withdrawal, as a behavioral style, goes counter to gender-role expectations of men, and places additional stress on them.

Although perceived parental criticism did not increase the risk for personality and emotional problems in individuals who were withdrawn as children, it was linked with low self-esteem, anxiety, depression and global distress. Two explanations are possible: (1) a history of parental criticism in itself increases the risk for personality and emotional difficulties, or (2) the perception of criticism reflects current emotional distress. The present study underlines the importance of identifying those factors along the developmental path which mediate the risk for later adjustment difficulties in children who are withdrawn. Future research should be directed at examining the negative factors which interact with childhood

withdrawal to heighten the risk for later maladjustment.

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Appendix A  
Pupil Evaluation Inventory

VOTRE NUMERO: \_\_\_\_\_

- 1. Ceux qui agissent plus jeunes que leur age.
- 2. Ceux qui aident les autres.
- 3. Ceux qui ne sont pas capables de rester assis tranquilles.
- 4. Ceux qui essaient de mettre les autres dans le trouble.
- 5. Ceux qui sont trop timides pour se faire des amis facilement.
- 6. Ceux qui se sentent trop facilement blessés.
- 7. Ceux qui prennent des airs supérieurs et qui pensent qu'ils valent mieux que tout le monde.



LES AUTRES			

MOI	

2 (4-17)  
 2 (18-27)  
 2 (28-37)  
 2 (38-47)  
 2 (48-57)  
 2 (58-67)  
 2 (68-77)

LES AUTRES

MOI

8. Ceux qui font les clowns et font rire les autres.			3 (8-17)
9. Ceux qui commencent la chicanne à propos de rien.			3 (18-27)
10. Ceux qui ne semblent jamais s'amuser			3 (28-37)
11. Ceux qui sont bouleversés quand ils ont à répondre aux questions en classe.			3 (38-47)
12. Ceux qui disent aux autres enfants qu'il faut faire.			3 (48-57)
13. Ceux qui sont d'habitude les derniers choisis pour participer à des activités de groupe.			3 (58-67)
14. Ceux que tout le monde aime.			3 (68-77)

15. Ceux qui s'empêchent tout le temps et se mettent en difficultés.
16. Ceux qui rient des gens.
17. Ceux qui ont très peu d'amis.
18. Ceux qui font des choses bizarres.
19. Ceux qui sont vos meilleurs amis.
20. Ceux qui ennulent les gens qui essaient de travailler.
21. Ceux qui se mettent en colère quand ça ne marche pas comme ils veulent.

LES AUTRES


MOI


4 (0-17)

4 (18-27)

4 (28-37)

4 (38-47)

4 (48-57)

4 (58-67)

4 (68-77)

22. Ceux qui ne portent pas attention au professeur.
23. Ceux qui sont impolis avec le professeur.
24. Ceux qui sont malheureux ou tristes.
25. Ceux qui sont particulièrement gentils.
26. Ceux qui se comportent comme des bébés.
27. Ceux qui sont méchants et cruels avec les autres enfants.
28. Ceux qui souvent ne veulent pas jouer.

LES AUTRES


MOI


5 (8-17)  
 5 (18-27)  
 5 (28-37)  
 5 (38-47)  
 5 (48-57)  
 5 (58-67)  
 5 (68-77)



29. Ceux qui vous regardent de travers.
30. Ceux qui veulent faire les fins devant la classe.
31. Ceux qui disent qu'ils peuvent battre tout le monde.
32. Ceux qu'on ne remarque beaucoup.
33. Ceux qui exagèrent et racontent des histoires.
34. Ceux qui se plaignent toujours et qui ne sont jamais contents.
35. Ceux qui semblent toujours comprendre ce qui se passe.

LES AUTRES


MOI


6 (8-17)

6 (18-27)

6 (28-37)

6 (38-47)

6 (48-57)

6 (58-67)

6 (68-77)

1. Celles qui agissent plus jeunes que leur Age.
2. Celles qui aident les autres.
3. Celles qui ne sont pas capables de rester assises tranquilles.
4. Celles qui essaient de mettre les autres dans le trouble.
5. Celles qui sont trop timides pour se faire des amis facilement.
6. Celles qui se sentent trop facilement blessées.
7. Celles qui prennent des airs supérieurs et qui pensent qu'elles valent mieux que tout le monde.

LES AUTRES


MOI


7 (8-17)

7 (18-27)

9 (28-37)

7 (38-47)

7 (48-57)

7 (58-67)

7 (68-77)

8. Celles qui font les clownes et font rire les autres.
9. Celles qui commencent la chitane à propos de rien.
10. Celles qui ne semblent jamais s'amuser.
11. Celles qui sont bouleversées quand elles ont à répondre aux questions en classe.
12. Celles qui disent aux autres enfants quoi faire.
13. Celles qui sont d'habitude les dernières choisies pour participer à des activités de groupe.
14. Celles que tout le monde aime.


LES AUTRES

MOI


0 (0-17)

0 (18-27)

0 (28-37)

0 (38-47)

0 (48-57)

0 (58-67)

0 (68-77)

15. Celles qui s'embêtrent tout le temps et se mettent en difficultés.
16. Celles qui rient des gens.
17. Celles qui ont très peu d'amis.
18. Celles qui font des choses bizarres.
19. Celles qui sont vos meilleures amies.
20. Celles qui ennulent les gens qui essaient de travailler.
21. Celles qui se mettent en colère quand ça ne marche comme elles veulent.

LES AUTRES


MOI


9 (8-17)

9 (18-27)

9 (28-37)

9 (38-47)

9 (48-57)

9 (58-67)

9 (68-77)

22. Celles qui ne portent pas attention au professeur.
23. Celles qui sont impolies avec le professeur.
24. Celles qui sont malheureuses ou tristes.
25. Celles qui sont particulièrement gentilles.
26. Celles qui se comportent comme des bébés.
27. Celles qui sont méchantes et cruelles avec les autres enfants.
28. Celles qui souvent ne veulent pas jouer.

LES AUTRES


MOI


- A (8-17)
- A (18-27)
- A (28-37)
- A (38-47)
- A (48-57)
- A (58-67)
- A (68-77)

29. Celles qui vous regardent de travers.
30. Celles qui veulent faire les fines devant la classe.
31. Celles qui disent qu'elles peuvent battre tout le monde.
32. Celles que l'on ne remarque pas beaucoup.
33. Celles qui exagèrent et racontent des histoires.
34. Celles qui se plaignent toujours et qui ne sont jamais contentes.
35. Celles qui semblent toujours comprendre ce qui se passe.

LES AUTRES			

MOI

- D (6-17)
- D (18-27)
- E (28-37)
- D (38-47)
- D (48-57)
- D (58-67)
- D (68-77)

Appendix B

Behavioral descriptors of  
Pupil Evaluation Inventory

## PEER EVALUATION INVENTORY

Prog. #	PEI #	
<u>AGGRESSION ITEMS</u>		
1	3.	Those who can't sit still.
2	4.	Those who try to get other people into trouble
3	7.	Those who act stuck-up and think they are better than everyone else.
4	8.	Those who play the clown and get others to laugh.
5 (1)*	9.	Those who start a fight over nothing.
6	12.	Those who tell other children what to do.
7	15.	Those who always mess around and get into trouble.
8 (2)	16.	Those who make fun of people.
9	18.	Those who do strange things.
10 (3)	20.	Those who bother people when they're trying to work.
11	21.	Those who get mad when they don't get their way.
12 (4)	22.	Those who don't pay attention to the teacher.
13	23.	Those who are rude to the teacher.
14 (5)	26.	Those who act like a baby.
15	27.	Those who are mean and cruel to other children.
16	29.	Those who give dirty looks.
17	30.	Those who want to show off in front of the class.
18 (6)	31.	Those who say they can beat everybody up.
19 (7)	33.	Those who exaggerate and make up stories.
20 (8)	34.	Those who complain nothing seems to make them happy

\* Items used in Grade 1.



Prog. #	PEI #
------------	----------

WITHDRAWAL ITEMS

21	(9)	5.	Those who are too shy to make friends easily.
22	(10)	6.	Those whose feelings are too easily hurt. ( <i>Not used</i> )
23		10.	Those who never seem to be having a good time.
24		11.	Those who are upset when called on to answer questions in class. ( <i>Not used</i> )
25		13.	Those who are usually chosen last to join in group activities.
26	(11)	17.	Those who have very few friends.
27	(12)	24.	Those who are unhappy or sad.
28	(13)	28.	Those who often don't want to play.
29	(14)	32.	Those who aren't noticed much.

LIKEABILITY ITEMS

30		2.	Those who help others.
31	(15)	14.	Those who are liked by everyone.
32		19.	Those who are your best friends.
33		25.	Those who are especially nice.
34	(16)	35.	Those who always seem to understand things.

Appendix C  
Rosenberg's Self-Esteem Scale

## Self-Esteem Scale (SET)

*Pour ce questionnaire, nous te demandons de nous indiquer à quel point tu es en accord ou en désaccord avec les énoncés suivants, en encerclant le chiffre correspondant.*

1. Fortement en désaccord
2. En désaccord
3. En accord
4. Fortement en accord

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. J'ai le sentiment d'être une personne de valeur, au moins sur un pied d'égalité avec les autres. | 1 | 2 | 3 | 4 |
| 2. Je sens que j'ai un certain nombre de bonnes qualités.   | 1 | 2 | 3 | 4 |
| 3. À tout considérer, je suis porté(e) à penser que je suis un(e) raté(e).                          | 1 | 2 | 3 | 4 |
| 4. Je suis capable de faire les choses aussi bien que la plupart des autres.                        | 1 | 2 | 3 | 4 |
| 5. Je sens qu'il n'y a pas grand chose dans ma vie dont je puisse être fier(fièrè).                 | 1 | 2 | 3 | 4 |
| 6. Je prends une attitude positive face à moi-même.   | 1 | 2 | 3 | 4 |
| 7. Dans l'ensemble, je suis satisfait(e) de moi.  | 1 | 2 | 3 | 4 |
| 8. J'aimerais avoir plus de respect pour moi-même.  | 1 | 2 | 3 | 4 |
| 9. Je me sens certainement inutile certains jours.  | 1 | 2 | 3 | 4 |
| 10. Il y a des fois où je pense que je ne suis bon(ne) à rien.                                      | 1 | 2 | 3 | 4 |

Appendix D  
Index of Self-Esteem

## Index of Self-Esteem (ISE)

*Ce questionnaire sert à mesurer comment on se perçoit. Ce n'est pas un test. Il n'y a pas de bonnes ou de mauvaises réponses. Nous te demandons de répondre soigneusement à chaque question, de façon aussi précise que possible en choisissant une des réponses ci-dessous.*

1. Rarement ou jamais
2. Une petite partie du temps
3. Quelquefois
4. Une bonne partie du temps
5. Tout le temps ou presque

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Je sens que les gens ne m'aimeraient pas s'ils me connaissaient vraiment bien. | 1 | 2 | 3 | 4 | 5 |
| 2. J'ai l'impression que les autres réussissent beaucoup mieux que moi.           | 1 | 2 | 3 | 4 | 5 |
| 3. Il me semble que je suis une personne qui a beaucoup de belles qualités.       | 1 | 2 | 3 | 4 | 5 |
| 4. Quand je suis avec d'autres, je sens qu'ils sont contents que je sois là.      | 1 | 2 | 3 | 4 | 5 |
| 5. Je sens que les gens aiment réellement me parler.                              | 1 | 2 | 3 | 4 | 5 |
| 6. Il me semble que je suis quelqu'un de très compétent.                          | 1 | 2 | 3 | 4 | 5 |
| 7. Je pense que je fais bonne impression sur les autres.                          | 1 | 2 | 3 | 4 | 5 |
| 8. J'ai le sentiment que je devrais avoir plus confiance en moi.                  | 1 | 2 | 3 | 4 | 5 |
| 9. Je me sens très nerveux(se) lorsque je suis avec des étrangers.                | 1 | 2 | 3 | 4 | 5 |
| 10. Je crois que je suis une personne ennuyeuse, terne.                           | 1 | 2 | 3 | 4 | 5 |
| 11. Je me sens laid(e).   | 1 | 2 | 3 | 4 | 5 |

- |                               |
|-------------------------------|
| 1. Rarement ou jamais         |
| 2. Une petite partie du temps |
| 3. Quelquefois                |
| 4. Une bonne partie du temps  |
| 5. Tout le temps ou presque   |

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 12. | Il me semble que les autres ont plus de plaisir que moi.                            | 1 | 2 | 3 | 4 | 5 |
| 13. | Je sens que j'ennuie les gens.  | 1 | 2 | 3 | 4 | 5 |
| 14. | Je crois que mes ami(e)s me trouvent intéressant(e).                                | 1 | 2 | 3 | 4 | 5 |
| 15. | Je crois que j'ai un bon sens de l'humour.  | 1 | 2 | 3 | 4 | 5 |
| 16. | Je me sens mal à l'aise lorsque je suis avec des étrangers.                         | 1 | 2 | 3 | 4 | 5 |
| 17. | Je sens que si je pouvais être davantage comme les autres, tout irait très bien.    | 1 | 2 | 3 | 4 | 5 |
| 18. | Je sens que les autres ont du plaisir lorsqu'ils sont avec moi.                     | 1 | 2 | 3 | 4 | 5 |
| 19. | Lorsque je sors, on me remarque tellement peu que c'est comme si je n'existais pas. | 1 | 2 | 3 | 4 | 5 |
| 20. | J'ai l'impression qu'on me fait faire tout ce qu'on veut, plus que les autres.      | 1 | 2 | 3 | 4 | 5 |
| 21. | Je crois que je suis une personne plutôt gentille.                                  | 1 | 2 | 3 | 4 | 5 |
| 22. | Je sens que les gens m'aiment vraiment beaucoup.                                    | 1 | 2 | 3 | 4 | 5 |
| 23. | Je crois être une personne aimable.   | 1 | 2 | 3 | 4 | 5 |
| 24. | J'ai peur d'avoir l'air ridicule face aux autres.                                   | 1 | 2 | 3 | 4 | 5 |
| 25. | Mes ami(e)s ont une très bonne opinion de moi.                                      | 1 | 2 | 3 | 4 | 5 |

Appendix E  
Fear of Negative Evaluation Scale

### Fear of Negative Evaluation Scale (FNE)

*Ce questionnaire-ci se répond aussi par VRAI ou par FAUX. Donc, encercle le " V " si l'énoncé est généralement vrai pour toi, ou le " F " s'il est faux dans ton cas.*

- |   |   |     |   |
|---|---|-----|---|
| V | F | 1.  | Je me soucie rarement d'avoir l'air ridicule face aux autres.   |
| V | F | 2.  | Je me préoccupe de savoir ce que les gens penseront de moi, même si je sais que ça ne fait aucune différence. |
| V | F | 3.  | Je deviens tendu(e) et sur les nerfs si je sais que quelqu'un me fixe.  |
| V | F | 4.  | Ça ne me dérange pas du tout de savoir que les gens se font une mauvaise impression de moi.                   |
| V | F | 5.  | Je suis très bouleversé(e) lorsque je commets une bétise sociale.   |
| V | F | 6.  | Les opinions que des personnes importantes peuvent avoir de moi ne me préoccupent pas beaucoup.               |
| V | F | 7.  | J'ai souvent peur d'avoir l'air ridicule ou de faire un(e) fou (folle) de moi.                                |
| V | F | 8.  | Je réagis très peu lorsque les autres ne m'approuvent pas.  |
| V | F | 9.  | J'ai souvent peur que les autres remarquent mes petits défauts.   |
| V | F | 10. | Si quelqu'un me jugeait d'une manière défavorable, ça me dérangerait très peu.                                |
| V | F | 11. | Quand quelqu'un m'évalue, j'ai tendance à m'attendre au pire.   |
| V | F | 12. | Je me soucie rarement de l'impression que je fais sur les autres.   |
| V | F | 13. | J'ai peur que les autres ne m'approuvent pas.   |
| V | F | 14. | J'ai peur que les autres trouvent à redire sur moi.   |
| V | F | 15. | Ce que les autres pensent de moi ne me dérange pas.   |



- V F 16. Je ne suis pas nécessairement bouleversé(e) si je ne plais pas à quelqu'un.
- V F 17. Lorsque je parle à quelqu'un, je me demande souvent ce qu'il/elle peut penser de moi.
- V F 18. À mon avis, il est impossible de ne pas commettre de bévue sociale de temps en temps. Alors, pourquoi s'en faire avec ça!
- V F 19. Je me fais habituellement du souci par rapport à l'impression que je fais sur les autres.
- V F 20. Je m'inquiète beaucoup de ce que mes supérieur(e)s pensent de moi.
- V F 21. Si je sais que quelqu'un me juge, cela ne me dérange pas beaucoup.
- V F 22. Je me soucie du fait que les autres pourraient penser que je ne vaudrais pas grand chose.
- V F 23. Je me soucie très peu de ce que les autres peuvent penser de moi.
- V F 24. J'ai parfois l'impression que je m'en fais trop par rapport à ce que les gens pensent de moi.
- V F 25. Je me préoccupe souvent du fait que je pourrais dire ou faire quelque chose de travers, d'incorrect.
- V F 26. Je suis souvent indifférent(e) face à l'opinion que les autres ont de moi.
- V F 27. J'ai habituellement confiance que les autres auront une impression favorable de moi.
- V F 28. Je me soucie souvent du fait que les gens qui sont importants pour moi pourraient penser que je ne vaudrais pas grand chose.
- V F 29. Je m'inquiète souvent de ce que mes ami(e)s pensent de moi.
- V F 30. Je deviens tendu(e) et sur les nerfs si je sais que mes supérieur(e)s me jugent.

Appendix F  
Social Avoidance and Distress Scale

### **Social Avoidance and Distress Scale (SAD)**

*Ce questionnaire-ci se répond par VRAI ou par FAUX. Nous te demandons donc d'encrer le " V " si l'énoncé est généralement vrai pour toi, ou le " F " s'il est faux pour toi.*

- |   |   |  |
|---|---|--|
| V | F | 1. Je me sens détendu(e), même dans des situations qui ne me sont pas familières.  |
| V | F | 2. J'essaie d'éviter les situations qui me forcent à être très sociable.   |
| V | F | 3. C'est facile de me détendre lorsque je suis avec des étrangers.   |
| V | F | 4. Je ne ressens pas le désir particulier d'éviter les gens.   |
| V | F | 5. Je trouve que beaucoup de situations sociales sont énervantes.  |
| V | F | 6. Je me sens habituellement calme et à l'aise dans les situations sociales.   |
| V | F | 7. Je suis habituellement à l'aise de parler à quelqu'un du sexe opposé.   |
| V | F | 8. J'essaie d'éviter de parler aux gens à moins de bien les connaître.   |
| V | F | 9. Si j'ai la chance de rencontrer de nouvelles personnes, souvent je le fais.   |
| V | F | 10. Je me sens souvent nerveux(se) ou tendu(e) dans des rencontres informelles où des personnes des deux sexes sont présentes. |
| V | F | 11. Je suis habituellement nerveux(se) avec les gens à moins de bien les connaître.  |
| V | F | 12. Je me sens habituellement à l'aise lorsque je suis avec un groupe de gens.   |
| V | F | 13. J'ai souvent le désir de m'éloigner des gens.  |
| V | F | 14. Je me sens habituellement mal à l'aise lorsque je suis avec un   |

groupe de personnes que je ne connais pas.

- V F 15. Je me sens habituellement détendu(e) lorsque je rencontre quelqu'un pour la première fois.
- V F 16. Être présenté(e) à une personne me rend tendu(e) et nerveux(se).
- V F 17. Même si une pièce est pleine de monde, j'y entrerai probablement quand même.
- V F 18. J'évitais d'aller me joindre à un gros groupe de personnes qui sont situés pas trop loin de moi.
- V F 19. Lorsque mes supérieur(e)s veulent me parler, je leur parle volontiers.
- V F 20. Je me sens souvent très nerveux(se) lorsque je suis avec un groupe de personnes.
- V F 21. J'ai tendance à m'isoler des gens.
- V F 22. Ça ne me dérange pas de parler aux autres dans des "partys" ou des rencontres sociales.
- V F 23. Je suis rarement à l'aise dans un gros groupe.
- V F 24. Je pense souvent à des excuses pour éviter un engagement qui était prévu.
- V F 25. Je prends parfois la responsabilité de présenter des gens l'un à l'autre.
- V F 26. J'essaie d'éviter les rencontres sociales formelles.
- V F 27. Je vais habituellement aux rencontres sociales que j'ai sur mon agenda.
- V F 28. Je trouve ça facile de me détendre lorsque je suis avec d'autres.

Appendix G  
Symptom Checklist-90 Revised

29/9/93

No d'identité: \_\_\_\_\_

**SCL-90**

Voici une liste de problèmes et de plaintes que les gens formulent de temps à autres. Nous te demandons de lire chacune de ces plaintes attentivement et de nous indiquer, par le numéro approprié, la réponse qui décrit le mieux À QUEL POINT CE PROBLÈME T'A DÉRANGÉ OU AFFLIÉ AU COURS DES SEPT (7) DERNIERS JOURS, AUJOURD'HUI INCLUS.

0	Pas du tout	2	Modérément	3	Passablement
1	Un peu			4	Énormément

AU COURS DES 7 DERNIERS JOURS, À QUEL POINT AS-TU ÉTÉ DÉRANGÉ(E) PAR ...

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 1.  | des maux de tête?   | 0 | 1 | 2 | 3 | 4 |
| 2.  | de la nervosité ou du tremblement intérieur?                          | 0 | 1 | 2 | 3 | 4 |
| 3.  | des pensées désagréables qui revenaient sans cesse?                   | 0 | 1 | 2 | 3 | 4 |
| 4.  | des évanouissements ou des étourdissements?                           | 0 | 1 | 2 | 3 | 4 |
| 5.  | la perte de l'intérêt ou du plaisir sexuel?                           | 0 | 1 | 2 | 3 | 4 |
| 6.  | le fait d'être porté(e) à critiquer les autres?                       | 0 | 1 | 2 | 3 | 4 |
| 7.  | l'idée que quelqu'un d'autre contrôle tes pensées?                    | 0 | 1 | 2 | 3 | 4 |
| 8.  | le sentiment que les autres surtout sont à blâmer pour tes problèmes? | 0 | 1 | 2 | 3 | 4 |
| 9.  | des difficultés à te rappeler quelque chose?                          | 0 | 1 | 2 | 3 | 4 |
| 10. | des inquiétudes à propos de la malpropreté ou de la négligence?       | 0 | 1 | 2 | 3 | 4 |
| 11. | le fait d'être facilement agacé(e) ou irrité(e)?                      | 0 | 1 | 2 | 3 | 4 |
| 12. | des douleurs au coeur ou à la poitrine?                               | 0 | 1 | 2 | 3 | 4 |
| 13. | la peur des espaces ouverts ou d'être sur la rue?                     | 0 | 1 | 2 | 3 | 4 |
| 14. | la sentiment de manquer d'énergie ou d'être au ralenti?               | 0 | 1 | 2 | 3 | 4 |
| 15. | des pensées d'en finir avec la vie?                                   | 0 | 1 | 2 | 3 | 4 |

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 16. | le fait d'entendre des voix que les autres n'entendent pas?               | 0 | 1 | 2 | 3 | 4 |
| 17. | des tremblements?   | 0 | 1 | 2 | 3 | 4 |
| 18. | le sentiment que tu ne peux pas te fier à la plupart des gens?            | 0 | 1 | 2 | 3 | 4 |
| 19. | le manque d'appétit?  | 0 | 1 | 2 | 3 | 4 |
| 20. | le fait de pleurer facilement?  | 0 | 1 | 2 | 3 | 4 |
| 21. | le fait d'être gêné(e) ou mal à l'aise avec des personnes du sexe opposé? | 0 | 1 | 2 | 3 | 4 |
| 22. | le sentiment d'être pris(e) au piège ou immobilisé(e)?                    | 0 | 1 | 2 | 3 | 4 |
| 23. | des peurs soudaines sans raison?  | 0 | 1 | 2 | 3 | 4 |
| 24. | des accès de colère que tu ne pouvais pas contrôler?                      | 0 | 1 | 2 | 3 | 4 |
| 25. | la peur de sortir seul(e) de la maison?                                   | 0 | 1 | 2 | 3 | 4 |
| 26. | le fait de te blâmer toi-même pour des choses?                            | 0 | 1 | 2 | 3 | 4 |
| 27. | des douleurs dans le bas du dos?  | 0 | 1 | 2 | 3 | 4 |
| 28. | le sentiment de ne plus avancer dans ce que tu fais?                      | 0 | 1 | 2 | 3 | 4 |
| 29. | le sentiment d'être seul(e)?  | 0 | 1 | 2 | 3 | 4 |
| 30. | le fait d'avoir le cafard, de te sentir triste?                           | 0 | 1 | 2 | 3 | 4 |
| 31. | le fait de trop t'inquiéter à propos de rien?                             | 0 | 1 | 2 | 3 | 4 |
| 32. | un manque total d'intérêt dans tout?                                      | 0 | 1 | 2 | 3 | 4 |
| 33. | des sentiments de crainte, de peur?                                       | 0 | 1 | 2 | 3 | 4 |
| 34. | le fait que tes sentiments sont trop facilement blessés?                  | 0 | 1 | 2 | 3 | 4 |
| 35. | le fait que les autres gens sont au courant de tes pensées intimes?       | 0 | 1 | 2 | 3 | 4 |
| 36. | le sentiment que les autres ne te comprennent pas ou sont antipathiques?  | 0 | 1 | 2 | 3 | 4 |
| 37. | le sentiment que les gens ne sont pas amicaux ou ne t'aiment pas?         | 0 | 1 | 2 | 3 | 4 |

- |     |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|
| 38. | le fait d'avoir à faire les choses très lentement pour t'assurer que tout est correct?                    | 0 | 1 | 2 | 3 | 4 |
| 39. | des palpitations ou des battements rapides du coeur?  | 0 | 1 | 2 | 3 | 4 |
| 40. | des nausées ou l'estomac dérangé?   | 0 | 1 | 2 | 3 | 4 |
| 41. | le fait de te sentir inférieur(e) aux autres?   | 0 | 1 | 2 | 3 | 4 |
| 42. | des muscles endoloris?  | 0 | 1 | 2 | 3 | 4 |
| 43. | le sentiment que tu es surveillé(e) ou que les autres parlent de toi?                                     | 0 | 1 | 2 | 3 | 4 |
| 44. | de la difficulté à t'endormir?  | 0 | 1 | 2 | 3 | 4 |
| 45. | le fait d'avoir à vérifier et revérifier ce que tu fais?  | 0 | 1 | 2 | 3 | 4 |
| 46. | de la difficulté à prendre des décisions?   | 0 | 1 | 2 | 3 | 4 |
| 47. | la peur de voyager par autobus, par métro ou par train?   | 0 | 1 | 2 | 3 | 4 |
| 48. | de la difficulté à reprendre ton souffle?   | 0 | 1 | 2 | 3 | 4 |
| 49. | des bouffées de froid ou de chaleur?  | 0 | 1 | 2 | 3 | 4 |
| 50. | le fait d'avoir à éviter certaines choses, certains endroits ou certaines activités parce que tu as peur? | 0 | 1 | 2 | 3 | 4 |
| 51. | le fait de te sentir la tête vide?  | 0 | 1 | 2 | 3 | 4 |
| 52. | des engourdissements ou des démangeaisons dans différentes parties de ton corps?                          | 0 | 1 | 2 | 3 | 4 |
| 53. | des serremments de gorge, l'impression d'avoir une boule dans la gorge?                                   | 0 | 1 | 2 | 3 | 4 |
| 54. | un sentiment de désespoir face à l'avenir?  | 0 | 1 | 2 | 3 | 4 |
| 55. | de la difficulté à te concentrer?   | 0 | 1 | 2 | 3 | 4 |
| 56. | le fait de te sentir que certaines parties de ton corps sont faibles?                                     | 0 | 1 | 2 | 3 | 4 |
| 57. | le fait de te sentir tendu(e) ou à bout de nerfs?   | 0 | 1 | 2 | 3 | 4 |
| 58. | des sentiments de lourdeur dans les bras ou dans les jambes?  | 0 | 1 | 2 | 3 | 4 |



59.	le fait de penser à la mort ou à mourir?	0	1	2	3	4
60.	le fait de trop manger?	0	1	2	3	4
61.	le fait de te sentir mal à l'aise quand les gens te regardent ou parlent de toi?	0	1	2	3	4
62.	le fait d'avoir des pensées qui ne sont pas les tiennes?	0	1	2	3	4
63.	des envies de battre quelqu'un, de le/la blesser ou de lui faire mal?	0	1	2	3	4
64.	le fait de te réveiller aux petites heures du matin?	0	1	2	3	4
65.	le sentiment de devoir répéter toujours les mêmes gestes comme toucher, compter, te laver?	0	1	2	3	4
66.	le fait de passer des nuits blanches ou d'avoir le sommeil troublé?	0	1	2	3	4
67.	des envies de briser ou de casser des choses?	0	1	2	3	4
68.	l'idée que personne ne veut partager?	0	1	2	3	4
69.	le fait de te sentir très intimidé(e) par les autres?	0	1	2	3	4
70.	le fait de te sentir mal à l'aise dans les foules, comme au cinéma ou dans les magasins?	0	1	2	3	4
71.	le sentiment que tout te demande un effort?	0	1	2	3	4
72.	des crises de frayeur ou de panique?	0	1	2	3	4
73.	le fait de te sentir mal à l'aise de manger ou de boire en public?	0	1	2	3	4
74.	des disputes fréquentes?	0	1	2	3	4
75.	un sentiment de nervosité lorsque tu es seul(e)?	0	1	2	3	4
76.	le fait que les autres ne te donnent pas le crédit souhaité pour tes accomplissements?	0	1	2	3	4
77.	le sentiment d'être seul(e) même lorsque tu es avec d'autres?	0	1	2	3	4
78.	le fait de te sentir si agité(e) que tu ne peux pas rester assis(e) tranquille?	0	1	2	3	4
79.	le sentiment de n'être bon(ne) à rien?	0	1	2	3	4

- |     |  |   |   |   |   |   |
|-----|--|---|---|---|---|---|
| 80. | le sentiment que quelque chose de mauvais va t'arriver?                      | 0 | 1 | 2 | 3 | 4 |
| 81. | le fait de crier, ou de lancer des objets?                                   | 0 | 1 | 2 | 3 | 4 |
| 82. | la peur que tu vas t'évanouir en public?                                     | 0 | 1 | 2 | 3 | 4 |
| 83. | le sentiment que les gens prendront avantage de toi si tu les laisses faire? | 0 | 1 | 2 | 3 | 4 |
| 84. | des pensées à propos du sexe qui te dérangent beaucoup?                      | 0 | 1 | 2 | 3 | 4 |
| 85. | l'idée que tu devrais être puni(e) pour tes péchés?                          | 0 | 1 | 2 | 3 | 4 |
| 86. | des pensées et des impressions de nature effrayante?                         | 0 | 1 | 2 | 3 | 4 |
| 87. | l'idée que quelque chose de sérieux ne va pas avec ton corps?                | 0 | 1 | 2 | 3 | 4 |
| 88. | le fait de ne jamais te sentir proche d'une autre personne?                  | 0 | 1 | 2 | 3 | 4 |
| 89. | des sentiments de culpabilité?   | 0 | 1 | 2 | 3 | 4 |
| 90. | l'idée que quelque chose ne va pas avec ton esprit?                          | 0 | 1 | 2 | 3 | 4 |

Appendix H  
Perceived Parental Criticism Measure



## SECTION B

## I. En général, lorsque j'étais adolescent(e), mon père me critiquait ...

Rarement					Beaucoup
1	2	3	4	5	

## II. Quand j'étais adolescent(e), mon père me critiquait ...

1. par rapport à mes ami(e)s.	1	2	3	4	5
2. par rapport à mon rendement à l'école.	1	2	3	4	5
3. par rapport à mon apparence.	1	2	3	4	5
4. parce que j'étais désobéissant(e).	1	2	3	4	5
5. parce que j'étais paresseux(se).	1	2	3	4	5
6. parce que j'étais désordonné(e).	1	2	3	4	5
7. parce que j'étais entêté(e).	1	2	3	4	5
8. parce que je n'étais pas reconnaissant(e).	1	2	3	4	5
9. parce que je n'avais pas d'égards pour les autres.	1	2	3	4	5
10. parce que j'étais peu communicatif(ve).	1	2	3	4	5
11. parce que je n'étais pas aimable envers les autres.	1	2	3	4	5
12. parce que je manquais de respect.	1	2	3	4	5
13. parce que j'étais trop impulsif(ve).	1	2	3	4	5
14. parce que j'étais égoïste.	1	2	3	4	5
15. parce que j'étais querelleur(euse).	1	2	3	4	5
16. parce que j'étais niais(euse).	1	2	3	4	5
17. parce que je n'étais pas sociable.	1	2	3	4	5
18. parce que j'étais immature.	1	2	3	4	5
19. parce que je ne donnais pas d'affection.	1	2	3	4	5

Appendix I  
Testing protocol for questionnaires

**PROTOCOLE - QUESTIONNAIRES**

Bonjour!

Aujourd'hui, tu vas remplir des questionnaires écrits et seulement un ou deux questionnaires oraux. Ça devrait te prendre environ 2 heures. Pendant tout le temps que tu remplieras les questionnaires, je serai soit ici ou dans la salle juste à côté, si tu as une question que tu ne comprends pas, dis moi-le et je t'expliquerai. Si je ne suis pas dans les environs, encercle le numéro de la question et j'y répondrai quand je reviendrai ici.

Si tu veux aller à la toilette ou aller fumer une cigarette, tu peux y aller, mais assure-toi de m'avertir ou d'avertir quelqu'un dans la pièce à côté. On n'a pas le droit de fumer à l'intérieur, alors il faut que tu ailles dehors, près de la porte vitrée.

Il y aura d'autres personnes qui arriveront plus tard pour répondre aux mêmes questionnaires que toi, mais il ne faut pas que vous vous consultiez pour répondre aux questions.

Donc, il faut que tu répondes à tous les questionnaires et fais-bien attention de répondre à toutes les questions. Lorsque ce sera le temps de répondre aux questionnaires oraux, je te le dirai. Quand tu auras tout fini, on va te donner le 25 \$.

Est-ce que tu as des questions?

**FAIRE SIGNER LE FORMULAIRE DE CONSENTEMENT**

Voici les questionnaires. Ils portent sur quatre grands thèmes généraux: - Le genre de personne que tu es.

- Ta santé.

- Tes façons de résoudre des problèmes.

- Les événements que tu as vécus dernièrement.

Préciser de demander de l'aide pour les questionnaires sur les problèmes et les façons de les résoudre.

Appendix J  
Consent form



ID #: \_\_\_\_\_

10-93

**FORMULAIRE DE CONSENTEMENT (Phase 1: 1993-1994)**

J'accepte de participer à une étude du projet «L'individu dans son milieu».

Je comprends que je serai testé(e) en une seule session, pour une période d'environ deux heures. Durant cette période, je remplirai des questionnaires et je participerai à une courte entrevue.

Je comprends que mes réponses et mon dossier resteront confidentiels et que tous les questionnaires ne seront identifiés que par un numéro.

Je recevrai la somme de 25 \$ pour avoir répondu aux questionnaires. Je comprends que ma participation à cette étude est entièrement volontaire et que je peux arrêter de participer à n'importe quel moment au cours de l'étude.

Je, \_\_\_\_\_, ai lu ce  
(NOM en majuscules)

Formulaire de consentement et je comprends ce que ma participation à cette étude implique. En signant ci-dessous, je consens à participer à cette étude.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Date)

Département de psychologie  
Expérimentateur, expérimentatrice: \_\_\_\_\_  
(Signature)

September 24, 1993

Appendix K

Analysis of the cohort effect:  
Comparison of means

## Analysis of the cohort effect: Comparison of means

Variable	Grade 1 Cohort Mean (SD)	Grades 4 and 7 Cohorts Mean (SD)
Self-Esteem Scale	21.63( 4.35)	23.85( 4.76)
Index of Self-Esteem	71.63(14.61)	76.90(10.44)
Social Avoidance and Distress Scale	8.13( 6.08)	9.10( 5.16)
Fear of Negative Evaluation	11.31( 5.60)	13.70( 6.74)
Anxiety	59.94( 9.10)	58.65(13.15)
Depression	57.38( 7.89)	54.75(11.25)
Global Symptom Index	59.13(10.86)	57.20(11.29)

Appendix L

Analysis of the "home" data effect:  
Comparison of means

Analysis of the "home" data effect: Comparison of means

Variable	Home Tested Mean (SD)	Laboratory Tested Mean (SD)
Self-Esteem Scale	20.71( 6.18)	21.81( 5.70)
Index of Self-Esteem	76.86(12.43)	75.14(10.22)
Social Avoidance and Distress Scale	8.43( 4.04)	8.24( 6.97)
Fear of Negative Evaluation	14.00(10.36)	12.05( 7.84)
Anxiety	62.43( 8.52)	59.81(11.66)
Depression	56.71( 9.39)	60.48(11.76)
Global Symptom Index	59.29(12.20)	61.28(12.04)

Appendix M  
Intercorrelations Among Predictor Variables

## Intercorrelations Among Predictor Variables

Overall, a significant correlation was found between aggression and parental criticism ( $r = .17$ ,  $p = .05$ ) and parental criticism and sex ( $r = -.19$ ,  $p = .05$ ). Separate Pearson correlations for each sex between each pair of variables yielded no significant correlations for the men. For females, the only significant correlation that occurred was between aggression and criticism ( $r = .29$ ,  $p = .02$ ).

Total sample:

	Withdrawal	Aggression	Parental Criticism	Sex
Withdrawal		-.01	-.04	.01
Aggression			.17 <sup>a</sup>	.01
Parental Criticism				-.19 <sup>a</sup>
Sex				

<sup>a</sup>  $p < .05$

Males:

	Withdrawal	Aggression	Parental Criticism
Withdrawal		-.03	-.02
Aggression			.06
Parental Criticism			

<sup>a</sup>  $p < .05$

Females:

	Withdrawal	Aggression	Parental Criticism
Withdrawal		.01	-.06
Aggression			.29 <sup>a</sup>
Parental Criticism			

<sup>a</sup>  $p < .05$



Appendix N  
Intercorrelations Among Dependent Variables

## Intercorrelations Among Dependent Variables

Overall, Pearson correlations between each pair of variables indicated that all of the dependent measures were significantly correlated. Correlations ranged from a high of .87 ( $p = .000$ ) between global distress and depression to a low of .25 ( $p = .000$ ) between depression and fear of negative evaluation. For men, the Pearson correlations indicated that all of the dependent measures were significantly correlated. Correlations ranged from a high of .84 ( $p = .000$ ) between global distress and depression to a low of .18 ( $p = .000$ ) between depression and fear of negative evaluation. For women, the Pearson correlations between each pair of variables indicated that all of the dependent measures were significantly correlated. Correlations ranged from a high of .90 ( $p = .000$ ) between global distress and depression to a low of .22 ( $p = .000$ ) between anxiety and fear of negative evaluation.

Total Sample:

	SET	ISE	FNE	SAD	ANX	DEP	GSI
SET		.69 <sup>d</sup>	-.35 <sup>d</sup>	-.43 <sup>d</sup>	-.42 <sup>d</sup>	-.65 <sup>d</sup>	-.61 <sup>d</sup>
ISE			-.43 <sup>d</sup>	-.55 <sup>d</sup>	-.43 <sup>d</sup>	-.52 <sup>d</sup>	-.58 <sup>d</sup>
FNE				.38 <sup>d</sup>	.26 <sup>d</sup>	.25 <sup>c</sup>	.30 <sup>d</sup>
SAD					.33 <sup>d</sup>	.32 <sup>d</sup>	.40 <sup>d</sup>
ANX						.65 <sup>d</sup>	.81 <sup>d</sup>
DEP							.87 <sup>d</sup>
GSI							

Note. SET = Self-Esteem Scale; ISE = Index of Self-Esteem; FNE = Fear of Negative Evaluation; SAD = Social Avoidance and Distress Scale; ANX = SCL-90 Anxiety; DEP = SCL-90 Depression; GSI = SCL-90 Global Symptom Index.

<sup>a</sup>  $p < .05$   
<sup>b</sup>  $p < .01$

<sup>c</sup>  $p < .005$   
<sup>d</sup>  $p < .001$

## Males:

	SET	ISE	FNE	SAD	ANX	DEP	GSI
SET		.68 <sup>d</sup>	-.32 <sup>a</sup>	-.37 <sup>c</sup>	-.31 <sup>a</sup>	-.60 <sup>d</sup>	-.54 <sup>d</sup>
ISE			-.36 <sup>c</sup>	-.56 <sup>d</sup>	-.47 <sup>d</sup>	-.49 <sup>d</sup>	-.62 <sup>d</sup>
FNE				.42 <sup>d</sup>	.33 <sup>b</sup>	.18	.25 <sup>a</sup>
SAD					.34 <sup>b</sup>	.23	.40 <sup>c</sup>
ANX						.61 <sup>d</sup>	.79 <sup>d</sup>
DEP							.84 <sup>d</sup>
GSI							

## Females:

	SET	ISE	FNE	SAD	ANX	DEP	GSI
SET		.70 <sup>d</sup>	-.39 <sup>c</sup>	-.48 <sup>d</sup>	-.52 <sup>d</sup>	-.71 <sup>d</sup>	-.67 <sup>d</sup>
ISE			-.53 <sup>d</sup>	-.55 <sup>d</sup>	-.37 <sup>c</sup>	-.56 <sup>d</sup>	-.55 <sup>d</sup>
FNE				.35 <sup>c</sup>	.22	.33 <sup>c</sup>	.37 <sup>c</sup>
SAD					.32 <sup>b</sup>	.39 <sup>c</sup>	.40 <sup>c</sup>
ANX						.68 <sup>d</sup>	.84 <sup>d</sup>
DEP							.90 <sup>d</sup>
GSI							

Note. SET = Self-Esteem Scale; ISE = Index of Self-Esteem; FNE = Fear of Negative Evaluation; SAD = Social Avoidance and Distress Scale; ANX = SCL-90 Anxiety; DEP = SCL-90 Depression; GSI = SCL-90 Global Symptom Index.

<sup>a</sup> p < .05  
<sup>b</sup> p < .01

<sup>c</sup> p < .005  
<sup>d</sup> p < .001