Social Withdrawal and Internalizing Problems in Emerging Adulthood: Does Parenting Matter?

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Social Withdrawal and Internalizing Problems in Emerging Adulthood:

Does Parenting Matter?

Stephanie Shea Luster

A dissertation submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

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June 2015

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ABSTRACT

Social Withdrawal and Internalizing Problems in Emerging Adulthood: Does Parenting Matter?

Stephanie Shea Luster
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Doctor of Philosophy

The first purpose of this study was to investigate the direct effects of three subtypes of social withdrawal (shyness, social avoidance, and unsociability, respectively) on internalizing outcomes (depression, emotional dysregulation, and self-worth, respectively) in emerging adulthood and to examine these effects by gender. A second purpose was to examine if parenting moderates (i.e., exacerbates or buffers) the main effects of social withdrawal on internalizing outcomes. Participants included 790 undergraduate students from four universities in the United States ($M_{age} = 19.61$, $SD = 1.85$, range = 18–29; 243 males, 547 females) and their mothers. Regression analyses established that shyness was associated with higher levels of depression and emotional dysregulation as well as lower self-worth for males and females. Social avoidance was linked with higher levels of depression and emotional dysregulation for females only. Finally, unsociability was associated with lower levels of depression and dysregulation for both genders. Analyses also established that parenting did not moderate depression, emotional dysregulation, or self-worth with regard to shyness or social avoidance. However, helicopter parenting moderated the links between unsociability and depression. Authoritative parenting moderated the links between unsociability and dysregulation and self-worth. Discussion focuses on the outcomes for emerging adults and the moderating roles of gender and parenting.

Keywords: emerging adulthood, social withdrawal, internalizing outcomes, helicopter parenting, authoritative parenting
ACKNOWLEDGMENTS

I wish to acknowledge and sincerely thank the many who have supported, counseled, loved, and encouraged me to begin and ultimately complete this journey. To our Heavenly Father, I am so very thankful for the many blessings bestowed upon me and my loved ones. To my husband, I am ever grateful for your encouragement and your belief in me. Without you, this would not have been possible. I love you with all my heart. To my three girls, Kora, Brightyn, and Penelope… words cannot convey the love I have for each of you. My greatest blessing and accomplishment is to be a mother to you three. To all of the family and friends who have believed in me, thank you. A special acknowledgement is due to my mother, my mother-in-law, and my grandmother-in-law for the immeasurable support that you continue to provide to me and my family.

To Dr. Larry Nelson for being the very best mentor I could have wished for, thank you. I looked forward to each of our meetings and am so thankful you encouraged me to stretch past my perceived limits but to always keep what is most important in my sights… my relationships with our Heavenly Father, my husband, and my children. Thank you for being such an amazing example. To the members of my committee, Dr. Laura Walker, Dr. Dean Busby, Dr. Jason Carroll, and Dr. Brian Willoughby, thank you for your thoughtful support along the way. I appreciate and look up to every one of you! To Dr. Chongming Yang for his tremendous patience and statistical expertise, you are amazing! To the faculty, staff, and my fellow graduate students at Brigham Young University, I have enjoyed this journey alongside you.

Finally, I dedicate this work to my dad. As my first champion, he encouraged me to dream bigger and aim higher than I ever aspired to myself. With love. ‘Till we meet again.
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Introduction

As emerging adulthood becomes a more widely studied phenomenon in the United States, a growing number of scholars are interested in the outcomes and experiences of this particular period. Primary tasks for emerging adults include establishing self-identity, developing social competence and mature interpersonal relationships, and moving through autonomy and independence toward a more balanced notion of interdependence (Chickering, 1993). Some researchers have suggested that an inability to succeed in these tasks may result in negative outcomes for young people (e.g., Holahan, Valentiner, & Moos, 1994). Many factors influence how successful emerging adults may be during this time period and one such factor that may thwart success is social withdrawal. Social withdrawal has been shown to influence individuals in many negative respects throughout the life course (Caspi, Elder & Bem, 1988); however, it may have an especially salient impact in emerging adulthood due to the novel and social tasks required of this developmental period.

Though the term social withdrawal has been used as an “umbrella term” in extant literature, researchers have conceptually distinguished multiple forms of withdrawal among children and adolescents (see, Coplan & Rubin, 2010, for a review). Only recently has this conceptual distinction been made in emerging adulthood as well (see, Nelson, 2013). Nelson (2013) found that three distinct forms of social withdrawal (i.e., shyness, unsociability, avoidance) exist in emerging adulthood and that each form has its own unique constellation of outcomes. For example, Nelson found that shy emerging adults experienced a host of maladaptive outcomes including higher levels of depression, emotional dysregulation, suicidal ideation, and lower levels of self-esteem as well as lower quality relationships with parents, friends, and romantic partners. Socially avoidant emerging adults also reported higher levels of
depression and dysregulation as well as self-harm and suicidal ideation, lower self-worth, and poorer quality relationships. On the other hand, unsociable emerging adults were comparable with the control group on all outcomes with the exception of depression. Taken together, it is likely that each form of social withdrawal influences emerging adults negatively in some respects, though some forms of withdrawal may illicit greater problems than others.

Though scholars have established links between the subtypes of social withdrawal and various internalizing problems, it is possible that moderating variables may exacerbate or buffer some of the negative effects. One such variable that might exacerbate the effects of social withdrawal is overprotective (i.e., helicopter) parenting. Helicopter parenting is defined by parental over-management of emerging adult children including restricting behaviors and discouraging independence and autonomy (Schiffrin, Liss, Miles-McLean, Geary, Erchull, & Tashner, 2013). On the other hand, one variable that might buffer is authoritative parenting, which has been shown to provide the most positive outcomes for emerging adults (Nelson, Walker, Christensen, Evans, & Carroll, 2011). Authoritative parenting is comprised of warmth, involvement, and appropriate autonomy-granting and has been found to play an important role in fostering the social and emotional competence necessary for success in emerging adulthood. No studies to date have examined how parenting may serve as a possible negative (i.e., exacerbating) or protective (i.e., buffering) factor of internalizing outcomes for emerging adults who exhibit socially withdrawn behaviors. Therefore, the primary study goals are: first, to explore the direct effects of the subtypes of social withdrawal as they related to internalizing outcomes for emerging-adult males and females; second, to explore the potential interactive effects of parenting (i.e., helicopter parenting and warm, involved, autonomy-granting parenting) and subtypes of social withdrawal (i.e., shyness, avoidance, unsociability) as they related to
internalizing adjustment (i.e., depression, dysregulation, self-worth) of emerging-adult males and females.

**Literature Review**

**Emerging Adulthood: A Theory of Development**

There is a great deal of individual variation in the paths that young people take as they mature and develop throughout the third decade of life. Culture, socio-economic status, and individual characteristics shape expectations and opportunities that impact individuals during this period of time (Bowker, Nelson, Markovic, & Luster, 2014). Because of this individual variance, no one theory captures all developmental pathways out of adolescence and through the third decade of life. However, emerging adulthood theory (Arnett, 2000) is useful in capturing some of the unique aspects of this time period. This theory will provide the foundation for understanding the potential impacts of social withdrawal during this period of development (Bowker et al., 2013).

In 2000, Arnett proposed a theory of a new developmental period beginning in the late teens and continuing through the mid-twenties called emerging adulthood. This developmental period is characterized by profound change and importance in the lives of young people in industrialized countries, where marriage and parenthood are typically postponed until after schooling has concluded (Arnett, 2000, 2010). Five features have been outlined as important facets of emerging adulthood (Arnett, 2004). First, it is an *age of feeling in-between*, wherein the majority of Americans in their late teens to early twenties characterize themselves as reaching adulthood in some respects but not others. Second, it is an *age of possibilities* as most emerging adults report feeling optimistic about their futures. Despite the number of possible hurdles in emerging adulthood, nearly 96% of 18-24 year olds reported that they would achieve their
personal expectations for the future (Hornblower, 1997), and nearly nine out of ten are confident that they will eventually get what they want out of life (Clark University, 2012). Third, it is an age of instability, as emerging adults experience many changes in their work, study, and relationships. Fourth, it is an age of identity exploration. Intra- and inter-personal exploration in love, work, and worldview is at an all-time high. “Explorations in love become more intimate and serious” in emerging adulthood and require a deeper focus on the potential for intimacy (Arnett, 2000). Emerging adults are also able to try out a number of different jobs to discover what they really want in a long-term, satisfying adult career. Finally, it is a self-focused age of life because emerging adults are free from many of the obligations that shift focus away from learning about who they truly are and what they want from life.

Though there is individual variance in emerging adulthood, each of the five features detailed above (i.e., feeling in-between, possibilities, instability, exploration, and self-focus) may be struggling points for socially withdrawn emerging adults. Emerging adults are expected to engage in a variety of novel and social interactions (e.g., dating, hanging out, work environments, apartments/dorms, classrooms; Bowker et al., 2014). It is likely that social withdrawal will hamper emerging adults’ participation and success in these social situations and may also influence how they feel about themselves. Therefore, the study of social withdrawal in emerging adulthood is deserving of more empirical attention.

Social Withdrawal

Social withdrawal has been defined as a consistent display of solitary behavior across both familiar and unfamiliar social situations (Burgess, Rubin, Cheah, & Nelson, 2001). Simply put, social withdrawal entails individuals actively isolating or withdrawing themselves from social interaction. The study of solitary behaviors throughout the life span has included
numerous constructs such as behavioral inhibition, reticence, shyness, avoidance, and unsociability, all of which fall under a larger umbrella term “social withdrawal” (Nelson, 2013; Rubin, Coplan, & Bowker, 2009). Often these terms have been used interchangeably leading to inconsistencies in both definition and assessment (Rubin et al., 2009b). However, scholars have begun to deconstruct social withdrawal into psychologically meaningful, consistent, and distinct subtypes of behaviors based on underlying motivations (i.e., approach-avoidance) for withdrawal (e.g., Asendorpf, 1990; Nelson, 2013; Rubin & Asendorpf, 1993; Rubin, Bowker, & Kennedy, 2009; Rubin & Coplan, 2004). Therefore, utilizing an approach-avoidance conceptual model (Asendorpf, 1990, 1993) may provide a helpful framework for understanding the subtypes of social withdrawal.

Asendorpf (1990) suggested that social withdrawal may be the result of two relatively independent motivational drives: social approach and social avoidance. Using this framework, Asendorpf identified three distinct sub-groups of socially withdrawn children. Shyness is characterized by an approach-avoidance conflict, wherein a high social approach motivation is coupled with a high social avoidance motivation (Coplan, Prakash, O’Neil, & Armer, 2004; Rubin & Coplan, 2004). Thus, shy individuals want to engage in peer interaction but are hampered by the wariness, fear, and anxiety they experience (Rubin & Burgess, 2002). Second, avoidance is characterized by low social approach and high social avoidance motivations (Asendorpf, 1990, 1993). Individuals who are avoidant purposefully withdraw from and avoid social interaction. Finally, unsociability is defined by a low social approach motivation coupled with a low social avoidance motivation (Asendorpf, 1990, 1993). Unsociable individuals appear to neither oppose nor desire peer interaction and thus appear to be quite comfortable in solitude.
This approach-avoidance model has been useful in determining how shyness, avoidance, and unsociability are related but unique dimensions of withdrawal in childhood, adolescence, and emerging adulthood (Bowker & Raja, 2011; Coplan & Weeks, 2010; Coplan, Rose-Krasnor, Weeks, Kingsbury, Kingsbury, & Bullock, 2013; Nelson, 2013). It is important that scholarly work in emerging adulthood differentiates between those who want to interact with others but are too fearful or wary to do so (i.e., shy), those who actively avoid social interaction (i.e., avoidant) and finally, those who are not afraid to interact but simply do not desire to initiate social interaction (i.e., unsocial). Nelson (2013) was the first to validate the subtypes of social withdrawal in emerging adulthood following the work by Coplan in early childhood and Bowker in adolescence. In his piece, Nelson identified shyness, social avoidance, and unsociability in a college sample of emerging adults. In addition to identifying these subtypes, Nelson also related each unique construct to various internalizing, externalizing, and relationship outcomes. These relationships will be discussed further below. Unfortunately, to date, little work outside of Nelson’s has examined the correlates and outcomes of each form of social withdrawal during emerging adulthood.

**Shyness.** Employing the approach-avoidance conceptual model, shyness may best be defined as an internal conflict between the desire for and the avoidance of social interaction. Shyness is the most frequently studied form of social withdrawal and is characterized by socially wary behaviors and anxiety in the face of novel social situations and perceived social evaluation (Rubin, Burgess, & Hastings, 2002; Rubin & Coplan, 2004). A number of researchers have directly linked shyness to various indices of maladjustment, especially of an internalizing nature, across the life span (Coplan & Armer, 2007). For example, in preschool and kindergarten, shyness is linked to poor social competence, low self-esteem and high anxiety (Coplan & Armer,
2007; Coplan & Prakash, 2003; Coplan, Findlay, & Nelson, 2004). In elementary grades, these same children suffer from peer rejection, isolation, and poor academics (Coplan, Gavinski-Molina, Lagace-Sequin, & Wichmann, 2001; Coplan & Prakash, 2003; Hart, Yang, Nelson, Robinson, Olsen, & Nelson, et al., 2000). As they enter middle and late childhood, shy children continue to suffer with low self-esteem and internalizing problems such as depression and anxiety (Boivin, Hymel, & Bukowski, 1995; Hanish & Guerra, 2000; Hymel, Bowker, & Woody, 1993; Rubin 1993). In adolescence, similar outcomes are found including loneliness, depression, anxiety, and low self-esteem (Rubin, Chen, McDougall, Bowker, & McKinnon, 1995). Nelson et al. (2008) and Mounts, Valentiner, Anderson, and Boswell (2006) found that shy emerging adults reported higher levels of depression, anxiety, and loneliness, along with lower levels of self-worth, and they perceived themselves more negatively in social acceptance than their non-shy peers. In extension of the work above, Nelson’s 2013 study also found that shy emerging adults struggle with internalizing problems (i.e., depression, emotional dysregulation, self-worth, suicidal ideations) and quality relationships. Shy individuals reported lower quality relationships with their mothers, fathers, best friends, and romantic partners.

Taken together, the implications of shyness appear to be relatively well-defined. Many studies have found those exhibiting shy behaviors to be “at risk” for a number of poor outcomes throughout the life span.

**Avoidance.** Second, using the approach-avoidance motivation as a guiding framework, avoidance has been determined as a subtype of social withdrawal in emerging adulthood (i.e., low-social approach coupled with high-social avoidance, Asendorpf, 1990). Individuals who display avoidant behaviors appear to seek solitude while actively avoiding social interaction. Although Asendorpf (1990) suggested that avoidant individuals would be particularly at risk for
social and emotional maladaptation, these individuals remain the least studied (Coplan & Armer, 2007). Though the basis of social avoidance is unknown, a few researchers have suggested that it is actually a manifestation of extreme fearful shyness (Coplan & Armer, 2007; Schmidt & Fox, 1999). This fear may have a physiological basis that contributes to low-social approach and high-social avoidance motivation (Coplan & Armer, 2007).

Coplan et al. (2006) found that avoidant children had the highest levels of negative affect and depressive symptoms along with the lowest levels of positive affect and overall well-being when compared with other children. Children who avoid social interaction may be at risk for social isolation during the critical years of adolescence, when their self-exclusion from peers further denies opportunities to experience the benefits of positive social interactions with others (Rubin, Bukowski, & Parker, 1998). Numerous researchers have linked peer rejection with several indices of maladjustment including depression, loneliness, poor self-concept, and psychopathology (see, McDougall, Hymel, Vaillancourt, & Mercer, 2001, for a review). Nelson (2013) identified similar findings in emerging adulthood for socially avoidant emerging adults. Specifically, Nelson found that avoidant emerging adults reported internalizing problems including lower self-worth, and higher levels of depression, emotional dysregulation, suicidal ideation, and self-harm than the control group. Also, social avoidant emerging adults reported lower quality relationships with their mothers, fathers, best friends, and romantic partner. In sum, these studies suggest that social avoidance may be a serious risk factor for emerging adults.

Unsociability. Finally, using the approach-avoidance model, a non-fearful preference for solitude has been labeled unsociability or social disinterest in childhood, adolescence, and emerging adulthood (i.e., low-social approach and low-social avoidance) (e.g., Asendorpf, 1993; Bowker & Raja, 2011; Coplan et al., 2004b; Nelson, 2013; Rubin et al., 2009). Individuals who
display unsociable behaviors do not appear to be strongly averse to or fearful of social interaction with peers; however, they also do not appear to have a desire to initiate social interaction (Asendorpf, 1990; Coplan et al., 2004b; Nelson, 2013; Rubin & Coplan, 2004; Rubin, Coplan, Fox, & Calkins, 1995). If called upon, these individuals are competently capable of participating in social situations (Asendorpf, 1993). As such, some have suggested that unsociability may be less detrimental than shyness (Coplan & Weeks, 2010).

Indeed, results from several studies have found only a few associations between unsociability and internalizing problems (e.g., Asendorpf & Meier, 1993; Coplan, Wilson, Frohlick, & Zelenski, 2006; Harrist, Zaia, Bates, Dodge, & Pettit, 1997). Harrist et al. (1997) used a cluster approach to identify subtypes of withdrawal among children, and they found that though unsociable children engaged in less social interaction with their peers, they were otherwise indistinguishable from their non-withdrawn peers on a number of social and cognitive variables. Similarly, in another study, unsociable children were not found to experience more internalizing problems, anxiety, or loneliness than comparison peers (Coplan & Weeks, 2010). The fact that these children do not experience increased loneliness suggests that they do indeed prefer to be alone.

Overall, unsociability is assumed to be relatively benign in the early years (Rubin & Asendorpf, 1993). However, some scholars have suggested that unsociability may become increasingly maladaptive with age (Coplan & Weeks, 2010; Mills & Rubin, 1988; Nelson et al., 2006; Younger & Piccinin, 1989), whereas others suggest that the positive benefits of solitude in later adolescence and early adulthood may negate the maladaptive features of unsociability (Burke, 1991; Larson, 1997; Long & Averill, 2003; Long, Seburn, Averill, & More, 2003; Wang, Rubin, Laursen, Booth-LaForce, & Rose-Krasnor, 2013). In support of the latter notion, Nelson
(2013) found that unsociable emerging adults did not differ from a control group on any internalizing or relationship outcomes with the exception of depression, wherein the unsociable group had higher levels of depression than the control group but lower levels than the shyness and avoidance groups. Due to limited study of unsociability in emerging adulthood, individuals who exhibit unsociable behaviors deserve further attention.

**Gender.** It is also important to note the possible gender differences regarding outcomes for the subtypes of social withdrawal. First regarding shyness, early work found that shy boys are more likely to suffer from negative outcomes than shy girls (Caspi, 2000; Caspi et al., 1988; Kerr, Lambert, & Bem, 1996). Specifically, earlier work found that shy boys were more likely to delay entry into marriage, parenthood, and stable careers (Caspi et al., 1988; Kerr et al., 1996). Shy women were more likely to follow a traditional pattern of marriage, childbearing, and homemaking (Caspi et al., 1988). It has been suggested that shy women may have been more likely to follow this conventional pattern because their shyness inhibited them from pursuing other opportunities (Nelson et al., 2008). It is also possible that these shy women were simply following the gendered expectations of the times and culture. Kerr et al. studied a birth cohort from the 1950’s in Sweden, where shy behavior was more positively viewed than it is in North America (Chen, 2010). Similarly, Caspi and Caspi et al. studied birth cohorts from the 1920’s through the 1970’s and trends have drastically changed over the past few decades (McLanahan, 2004). Indeed, more recent research has found few gender differences in middle childhood (Coplan & Weeks, 2010), adolescence (Bowker & Raja, 2011), and emerging adulthood outcomes (Nelson et al., 2008; Nelson, 2013) regarding shyness, social avoidance, and unsociability. It is possible that the few gender differences seen by Nelson et al. (2008) and Nelson (2013) are a reflection of these changed expectations and the different cultures in which
the studies were conducted. In generations past, it was expected that children would leave home, set up their own households, get married, and have children (Whitehead & Popenoe, 2002). Today, emerging adults are delaying marriage and parenthood (Carroll, Willoughby, Badger, Nelson, Madsen, & Barry, 2007; Jamison & Ganong, 2011). Women are more likely to initiate dating or hanging out (Arnett, 2004). More men and women are seeking college educations (Arnett, 2000; Carroll et al., 2007). In fact, women today are more likely to obtain college degrees and to enroll in graduate school than men (Diprete & Buchmann, 2013). These changing dynamics may be bridging the gap between expectations for men and women in emerging adulthood especially in North America. Thus it is expected that each of the subtypes of social withdrawal will impact both men and women more equally in today’s world as both genders are both expected to take a more equal role in initiating romantic relationships, furthering their educations, and securing employment. Therefore, either men or women who struggle to do these things due to fear, anxiety, or simple lack of desire may experience problematic outcomes. **The Role of Parenting**

Thus far, this review has demonstrated how different typologies of social withdrawal might impact individuals at different stages of development. Though research has linked the subtypes of social withdrawal with internalizing difficulties, shyness, social avoidance, and unsociability likely does not equal maladaptive outcomes for all. It has been suggested that withdrawn behavior may be exacerbated or ameliorated through environmental influences such as parenting (Burgess et al., 2001). Some research has focused on the joint effects of parenting and individual characteristics (i.e., temperamental and personality) to determine how together they might influence adjustment. Gallagher (2002) stated that modest relations and limited theoretical support have rendered main-effects models of temperament/personality and parenting
obsolete and that researchers should consider focusing on the interactive effects of both. Similarly, decades ago, Bronfenbrenner (1979) stated that the principal effects of parenting and individual characteristics are likely to be interactions. Gallagher (2002) further issued this challenge “It is clear that the socialization needs of children change as development progresses; further research is needed to examine parenting and temperament interaction at different developmental periods” (p. 638).

Emerging adulthood is an interesting period, where the majority of 18-29 year olds attending college do not consider themselves to be adults and neither do their parents (e.g., Arnett, 2000; Nelson et al., 2008, 2011). In fact, many parents still feel the need to be active in parenting to help their children navigate this developmental period (Arnett, 2000). Many emerging adults and their parents report frequent communication via cell phone, text messaging, email, and social networking, and this “electronic tether” has been regarded as one such vehicle for maintaining parental influence during emerging adulthood (Hofer, Souder, Kennedy, Fullman, & Hurd, 2009). This work suggests the capacity for parental influence even during this time of growing autonomy. As McKinney and Renk (2008) suggest, parenting may function as a moderator to facilitate or impede adjustment for young individuals even in this transitional developmental period.

Though parenting is important, it is important to remember that individuals may vary in their susceptibility to socialization influences including parenting. Thus, some will be more or less affected in positive and/or negative ways depending on their individual characteristics such as shyness, avoidance, and unsociability. Thomas and Chess (1977) hypothesized that positive adjustment is a result of “good-of-fit” between an individual and their environment. Their “goodness-of-fit theory” (Thomas & Chess, 1977; Thomas, Chess & Birch, 1968) suggests that
adaptive and maladaptive outcomes are determined by the match between an individual’s temperament and the demands of specific contexts such as parenting (Rothbart & Putnam, 2002; Sanson & Rothbart, 1995). “Simply defined, goodness of fit results when the child’s capacities, motivations and temperament are adequate to master the demands, expectations, and opportunities of the environment” (Chess & Thomas, 1989, p. 380). Essentially, different approaches to parenting will fit different children and outcomes may be optimized when parenting is sensitive to the child’s temperamental characteristics (Sanson & Rothbart, 1995).

Goodness-of-fit theory provides a framework for understanding the potential interaction effects of parenting and subtypes of social withdrawal on young peoples’ internalizing outcomes. Indeed, thus far, this review has demonstrated how social withdrawal might impact individuals at different stages of development generally and during emerging adulthood specifically. Though research has linked the subtypes of social withdrawal with internalizing difficulties, withdrawn behavior is not associated with maladaptive outcomes for all. It is possible that shyness, social avoidance, and unsociability may be moderated through environmental influences such as parenting (Burgess et al., 2001). Darling and Steinberg (1993) suggested that parenting may alter the efficacy of the parents’ socialization efforts and thereby, may moderate specific child developmental outcomes.

Much research has focused on the moderating influence of parenting in child and adolescent development, however, less work has focused on this influence in emerging adulthood and none has specifically looked at the interactive influences of parenting and social withdrawal. Though emerging adulthood is commonly thought of as a time when parents have less influence on their children, researchers have suggested that most emerging adults are still quite connected with their parents and that this relationship remains influential in emerging
adults’ lives (Aquilino, 1997; Pagano, Hirsch, Deutsch, & McAdams, 2002; Simpson, 2001; Steinberg & Sheffield Morris, 2001). Thus, as McKinney and Renk (2008) suggest, parenting may still facilitate or impede adjustment during this developmental period.

I propose that parenting may have a profound influence on child outcomes and that certain parenting approaches may provide a particularly “bad” or “good” fit with regard to shyness, social avoidance, and unsociability. Research conducted thus far has focused on parenting and shyness in childhood (see, Rubin & Burgess, 2002; Coplan, Arbeau, & Armer, 2008), however, this work provides a foundation for understanding how the two might also interact in emerging adulthood. Much of this research in childhood focused on “over-protective” parenting. Overprotective parents tend to micromanage, restrict and direct child behaviors, and discourage child independence (Rubin et al., 2007). This type of parenting is believed to undermine the development and practice of coping strategies that are necessary for children to experience optimal adjustment. Thus, overprotective parenting may actually serve to maintain or exacerbate social wariness and shyness (Rubin & Burgess, 2002). On the other hand, authoritative parenting encourages age-appropriate autonomy coupled with high levels of warmth and involvement (Baumrind, 1971). This parenting approach is often regarded as most advantageous for children (e.g., Lamborn, Mounts, Steinberg, & Dornbusch, 1991) and it may be particularly beneficial in terms of socialization for those who exhibit shy and socially avoidant behaviors. Specifically, autonomy support has been found to promote self-regulation and increase social and emotional competence (Grolnick & Ryan, 1989). It is possible that all who exhibit socially withdrawn behaviors may benefit greatly by learning to self-regulate, thereby increasing their social and emotional competence and their confidence to overcome difficult situations on their own.
In sum, the goodness-of-fit theory and studies reviewed above suggest that parenting likely continues to play an important role in the lives of emerging adults but parenting also likely has differing effects on individuals because of their internal constitutions and behaviors. As noted previously, emerging adulthood is a time marked by a number of new experiences that must be navigated. Many of these experiences, such as securing employment, attending college, dating, and having roommates require social interaction and social skills. Shyness and social avoidance (and perhaps unsociability to a lesser degree) likely hamper success in meeting these important milestones. However, parental interventions that involve “taking over” may actually exacerbate the situation. Overprotective parenting may result in negative consequences when combined with shyness and social avoidance because the child is denied opportunities to experience healthy psychosocial development and to practice social skills and self-regulation that are necessary for success (Hastings & Rubin, 1999; Ungar, 2009). On the other hand, warm, involved, and autonomy-granting parenting may bolster feelings of confidence that are necessary to succeed by encouraging their children to take an active part in solving their own problems (Grolnick, Ryan, & Deci, 1991). Unfortunately, little empirical work has been done to examine the veracity of these conceptual and theoretical notions in emerging adulthood. However, there is a growing amount of empirical evidence regarding over-protective and over-controlling parenting and social withdrawal in childhood and adolescence, as well as emerging work on parenting in emerging adulthood. Indeed, research seems to support the notion that specific parenting approaches (i.e., authoritative, helicopter) in emerging adulthood may exacerbate or enhance functioning, especially related to internalizing outcomes that have been associated with shyness and social avoidance.

**Social Withdrawal and Helicopter Parenting**
Emerging adulthood is a time characterized by an increased need for autonomy and as such, parents should adjust their level of involvement and control accordingly (Schiffrin et al., 2013). However, there is growing concern that some parents are not making this adjustment and are continuing to exert a tremendous amount of control over their emerging adult children. This phenomenon has been labeled “helicopter parenting” in the media and in scholarly work (Padilla-Walker & Nelson, 2012). Padilla-Walker and Nelson (2012) believe helicopter parenting in emerging adulthood is akin to over-protective, over-involved, and over-solicitous parenting studied in childhood, adolescence, and emerging adulthood (see, Hastings et al., 2010).

Previous work has established links between over-protective parenting and socially withdrawn children. Over-protective parenting has been associated with social withdrawal wherein parents may attempt to shield their withdrawn child from difficult or anxiety-inducing situations (e.g., Baumrind, 1971; Coplan et al., 2004a; Mills & Rubin, 1998; Rubin et al., 1999; Rubin, Cheah, & Fox, 2001; Rubin et al., 2002). It has been argued that throughout the lifespan, overprotective parenting may also indirectly influence child outcomes by limiting the acquisition of social skills and social competence as well as opportunities to practice self-regulation. Indeed, researchers have found that overprotective parenting has been associated with negative child outcomes including higher levels of internalizing and externalizing problems (Barber, Olsen, & Shagle, 1994; Grolnick, Kurowski, Dunlap, & Hevey, 2000). Emerging evidence suggests that helicopter parenting is linked to negative outcomes in emerging adulthood as well. Emerging adults who report having helicopter parents also report decreased feelings of autonomy, competence, and connection (Schiffrin et al., 2013.) These parents may inadvertently stunt exploration and independence by “doing” for their children rather than nurturing the ability of emerging adults to “do” for themselves (LeMoyne & Buchanan, 2011). Not surprisingly,
research has shown that emerging adults who claim they have overly involved or helicopter parents report higher levels of depression and anxiety, more negative views of themselves, and feel less competent and able to handle life and its stressors (Bronson & Merryman, 2009; Gibbs, 2009; LeMoyne & Buchanan, 2011; Levine, 2006; Marano, 2008; Schiffrin et al., 2013). Taken together, it is possible that helicopter parenting may exacerbate the links between forms of withdrawal and negative child outcomes discussed previously but to date, no study has examined whether or not this is the case.

Social Withdrawal and Authoritative Parenting

In contrast to the possible dangers of helicopter parenting, authoritative parenting is generally considered to be most advantageous for healthy adjustment among children, adolescents, and emerging adults (Baumrind, 1971; Nelson et al., 2011; Wood, McLeod, Sigman, Hwang, & Chu, 2003). Authoritative parenting includes high levels of warmth and involvement (Baumrind, 1971, 1991; Karavasilis, Doyle, & Markiewicz, 2003) however, it also allows for age-appropriate autonomy granting. The “authoritative” parenting measure utilized in this study includes the three dimensions associated with authoritative parenting, namely, warmth, involvement, and autonomy-support. The use of the term “authoritative parenting” throughout this manuscript is for parsimony though the author acknowledges that the measures utilized refer to the three dimensions of parenting specifically rather than an overall authoritative parenting style. This approach to parenting allows for children to take an active role in solving their own problems and has been found to lead to better social and emotional adjustment, including less anxiety and depression (Grolnick & Ryan, 1989; Kenney-Benson & Pomerantz, 2005).

Authoritative parenting may benefit well-being indirectly by fostering a sense of autonomy and
social competence, which are associated with success in Western cultures (Baumrind, 1978; Hart, Newell, & Olsen, 2003).

Despite the numerous findings related to the positive outcomes of authoritative parenting for children generally, there is a paucity of literature regarding authoritative parenting and the relationship it may have with shyness, avoidance, and unsociability. Coplan and colleagues (2004a) found a negative association between shyness and maternal authoritative parenting among preschool children. Similarly, Coplan et al., (2007) found that relationships between shyness and indices of maladjustment were weaker when mothers displayed an authoritative parenting style. Indeed, researchers have found that parents who are sensitive and warm and who encourage independence and peer interaction, can help their children to become less inhibited and gain positive social skills (e.g., Rubin et al., 2001, 2002).

Though these few studies are a good first step to understanding how helicopter and authoritative parenting may interact with social withdrawal (i.e., shyness, avoidance, and unsociability), very little is known about the current influence of parenting in the links between subtypes of social withdrawal and internalizing problems in emerging adulthood. There is a need to conduct an examination of how parenting might exacerbate or ameliorate (i.e., moderate) internalizing outcomes associated with shyness, social avoidance, and unsociability.

**Present Study**

Based on the aforementioned research findings, shyness and social avoidance can be regarded as maladaptive forms of social withdrawal from childhood on. Though unsociability has been regarded as potentially benign, there is still much work to be done regarding this form of social withdrawal. At this time, only one study has examined the correlates and consequences of these subtypes of social withdrawal in emerging adulthood and this work did not consider the
potentially moderating role of parenting (see, Nelson, 2013). Therefore, the primary study goals are: first, to explore the direct effects of the subtypes of social withdrawal as they related to internalizing outcomes for emerging-adult males and females; second, to explore the potential interactive effects of parenting (i.e., helicopter parenting and warm, involved, autonomy-granting parenting) and subtypes of social withdrawal (i.e., shyness, avoidance, unsociability) as they related to internalizing adjustment (i.e., depression, dysregulation, self-worth) of emerging-adult males and females.

Given the evidence that shyness, social avoidance, and unsociability are not immutable, it is important to investigate conditions in the social environment that may promote healthy adjustment and may also lessen problematic adjustment. It was proposed that parenting may be one such condition in the social environment that can act as a moderator of risk in emerging adulthood. As such, it was expected that helicopter parenting would be detrimental for shyness, social avoidance, and unsociability, respectively, as helicopter parenting negatively impacts young people by (a) interfering with the acquisition of independent and self-regulated behavior, (b) not allowing children to develop competent social skills, and (c) harming confidence in one’s skills and abilities, all of which are areas with which these individuals may already struggle (Nelson, 2013; Padilla-Walker & Nelson, 2012; Schiffrin et al., 2013). Therefore, it was hypothesized that helicopter parenting would moderate (i.e., exacerbate) the links between shyness, avoidance, and unsociability, respectively, and internalizing problems including depression, emotional dysregulation, and self-worth.

It was also proposed that authoritative parenting would be beneficial with regard to shyness, social avoidance, and unsociability, respectively, in emerging adulthood because authoritative parenting has been shown to (a) support the development of self-regulation, (b) aid
in the development of social skills, and (c) support the development of positive self-concept and self-esteem, all of which are important for developmental success (Baumrind, 1966, 1971, 1977; Hart et al., 2003). These may be areas of especially critical need for those who are shy, avoidant, or unsociable. Therefore, it was hypothesized that authoritative parenting would moderate (i.e., buffer) the links between shyness, avoidance, and unsociability, respectively, and internalizing problems including depression, emotional dysregulation, and self-worth.

In addition, little work has been done to examine how the direct effects of social withdrawal subtypes as well as how the moderating roles of parenting in the links between social withdrawal and internalizing problems may differ for young men and women. Though previous work (Caspi et al., 1988; Kerr et al., 1996) found more negative outcomes for shy men than shy women, more recent work has found few gender differences for shy, avoidant, and unsociable emerging adults (Nelson, 2013). Because of these conflicting results, it was important to examine results for males and females respectively, but no specific hypotheses on gender were given.

Methods

Participants

Participants ($M_{age} = 19.61$, SD = 1.85, range = 18–29) in the study included 790 undergraduate students (547 women, 243 men) and their mothers. Participants were recruited from four universities across the USA: a mid-sized East Coast private university, a large West coast public university, a large Midwestern public university, and a large Southern public university. The majority of emerging adults were European-American (69% European-American, 3% African-American, 17% Asian-American, 5% Latino-American, and 3% mixed/biracial) and living outside of their parents’ homes (90%). Emerging adults reported that
60% of fathers and 35% of mothers reported having a bachelor’s degree or more. They also reported that 23% of parents had a combined income of less than $50,000 per year, and 28% reported their parents having a combined income of over $100,000 per year.

**Procedure**

Participants completed the Project READY questionnaire. The use of an online data collection protocol facilitated unified data collection across multiple university sites and allowed for the survey to be administered to emerging adults and their parents who were living in separate locations throughout the country. Participants were recruited through faculty’s announcement of the study in undergraduate and graduate courses. Informed consent was obtained online, and only after consent was given could the participants begin the questionnaires. Each participant was asked to complete a survey battery of 448 items however only a small portion of these items were utilized in the current study. Sections of the survey addressed topic areas such as background information, parental characteristics, self-perceptions, personality traits, values, risk behaviors, dating behaviors, and prosocial behaviors.

**Measures**

As noted, all measures were collected via the Internet. Because of the number of items in the survey, some variables (noted below) were measured using shortened versions of established measures (e.g., self-perception profile, Neeman & Harter, 1986).

**Social withdrawal subtypes.** Participants completed a 20-item revised version of the Child Social Preference Scale (Nelson, 2013). For example, items in the child and adolescent measures frequently use the term ‘play’ or ‘playing’ (e.g., ‘prefer to play with kids than alone’, ‘I like to play with others, but am nervous to’). In revising the measure for use with emerging adults, a broader range of settings for social interaction was used (e.g., ‘I prefer working with
others rather than alone’, ‘I’d like to hang out with other people, but I’m sometimes nervous to’, ‘I feel nervous at parties and other social settings’). Questions were answered on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). From these twenty items, four scales emerged (i.e., shy, avoidant, unsocial, isolated), three of the subscales that emerged will be utilized in this study. The shyness subscale utilized consisted of six items (e.g., ‘I feel tense in social situations’). The avoidance subscale utilized consisted of six items (e.g., ‘I don’t really like being with other people and prefer to be alone’). The unsociable subscale utilized consisted of four items (e.g., ‘I’m just as happy to be by myself as with other people’, and ‘I like spending time alone more than I like spending time with other people’.

**Depression.** Participants answered four questions from the original Center for Epidemiologic Study Depression Scale (Radloff, 1977) in order to assess depression levels over the last two weeks. Questions were answered on a 3-point scale ranging from 1 (never) to 3 (most of the time). Sample questions include, ‘I felt everything I did was an effort’, and ‘I felt sad’.

**Emotional dysregulation.** In order to measure emotional self-dysregulation, participants answered five questions on the Emotional Self-Regulation Subscale (Novak & Clayton, 2001). Participants answered questions on a 5-point scale ranging from 1 (never true) to 5 (always true). Sample questions include, ‘I get upset easily’, and ‘I slam doors when I am mad’.

**Self-worth.** To measure self-worth, participants answered questions from the self-worth subscale of the Self-Perceptions Profile for college students (Neeman & Harter, 1986). Five questions were answered on a 4-point scale ranging from 1 (not at all true for me) to 4 (very true for me). Sample questions include, ‘I am often disappointed with myself’, and ‘I am happy
being the way I am’. Negatively worded items were reversed scored so that higher scores reflected higher levels of self-esteem.

**Helicopter parenting (maternal report).** To assess helicopter parenting, five items were used to assess the degree to which mothers make important decisions for their emerging adult child/ren (Padilla-Walker & Nelson, 2011). Mothers of emerging adults answered questions on a 5-point Likert scale ranging from 1 (not at all like me) to 5 (a lot like me). Sample items used were, ‘I make important decisions for my child (e.g., where he/she lives, where he/she works, what classes he/she takes)’, ‘I intervene in settling disputes with my child’s roommates or friends’, and ‘I solve any crisis or problem my child might have’.

**Authoritative parenting (maternal report).** To assess participants’ perceived authoritative parenting, mothers of emerging adults were asked to rate their own parenting on twenty items derived from the warmth, involvement, and autonomy support subscales of the Perception of Parents Scale (POPS): College Student Version (Grolnick et al., 1991; Robbins, 1994). Participants responded to items on a 7-point Likert scale ranging from 1 (not at all true) to 7 (very true). Sample questions include, ‘I find time to talk with my child,’ and ‘I, whenever possible, allow my child to choose what to do.’

**Analyses**

Structural equation modeling (SEM) was conducted with Mplus version 7 (Muthén & Muthén, 1998-2012) to examine measurement qualities and relations of the constructs in this study. SEM enables us to specify which items are indicators of which latent constructs, test measurement invariance across gender groups, and estimate correlates of the constructs without the influence of measurement errors. The result can also be evaluated by certain goodness-of-fit indices. Prior research suggests that the relations of latent constructs were underestimated when
ordinal data were treated as continuous in confirmatory factor analysis (Babakus, Ferguson, & Joreskog, 1987; Yang et al., 2004). Consequently, all the indicators of the latent constructs were specified as categorical in the SEMs. In addition, the Omega reliability coefficient ($\omega$) was utilized as it is particularly appropriate for categorical variables and can overcome the underestimation of the traditional internal consistency coefficient (McDonald, 1999, p. 88). In Table 2, the reliability coefficient (OMEGA) of the items of each construct is reported together with factor loadings.

The SEMs for this study were carried out in three steps (first, measurement model; second, direct effects SEM; third, full SEM including interaction effects). First, a two group (males and females) confirmatory factor analysis (CFA) was conducted to test the social withdrawal measurement model consisting of shyness, social avoidance, and unsociability. A second two-group (males and females) CFA was conducted to test the internalizing outcomes measurement model consisting of depression, emotional dysregulation, and self-worth. A third and final CFA was conducted to test the moderating variables measurement model consisting of maternal report of authoritative parenting and maternal report of helicopter parenting. The CFA for the moderating variable was a single group analysis because only females/mothers response was utilized for this study thus there was no gender component to the responses.

To ensure that latent constructs were measured invariantly or at least partially invariantly between the two gender groups, invariance of factor loadings was assessed by comparing measurement models without equality constraints imposed on the factor loadings with models that had such constraints utilizing the Wald Chi-square statistic. This Wald Chi-square difference test between the freely estimated model and a constrained model served as the test of invariance. Measurement properties of the constructs in this study were reported as factor
loadings and omega reliability ($\omega$) in Table 2. Because the computation was too heavy with the several interaction effects (to be discussed below) to run a typical latent variable structural model, factor scores were saved for each latent variable assessed in the CFA. Factor scores were utilized in the full structural model.

Second, the associations of each subtype of social withdrawal and the associations of the parenting variables with the internalizing outcomes were estimated with a two-group SEM, in which each subtype of social withdrawal and both parenting variables were specified as predictor variables and internalizing outcomes were specified as outcome variables.

Third, the relations of each subtype of social withdrawal with the internalizing outcomes as moderated by authoritative and helicopter parenting (mother report) were estimated with a two-group SEM. Specifically, the model included three internalizing outcomes that were specified as outcome variables and each subtype of social withdrawal, authoritative parenting, and helicopter parenting as the main predictor variables. The moderating effects of authoritative and helicopter parenting were examined by incorporating the product-terms of parenting factor score variables with social withdrawal factor score variables into the model. Factor loadings of variables were constrained to be equivalent between males and females based on previous invariance tests. Because of a rather large variation in participants’ age (18-29 years), age was incorporated as a covariate in each SEM to account for the effect of age. Similarly, emerging adult race/ethnicity was considered as a covariate to account for differences in the sample population. Gender differences were examined through chi-square difference tests with model comparisons. Whenever the effect was found statistically equivalent across genders, an equality constraint was imposed on the paths in the final model for both genders. The final path coefficients for the relationships are presented in Table 3.
Results

Measurement Model of Subtypes of Social Withdrawal

The baseline measurement model of social withdrawal was first estimated with all the factor loadings freely estimated across the two gender groups, which yielded good fit to the data ($\chi^2 = 376.55$, $df = 163$, $p < .001$, comparative fit index [CFI] = 0.99, root mean square error of approximation [RMSEA] = 0.06). Measurement invariance of the factor loadings for the social withdrawal model was tested using the Wald Chi-square test. The non-significance of this test ($\chi^2_{\text{diff}} = 1.82$, $df_{\text{diff}} = 10$, $p = .99$) indicated that the items used to measure the social withdrawal subtypes were statistically equivalent for males and females in this sample. Model fit of the constrained model was also good: ($\chi^2 = 470.26$, $df = 160$, $p < .001$, CFI = 0.98, RMSEA = 0.07).

The standardized factor loadings and omega reliability ($\omega$) for the social withdrawal measurement model are presented in Table 2. For the shyness subtype, all six items were retained and the factor loadings ranged from .74-.94. The ($\omega$) was .94 for males and .93 for females. For the social avoidance subtype, two items with high cross loadings were dropped and thus the final factor included four items with loadings ranging from .49-.95. The ($\omega$) reliability for this four-item social avoidance factor was .87 for males and .83 for females. For the unsociability subtype, one item with high cross loading was dropped so the final factor included three items with factor loadings ranging from .28-.95. The ($\omega$) reliability for the three-item unsociability factor was .64 for males and .61 for females.

The latent correlations of the subtypes of social withdrawal were relatively high. The latent correlations for males between the avoidance subscale and the unsociable subscale was .52. However, the latent correlations for females between the avoidance subscale and the unsociable subscale was .77 and the latent correlations for females between the shyness subscale
and the unsociable subscale was .55. Because of the high intercorrelations among the subtypes of social withdrawal, alternative models merging constructs were examined to test whether the three constructs of withdrawal could be distinguished statistically. The chi-square difference tests and goodness of fit indices showed that the measurement model with three separate social withdrawal factors fits the data much better than a two-factor or one-factor model. Specifically, the three-factor model fit was good ($\chi^2 = 275.80$, $df = 75$, $p < .001$, CFI = 0.97, RMSEA = 0.06). The two factor model fit was poor ($\chi^2 = 718.74$, $df = 89$, $p < .001$; CFI = 0.89; RMSEA = 0.10). The one factor model fit was extremely poor ($\chi^2 = 2421.51$, $df = 104$, $p < .001$; CFI = 0.61; RMSEA = 0.17).

**Measurement Model of Internalizing Outcomes**

The baseline measurement model of internalizing outcomes (depression, emotional dysregulation, and self-worth) was first estimated with all the factor loadings freely estimated across the two gender groups and yielded acceptable fit to the data ($\chi^2 = 517.96$, $df = 149$, $p < .001$, CFI = 0.97; RMSEA = 0.08). Measurement invariance of the factor loadings for the internalizing outcomes was assessed using the Wald Chi-square test ($\chi^2_{\text{diff}} = 9.43$, $df_{\text{diff}} = 10$, $p = .49$). The non-significance of this test indicated that the factor loadings of the internalizing outcomes tested are invariant across gender.

The standardized factor loadings and omega reliability ($\omega$) for the internalizing outcomes measurement model are presented in Table 2. For depression, one item was deleted due to cross-loading. The final depression factor consisted of three items, the factor loadings ranged from .72-.95, and the ($\omega$) was .93 for males and .87 for females. All five items were retained for emotional dysregulation, the factor loadings ranged from .41-.92, and the ($\omega$) was .88 for males and .85 for females. Finally, all five items were retained on the self-worth factor, the factor loadings ranged from .70-.92, and the ($\omega$) was .93 for males and .91 females.
Measurement Model of Moderating Variables

The baseline measurement model of the moderating variables: authoritative parenting and helicopter parenting was first estimated with all the factor loadings freely estimated and yielded acceptable fit to the data ($\chi^2=713.30, df=151, p<.001, CFI=0.93, \text{RMSEA}=0.09$). The standardized factor loadings and omega reliability ($\omega$) for the moderating variables measurement model are presented in Table 2. For authoritative parenting, 14 items were retained in the final measure. The range of factor loadings was .52-.82 and the ($\omega$) was .93. For helicopter parenting, all five items were retained, the range of factor loadings was .51-.91, and the ($\omega$) was .88.

Full Structural Equation Model

The first full SEM model included only main effects of social withdrawal and parenting. The moderating effects of respondent gender were examined as non-variant effects of these main effects between the two groups. This direct effects model yielded good fit to the data ($\chi^2=104.03, df=56, p<.001; CFI=0.96; \text{RMSEA}=0.05; \text{standardized root mean square residual (SRMR)}=0.03$. The subsequent model had equality constraints imposed on these main effects that were ascertained to be non-invariant by Wald Chi-square difference tests. This direct effects model with equality constraints also yielded good fit to the data ($\chi^2=130.72, df=80, p<.001, CFI=0.96, \text{RMSEA}=0.04$).

Results showed that for males, standardized main effects of shyness included a positive association with depression ($\beta=.61$) and emotional dysregulation ($\beta=.37$) and a negative association with self-worth ($\beta=-.53$). There were no significant main effects for males and avoidance. Main effects for males and unsociability included a negative association with depression ($\beta=-.08$) and emotional dysregulation ($\beta=-.12$). Also, for males, main effects were
noted for the following: authoritative parenting was negatively associated with depression ($\beta= -0.12$) and emotional dysregulation ($\beta= -0.13$) and positively associated with self-worth ($\beta= 0.13$).

Results also indicated that for females, standardized main effects of shyness included a positive association with depression ($\beta= 0.24$) and emotional dysregulation ($\beta= 0.18$) and a negative association with self-worth ($\beta= -0.42$). Main effects for females and avoidance included a positive association with depression ($\beta= 0.27$) and dysregulation ($\beta= 0.26$). Main effects for females and unsociability included a negative association with depression ($\beta= -0.13$) and dysregulation ($\beta= -0.17$). Also, for females, main effects were noted for the following: authoritative parenting was negatively associated with depression ($\beta= -0.12$) and emotional dysregulation ($\beta= -0.14$) and positively associated with self-worth ($\beta= 0.20$).

The next full SEM explored the moderating effects of parenting on social withdrawal by expanding the direct effects model with one interaction term at a time. The interaction was eliminated for further inclusion if it had no significant effect on any of three endogenous variables in either males or females. Two interaction terms (unsociability and helicopter parenting; unsociability and authoritative parenting) were found to have certain significant effects in at least in one group. However, their effects no longer held when they were pitted against each other in the same model due to their small effect sizes. Consequently, two separate models were estimated to include only one interaction effect in each model. Further moderating effects of gender on these two interactions were respectively examined by testing their invariance across gender groups. The results reported are based on the models with equality constraints that Wald Chi-square difference tests proved to be invariant.

Interaction effects SEM Model 1 explored the interaction effects of unsociability and helicopter parenting and fit the data well ($\chi^2=135.56$, $df=91$, $p<.001$, $CFI=0.97$, $RMSEA=0.04$).
Interaction effects for SEM Model 2 explored the interaction effects of unsociability and authoritative parenting and fit the data well ($\chi^2 = 139.394$, $df = 91$, $p < .001$, CFI = 0.96, RMSEA = 0.04).

Interaction effects for males indicated that authoritative parenting moderated effects of unsociability on dysregulation ($\beta = -0.06$) and self-worth ($\beta = 0.05$) whereas helicopter parenting moderated effects of unsociability on depression ($\beta = 0.05$). Finally, interaction effects for females indicated that authoritative parenting moderated effects of unsociability on dysregulation ($\beta = -0.06$) and self-worth ($\beta = 0.05$) whereas helicopter parenting moderated effects of unsociability on depression ($\beta = 0.08$). See Figure 1 for a visual representation of the structural equation model and Table 3 for all standardized coefficients of main effects and interaction effects for each model.

In order to examine the significant interaction effects of unsociability and helicopter parenting and unsociability and authoritative mothering on the internalizing outcomes, simple regression slopes were calculated for males and for females wherein each predictor had values corresponding to one standard deviation above the mean and one standard deviation below the mean (Aiken & West, 1991). These simple slopes are shown in figures 2-8.

**Discussion**

One purpose of this study was to examine the main effects of subtypes of social withdrawal (i.e., shyness, social avoidance, and unsociability) on internalizing outcomes (i.e., depression, dysregulation, and self-worth) and how these main effects may be different for male and female emerging adults. It was important to explore these main effects by gender because it remains unclear how different types of withdrawal may influence outcomes differently depending on gender. A second purpose of this study was to explore the moderating roles of helicopter and authoritative parenting in the associations between subtypes of social withdrawal
and internalizing outcomes for both males and females in emerging adulthood. It was hypothesized that helicopter parenting would moderate (i.e., exacerbate) and that authoritative parenting would moderate (i.e., buffer) the links between shyness, avoidance, and unsociability respectively, and internalizing outcomes.

**Main Effects**

Main effects showed that shyness was positively linked with depression and dysregulation, and negatively associated with self-worth for both genders. Main effects for avoidance existed only for females and indicated that avoidance was positively associated with depression and dysregulation. Interestingly, unsociability was negatively associated with depression and dysregulation for both males and females. Though direct effects of parenting and internalizing outcomes were not of principle interest in this study, it was important to investigate how the parenting variables and internalizing outcomes were related in this sample. Interestingly, this study found no significant main effects for helicopter parenting and the outcome variables of depression, dysregulation, and self-worth. However, as expected, main effects for authoritative parenting were such that authoritative parenting was associated with lower levels of depression and dysregulation and higher levels of self-worth for both males and females.

These findings make a significant contribution to our growing understanding of the roles that different types of social withdrawal and parenting may play in the lives of emerging-adult males and females. First, results of this study support Nelson’s (2013) findings that distinct forms of social withdrawal can be identified in emerging adulthood, that each form is uniquely related to internalizing outcomes, and that these relationships vary by gender. Previous research found shyness and social avoidance to be detrimental in terms of depression, emotional
dysregulation, and self-worth whereas unsociability was assumed to be more “benign” (Nelson et al., 2008; Nelson, 2013). Indeed, in extension of Nelson’s work, this study found that shyness was detrimental for both emerging adult males and females as shyness was positively associated with depression and dysregulation and negatively associated with self-worth for both genders. These gender findings are important because early work had suggested that shyness was potentially more detrimental for males than females during the transition to adulthood (e.g., Caspi et al., 1988; Kerr et al., 1996); however, Nelson’s more recent work (2013) suggested that the effects of shyness may not vary by gender for today’s emerging adults. This study provides more support to the notion that shyness may be detrimental regardless of gender. As discussed previously, gender expectations have evolved from a traditional stance that characterized the cohorts studied by Caspi and Kerr. Whereas traditional cultures saw the world contracting for females and expanding for males as they got older, emerging adulthood today is characterized by increased educational opportunities and delayed entry into the workforce, marriage, and parenting for both genders (Arnett, 2004). It is possible that the few gender differences seen (i.e., negative outcomes experienced regarding shyness were found for both genders) in the results of this study, support the growing notion (e.g., Nelson et al., 2008; Nelson, 2013) that shyness is a risk factor for both males and females during the third decade of life.

Second, this study found that social avoidance was linked with higher levels of depression and emotional dysregulation for females but there were no significant associations between social avoidance and these same outcomes for males. There are many possibilities as to why social avoidance may be related to more indices of harm for young women than young men during the third decade of life. Using the approach-avoidance motivation framework, it is believed that socially avoidant emerging adults not only desire solitude but they also actively
avoid social interaction (Asendorpf, 1990; Nelson, 2013). However, emerging adulthood requires regular interactions with others in university classes, dorms/apartments, jobs, friendships, and dating. In earlier work, researchers had speculated that socially withdrawn females could take a more traditional route of wife and mother, in effect reducing the demands on her socially (Caspi et al., 1988.) Recent statistics, however, show that young females are graduating college and entering graduate school at higher rates than young males and these females are also initiating romantic relationships (Arnett, 2004; Diprete & Buchmann, 2013). As the expectations for females change (i.e., education, work as opposed to early marriage, etc.), it is possible that emerging adult women who are socially avoidant may feel an increased conflict between their desire to limit social interactions and the demands placed upon them resulting in higher levels of maladjustment of an internalizing nature.

Further, this developmental period is critical for developing social connectedness (Lee & Robbins, 2000.) Social connectedness has been directly linked to internalizing outcomes. High levels of social connectedness have been associated with lower levels of depression and higher levels of self-worth (Baumeister & Leary, 1995). Though social connectedness is important for both genders, it may be that gender differences remain in how females and males define themselves in terms of social connectedness (Clancy & Dollinger, 1993.) Previous work has shown that females tend to define the self in terms of relationships whereas males define the self in terms of separateness (see, Clancy & Dollinger, 1993; Gilligan, 1982; Manago, Graham, Greenfield, & Salimkhan, 2008). This early work shows that females tend to rate interpersonal domains as more important to self and well-being than males (Clancy & Dollinger, 1993). Further, females and males may use different types of relationships to meet the need for social connectedness. Females develop connectedness through intimacy and physical proximity
whereas males do not (Lee & Robbins, 2000). Males are less likely to depend on mutual support and presence of others to feel connected and thus may be able to maintain a positive sense of self with less intimate and fewer supportive relationships than females (Lee & Robbins, 2000).

In sum, young males who are socially avoidant may still feel a healthy sense of social connectedness regardless of their lack of intimate relationships because they may simply require lower thresholds of social interaction to feel socially connected (i.e., to meet needs of connectedness) and to retain a healthy view of self. Though females who are socially avoidant may not desire to be in social settings per se, this may have more significant repercussions on their overall well-being as other needs, such as connectedness, may not be met. This is especially likely if, as suggested by Bowker and Raja (2011), social avoidance results from long periods of peer exclusion. It is important to note that the simple fact that females are at greater risk for internalizing symptoms including depression and emotional dysregulation, may also explain why social avoidance was linked with higher levels of depression and dysregulation for females only. Female emerging adults may be more susceptible to experiencing these internalizing problems in the face of challenges (Leadbeater, Kuperminc, Blatt, & Hertzog, 1999) including those that might arise when their preference to avoid social interactions competes with the requirements of their daily lives (e.g., school, work).

Finally, main-effect findings for withdrawn subtypes also indicate that unsociability does not appear to be maladaptive with regard to depression, dysregulation, and self-worth for emerging adult males and females. To reiterate, unsociability is characterized by low approach but also low avoidance motivation. Thus, when novel or social situations arise that might overwhelm a shy or avoidant individual, those who are unsociable may be up to the task. They may not prefer to engage socially but they are able to when needed. Again, the lack of gender
differences with regard to unsociability are novel as preliminary work with younger children suggested unsociability may be more harmful for males (Coplan et al., 2001; Coplan & Weeks, 2010). It may be that, as past research has suggested (e.g., Wang et al., 2013), unsociability has differing effects based on developmental period and that unsociability may have few direct ties with maladjustment in emerging adulthood for males and females.

Social Withdrawal and Parenting

The second set of findings examined the direct effects of helicopter and authoritative parenting on depression, dysregulation, and self-worth as well as the interactive effects of social withdrawal subtypes and parenting on the same outcomes. Results revealed no direct effects of helicopter parenting on any of the internalizing outcomes for male or female emerging adults; however, as expected, direct effects indicated that authoritative parenting was associated with lower levels of depression and emotional dysregulation as well as higher levels of self-esteem for both genders. In general, only a few of the hypotheses regarding moderation were supported. Significant findings regarding moderation revealed that unsociability was linked to higher levels of depression for males and females when in the presence of helicopter parenting. Conversely, unsociability was related to lower levels of dysregulation and higher levels of self-worth for males and females when parents were authoritative.

Helicopter parenting. The findings, or lack thereof, regarding helicopter parenting are important to consider. The null findings regarding direct effects of helicopter parenting are extremely interesting given previous work showing several negative outcomes of helicopter parenting including more depression (Schiffrin et al., 2013), lower psychological well-being (LeMoyne & Buchanan, 2011), and lack of confidence (Boen, 2007). The results of this study suggest that more important than the question of whether or not helicopter parenting is harmful is
the question of for whom might helicopter parenting be harmful. Indeed, when examined as a moderator, it appears that helicopter parenting may be problematic for young people who are unsocial. This is an important finding because typically unsocial behavior is rather benign. In fact, the present study found unsociability was directly associated with lower levels of depression and dysregulation. However, when helicopter parenting and unsociability are combined, negative results appear to occur (i.e., more depression). This finding may suggest that indeed goodness, or perhaps “poorness”, of fit is important. As described previously, goodness of fit is defined as the compatibility between an individuals’ temperament and the environment (Thomas & Chess, 1977). It has been suggested that individuals are more likely to experience positive outcomes and adjustment when there is goodness of fit in that their individual personality is respected and accommodated (Thomas & Chess, 1977). When parental expectations and demands do not fit well with their child’s personality, there is a poor fit and previous research has shown that children who experience a poor fit between their temperament/personality and parenting style are more likely to experience both internalizing and externalizing problems (Chess & Thomas, 1986). Thus, parents’ ability to assess their child’s needs and respond accordingly appears to be a predictor of outcomes throughout this developmental period as well.

**Authoritative parenting.** Although the findings regarding authoritative parenting were few as well, they too are significant in the contributions they make. First, as expected, authoritative parenting was directly linked with lower levels of depression and emotional dysregulation and higher levels of self-worth for emerging adult males and females. These findings mirror other studies touting the positive outcomes for those raised in authoritative households (Arnett, 2007; Nelson et al., 2011; Steinberg, Dornbusch, & Brown, 1992).
However, expectations that authoritative parenting would moderate negative outcomes for social withdrawal in emerging adulthood were largely but not completely unsupported.

Most surprisingly is the fact that warm, supportive, autonomy-granting parenting during emerging adulthood did not appear to provide a protective or buffering effect regarding shyness and social avoidance among emerging adults. This is interesting given empirical data showing links between parenting style and current functioning in emerging adulthood. Several previous studies (see, Berzonsky, 2004; Buri et al., 1988; Masten et al., 2004; Nelson et al., 2001) have found that emerging adults who report having positive, authoritative parenting throughout development also appear to have positive outcomes related to self-esteem and psychological adjustment whereas a reported lack of warm, involved and supportive parenting has been linked to more depression (Gomez & McLaren, 2006). Given these findings, it is rather surprising that authoritative parenting did not moderate the link between shyness or avoidance and internalizing problems. As is the case with null findings, it is impossible to know if the lack of findings were due to our inability to detect a finding that actually does exist, or if there is really no association. It might also point to the fact that authoritative parenting is not often used by parents when they see shy or avoidant behaviors from their emerging-adult children. In other words, these forms of withdrawal might elicit other forms of parenting as has been found to be the case with younger children (e.g., Rubin et al., 1999). Regardless, these null findings point to a need for further research to identify what other variables may be most supportive in intervening between shyness and social avoidance and maladaptive outcomes in emerging adulthood.

Among the significant findings regarding authoritative parenting were the interaction effects of unsociability and authoritative parenting on emotional regulation and self-worth for both males and females. Previous work has found that supportive parenting predicts better self-
regulation and self-confidence (Hess & McDevitt, 1984; Ginsburg & Bronstein, 1993). Results from this study support these early findings in that authoritative parenting is directly and negatively linked with depression and dysregulation but positively linked with self-worth.

Further, when authoritative parenting was tested as a moderator of unsociability, results revealed more positive outcomes for both regulation and self-worth. Thus, in a supportive, warm, and autonomy-granting home, unsociability may truly be benign for male and female emerging adults.

Summary

The results of this study make a few important contributions to our understanding of the role of parenting in the associations between social withdrawal and individual outcomes in emerging adulthood. First, results of the study make a significant contribution by showing that gender plays a complex role in the link between withdrawal and maladjustment in emerging adulthood. On the one hand, results suggest that shyness cannot be considered a risk factor for men only as they make the transition to adulthood. Instead, the ability to overcome fears and interact socially is a requisite for avoiding internalizing problems for both emerging-adult men and women. On the other hand, gender appears to matter quite a bit in the link between social avoidance and maladjustment with socially avoidant young women experiencing higher levels of internalizing problems. Taken together, the findings point to the need to better understand the ways in which multiple forms of withdraw might impact young men and women similarly but in other ways very differently.

Another significant contribution that the results of this study make is to underscore the importance of fit between emerging adults’ tendencies towards solitude and various types of parenting. On the one hand, results (or lack thereof) might suggest that helicopter parenting may
not necessarily provide a “poor” fit with regard to shyness and social avoidance. It may be that shy and socially avoidant emerging adults welcome parental intervention. It may be that a little more involvement on the part of parents is what is needed for certain withdrawn individuals in emerging adulthood. Indeed, it is possible to draw upon work conducted with children to demonstrate this notion of fit for shy and avoidant young people. In a study four-year-old children (Rubin et al., 2001), it was found that emotionally-dysregulated children whose mothers provided little control in a task that demanded it (i.e., a structure Lego-building teaching task) were more likely to demonstrate shy, anxious, hovering behaviors. However, these were not the outcomes for emotionally-dysregulated children whose mothers provided high levels of guidance. These findings with young children may be informative for understanding the fit between shy and avoidant behaviors, respectively, and more involved parenting in emerging adulthood. Rather than seeing parental involvement as being a burden, these emerging adults may depend on this support because of the novel and social experiences expected during this transitional period.

On the other hand, unsociability and helicopter parenting appear to represent a bad fit. Unsociability is thought to be “benign” in emerging adulthood (Nelson, 2013) and this study supports these claims except in the presence of high levels of helicopter parenting for both men and women suggesting that this particular combination of emerging adult behavior and parenting may be maladaptive. Thus, it might not be a question of whether or not helicopter parenting is negative but, instead, for whom it is negative as intrusive parenting may be especially unwarranted in emerging adulthood for certain individuals. Work with younger children has shown that when parents are involved and directive with their children in contexts that merit parental involvement and directedness (i.e., a task needed to be completed), then there are no
negative outcomes for the children. It was found though that when parents started to direct and control children’s behavior in contexts that did not warrant it (i.e., free play) then their children manifested more negative outcomes (Rubin et al., 2002). This work suggests that when parents engage in more intrusive behaviors when they are not needed, or wanted, then problems arise. Whereas shy and avoidant young people may benefit from (or at least not be harmed by) higher parental over-control, unsociable emerging adults may be fully capable of meeting the demands of this developmental period and, thus, parental insertion into their lives is experienced as intrusive or smothering rather than supportive and, as a result, thwarts self-regulation, promotes negative views of the self, and increases depression. Indeed, it appears that, for unsociability experienced in emerging adulthood, helicopter parenting might interfere with adaptive functioning whereas authoritative, supportive parenting might increase adaptive functioning and well-being. In sum, it appears that the appropriate fit between emerging adults’ motivations for withdrawing and approaches to parenting plays a role in the possible outcomes young people experience in the third decade of life.

**Future Work and Limitations**

Despite addressing an area of need in terms of the existing literature on the intersections of social withdrawal and parenting in emerging adulthood, this study has limitations that should be considered. First, all data used within this study were cross-sectional. Though the discussion section discussed results in a manner that suggested causality (i.e., social withdrawal and parenting predicted internalizing outcomes), the cross-sectional data prevents determining the actual directionality. There is a need for longitudinal data to examine the directional (and bi-directional effects) in the relationships between withdrawn behaviors, parenting, and internalizing problems.
Another limitation of this study is that the sample consisted entirely of university students from the United States. Thus, results may be influenced by those who live in the unique college environment and may not be generalizable to all emerging adults. A future investigation would benefit from including emerging adults in other situations to be confident in the generalizability of findings. Additionally, though previous research suggests that self-reports of parenting style are reflective of parenting practices (Deal, Halverson, & Wampler, 1999), it has also been suggested that parents’ perceptions of others’ style such as spouse may be a more accurate indicator compared to self-reported parenting style (Winsler, Madigan, & Aquilino, 2005). Including father’s perspectives in the future would be beneficial.

A third limitation to consider is reliability of the unsociability scale considering the omega reliability and factor loadings of the items that make this scale. The omega reliability of this scale was minimally acceptable at .6. One item on this scale (i.e., I don’t really mind spending time alone) had a factor loading of .3, indicating poor fit to the scale. Though this item was shown to fit the unsociability construct in previous work (i.e., Nelson, 2013), the poor reliability of the scale in this study prompted further investigation into the overall construct of social withdrawal and the potential for items to be combined in such ways that provided better fit to the data. As discussed in the results section, the three factor model (shyness, social avoidance, and unsociability) provided the best fit. The significant chi-square difference between the baseline three factor model and constructs-combined models indicated that the three factor model fits the data best and implies the constructs are well-distinguished in the measurement. However, in light of this measurement limitation, results stemming from the unsociability construct (i.e., the interaction effects) should be viewed with caution. Future work
could benefit by confirming the subtypes of withdrawal stand as unique and distinguishable constructs across different data sets.

Finally, as with other work (Bates & Pettit, 2007), this study found that both social withdrawal and parenting independently predicted emerging adults’ adjustment; however, the evidence for their additive prediction is not as impressive as each considered separately. To more fully understand emerging adults’ adjustment, it is important for future work to consider further how their characteristics (i.e., shyness) fit with their social environment (Thomas et al., 1968) and also how their social environment (i.e., parents) fits with their characteristics. Parents may respond differently to particular temperaments just as emerging adults may respond differently to different parenting (Bates & Pettit, 2007). Basic correlations from this study indicated that all three types of social withdrawal were negatively associated with authoritative parenting and positively associated with helicopter parenting, albeit the correlations were small. Future research could expand on this notion of child temperament/personality eliciting certain parenting approaches and behaviors.

Conclusion

Despite these limitations, this study was an important first step in understanding how parental behaviors might moderate the associations between different types of social withdrawal and indices of adjustment and maladjustment such as depression, emotional dysregulation, and self-worth among emerging adult males and females. Although few in number, the results make several notable contributions to the field. First, in support of past work (e.g., Nelson, 2013), this study indicates that negative outcomes exist for shyness and social avoidance in emerging adulthood regardless of the parenting approach employed. Second, gender plays a complex role in the link between withdrawal and maladjustment in emerging adulthood. Finally, findings
underscore the importance of “fit” between emerging adults’ tendencies towards solitude and various types of parenting. Specifically, results show that unsociability appears to be relatively benign in general, but in the presence of helicopter parenting it is linked to indices of maladjustment but in the presence of authoritative parenting it is linked to indices of adjustment. Taken together, these findings lay the foundation for the exploration of additional ways that parents may either support or hinder socially withdrawn young men and women as they navigate the third decade of life.
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## Appendices

### Table 1. Bivariate Correlations, Means, and Standard Deviations of Study Variables

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<tr>
<td>Shyness</td>
<td>1</td>
<td>.23**</td>
<td>.38**</td>
<td>.59**</td>
<td>.35**</td>
<td>-.57**</td>
<td>.20</td>
<td>-.18**</td>
</tr>
<tr>
<td>Avoidance</td>
<td>.55**</td>
<td>1</td>
<td>.59**</td>
<td>.10</td>
<td>.16*</td>
<td>-.28**</td>
<td>.07</td>
<td>-.25**</td>
</tr>
<tr>
<td>Un sociability</td>
<td>.57**</td>
<td>.81**</td>
<td>1</td>
<td>.18**</td>
<td>.16*</td>
<td>-.29**</td>
<td>-.02</td>
<td>-.08</td>
</tr>
<tr>
<td>Depression</td>
<td>.34**</td>
<td>.30**</td>
<td>.23**</td>
<td>1</td>
<td>.54**</td>
<td>-.73**</td>
<td>-.00</td>
<td>.17**</td>
</tr>
<tr>
<td>Dysregulation</td>
<td>.25**</td>
<td>.23**</td>
<td>.13**</td>
<td>.47**</td>
<td>1</td>
<td>-.67**</td>
<td>.12</td>
<td>-.16*</td>
</tr>
<tr>
<td>Self-Worth</td>
<td>-.50**</td>
<td>-.30**</td>
<td>-.30**</td>
<td>-.74**</td>
<td>-.50**</td>
<td>1</td>
<td>-.05</td>
<td>.23**</td>
</tr>
<tr>
<td>Helicopter</td>
<td>.14**</td>
<td>.12**</td>
<td>.14**</td>
<td>.04</td>
<td>.02</td>
<td>-.09*</td>
<td>1</td>
<td>-.24**</td>
</tr>
<tr>
<td>Authoritative</td>
<td>-.24**</td>
<td>-.20**</td>
<td>-.13**</td>
<td>-.22**</td>
<td>-.21**</td>
<td>.33**</td>
<td>-.24**</td>
<td>1</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>2.81(1.04)</td>
<td>2.32(.70)</td>
<td>3.19(.69)</td>
<td>1.54(.41)</td>
<td>2.24(85)</td>
<td>3.17(67)</td>
<td>2.27(90)</td>
<td>5.91(.76)</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>2.77(1.02)</td>
<td>2.22(.67)</td>
<td>3.19(.67)</td>
<td>1.58(.37)</td>
<td>2.21(.75)</td>
<td>3.33(.54)</td>
<td>2.10(.75)</td>
<td>6.18(.64)</td>
</tr>
</tbody>
</table>

Note: Males above the diagonal and females below the diagonal for correlations. *p < 0.05 **p < .01
Table 2. *Factor Loadings and Reliability of Study Variables*

<table>
<thead>
<tr>
<th>Variables</th>
<th>Measurement items</th>
<th>Factor Loadings Male</th>
<th>Factor Loadings Female</th>
<th>Reliability (ω) M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shyness</td>
<td>I tend to be shy.</td>
<td>.83</td>
<td>.80</td>
<td>.94</td>
<td>.93</td>
</tr>
<tr>
<td></td>
<td>I’d like to hang out with other people, but I’m sometimes nervous to.</td>
<td>.80</td>
<td>.75</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Although I desire to talk to and be with other people, I feel nervous about interacting with them.</td>
<td>.93</td>
<td>.92</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I feel tense in social situations.</td>
<td>.92</td>
<td>.94</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes I turn down chances to hang out with other people because I feel too shy.</td>
<td>.76</td>
<td>.74</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I feel nervous at parties and other social settings.</td>
<td>.83</td>
<td>.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avoidant</td>
<td>When given the choice, I prefer to do something with others than to be alone. (reversed)</td>
<td>.72</td>
<td>.64</td>
<td>.87</td>
<td>.73</td>
</tr>
<tr>
<td></td>
<td>I prefer working with others rather than alone. (reversed)</td>
<td>.60</td>
<td>.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I am the happiest when I am hanging out with other people. (reversed)</td>
<td>.89</td>
<td>.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I like to be with people. (reversed)</td>
<td>.95</td>
<td>.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsociable</td>
<td>I don’t really mind spending time alone.</td>
<td>.28</td>
<td>.31</td>
<td>.64</td>
<td>.61</td>
</tr>
<tr>
<td></td>
<td>I don’t have a strong need to be with other people.</td>
<td>.53</td>
<td>.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I like spending time alone more than I like spending time with other people.</td>
<td>.95</td>
<td>.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>I felt depressed.</td>
<td>.91</td>
<td>.92</td>
<td>.93</td>
<td>.87</td>
</tr>
<tr>
<td></td>
<td>I felt lonely.</td>
<td>.83</td>
<td>.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I felt sad.</td>
<td>.95</td>
<td>.85</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysregulation</td>
<td>I have difficulty controlling my temper.</td>
<td>.88</td>
<td>.80</td>
<td>.88</td>
<td>.85</td>
</tr>
<tr>
<td></td>
<td>I get so frustrated I am ready to explode.</td>
<td>.92</td>
<td>.83</td>
<td></td>
<td></td>
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<tr>
<td>Item</td>
<td>Self-Worth</td>
<td>Helicopter</td>
<td>Authoritative</td>
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<td></td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
<td>------------</td>
<td>---------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I get upset easily.</td>
<td>0.81</td>
<td>0.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Often I am afraid I will lose control over my feelings.</td>
<td>0.76</td>
<td>0.77</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I slam doors when I am mad.</td>
<td>0.41</td>
<td>0.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I like the kind of person I am.</td>
<td>0.85</td>
<td>0.86</td>
<td>0.93 0.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am often disappointed with myself. (reversed)</td>
<td>0.88</td>
<td>0.76</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often don’t like myself as a person. (reversed)</td>
<td>0.92</td>
<td>0.87</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would really rather be different. (reversed)</td>
<td>0.76</td>
<td>0.70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am happy being the way I am. (reversed)</td>
<td>0.84</td>
<td>0.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I make important decisions for my child (e.g., where she/he lives, work, what classes he/she takes)</td>
<td>0.76</td>
<td>0.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I intervene for my child in settling disputes with roommates or friends.</td>
<td>0.69</td>
<td>0.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I intervene for my child in solving problems with employers or professors.</td>
<td>0.90</td>
<td>0.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I solve any crisis my child might have.</td>
<td>0.73</td>
<td>0.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I look for jobs or try to find opportunities for my child (e.g., internships, study abroad).</td>
<td>0.51</td>
<td>0.91</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know how my child feels about things.</td>
<td>0.76</td>
<td>0.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I, whenever possible, allow my child to choose what to do.</td>
<td>0.69</td>
<td>0.93</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I listen to my child’s opinion or perspective when he/she has a problem.</td>
<td>0.82</td>
<td>0.93</td>
<td></td>
<td></td>
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<tr>
<td>I allow my child to decide things for him/herself.</td>
<td>0.74</td>
<td>0.93</td>
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<tr>
<td>I find time to talk with my child.</td>
<td>0.77</td>
<td>0.93</td>
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<tr>
<td>I often am too busy to attend to my child. (reversed)</td>
<td>0.58</td>
<td>0.93</td>
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<tr>
<td>I am not very involved with my child’s concerns. (reversed)</td>
<td>0.56</td>
<td>0.93</td>
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<tr>
<td>I accept my child and like him/her as he/she is.</td>
<td>0.78</td>
<td>0.93</td>
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I clearly convey my love for my child.  .77
I make my child feel very special.  .76
I am typically happy to see my child.  .73
I am usually willing to consider things from my child’s point of view.  .74
I put time and energy into helping my child.  .75
I help my child choose his/her own direction.  .52
Table 3. Standardized Coefficients for Significant Main Effects and Interaction Effects

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
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<tr>
<td></td>
<td>Depression</td>
<td>Dysregulation</td>
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<td>Direct Effects Model w. Equality Constraints</td>
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<tr>
<td>Shyness</td>
<td>.611**</td>
<td>.372**</td>
</tr>
<tr>
<td>Avoidance</td>
<td>-.071</td>
<td>.062</td>
</tr>
<tr>
<td>Unsociability</td>
<td>-.079*</td>
<td>-.118**</td>
</tr>
<tr>
<td>Helicopter Parenting</td>
<td>-.039</td>
<td>-.008</td>
</tr>
<tr>
<td>Authoritative Parenting</td>
<td>-.119***</td>
<td>-.12</td>
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<tr>
<td>Interaction Effects Model 1 (Unsociability by Helicopter)</td>
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<tr>
<td>Shyness</td>
<td>.610***</td>
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<td>Avoidance</td>
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<tr>
<td>Unsociability</td>
<td>-.076*</td>
<td>-.116**</td>
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<tr>
<td>Helicopter</td>
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<td>-.004</td>
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<tr>
<td>Authoritative</td>
<td>-.115**</td>
<td>-.117*</td>
</tr>
<tr>
<td>Helicopter X Authoritative</td>
<td>-.033</td>
<td>-.064*</td>
</tr>
</tbody>
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*p = .05, **p = .01, *** p < .001
Figure 1. Model of direct effects of social withdrawal and parenting on internalizing problems as moderated by the interactions of social withdrawal subtypes and parenting for males and females.
Figure 2. Interaction Effect of Unsociability and Authoritative Parenting on Dysregulation for Males
Figure 3. Interaction Effect of Unsociability and Authoritative Parenting on Self Worth for Males
Figure 4. Interaction Effect of Unsociability and Helicopter Parenting on Depression for Males
Figure 5. Interaction Effect of Unsociability and Authoritative Parenting on Dysregulation for Females
Figure 6. Interaction Effect of Unsociability and Authoritative Parenting on Self Worth for Females
Figure 7. Interaction Effect of Unsociability and Helicopter Parenting on Depression for Females
Comprehensive Literature Review


There is a great deal of individual variation in the paths that young people take as they mature and develop throughout the third decade of life. Culture, socio-economic status, and individual characteristics shape expectations and opportunities that impact individuals during this period of time (Bowker, Nelson, Markovic, & Luster, 2014). Because of this individual variance, no one theory captures all developmental pathways out of adolescence and through the third decade of life. However, emerging adulthood theory (Arnett, 2000) is useful in capturing some of the unique aspects of this time period. This theory will provide the foundation for understanding the potential impacts of social withdrawal during this period of development (Bowker et al., 2013).

In 2000, Arnett proposed a theory of a new developmental period beginning in the late teens and continuing through the mid-twenties called emerging adulthood. This developmental period is characterized by profound change and importance in the lives of young people in industrialized countries, where marriage and parenthood are typically postponed until after schooling has concluded (Arnett, 2000, 2010). Five features have been outlined as important facets of emerging adulthood (Arnett, 2004). First, it is an age of feeling in-between, wherein the majority of Americans in their late teens to early twenties characterize themselves as reaching adulthood in some respects but not others. Second, it is an age of possibilities as most emerging adults report feeling optimistic about their futures. Despite the number of possible hurdles in emerging adulthood, nearly 96% of 18-24 year olds reported that they would achieve their personal expectations for the future (Hornblower, 1997), and nearly nine out of ten are confident that they will eventually get what they want out of life (Clark University, 2012). Third, it is an...
age of instability, as emerging adults experience many changes in their work, study, and relationships. Fourth, it is an age of identity exploration. Intra- and inter-personal exploration in love, work, and worldview is at an all-time high. “Explorations in love become more intimate and serious” in emerging adulthood and require a deeper focus on the potential for intimacy (Arnett, 2000). Emerging adults are also able to try out a number of different jobs to discover what they really want in a long-term, satisfying adult career. Finally, it is a self-focused age of life because emerging adults are free from many of the obligations that shift focus away from learning about who they truly are and what they want from life.

Though there is individual variance in emerging adulthood, each of the five features detailed above (i.e., feeling in-between, possibilities, instability, exploration, and self-focus) may be struggling points for socially withdrawn emerging adults. Emerging adults are expected to engage in a variety of novel and social interactions (e.g., dating, hanging out, work environments, apartments/dorms, classrooms; Bowker et al., 2014). It is likely that social withdrawal will hamper emerging adults’ participation and success in these social situations and may also influence how they feel about themselves. Therefore, the study of social withdrawal in emerging adulthood is deserving of more empirical attention.

Social Withdrawal

To begin, it is important to understand how social withdrawal (in all its various forms, a topic addressed below) has been conceptualized in childhood and how the construct carries through to emerging adulthood. Social withdrawal has been defined as a consistent display of solitary behavior across both familiar and unfamiliar social situations (Burgess, Rubin, Cheah, & Nelson, 2001). Simply put, social withdrawal entails individuals actively isolating or withdrawing themselves from social interaction. The study of solitary behaviors throughout the
developmental life span has included numerous constructs such as behavioral inhibition, reticence, shyness, avoidance, and unsociability, all of which fall under a larger umbrella term “social withdrawal” (Nelson, 2013; Rubin, Coplan, & Bowker, 2009). Often these terms have been used interchangeably leading to inconsistencies in both definition and assessment (Rubin et al., 2009). However, scholars have begun to deconstruct social withdrawal into psychologically meaningful, consistent, and distinct subtypes based on underlying motivations (i.e., approach-avoidance) for withdrawal (e.g., Asendorpf, 1990; Nelson, 2013; Rubin & Asendorpf, 1993; Rubin & Coplan, 2004; Rubin et al., 2009). Therefore, utilizing an approach-avoidance conceptual model (Asendorpf, 1990, 1993) may provide a helpful framework for understanding the subtypes of social withdrawal.

Asendorpf (1990) suggested that social withdrawal may be the result of two relatively independent motivational drives: social approach and social avoidance. Using this framework, Asendorpf identified three sub-groups of socially withdrawn children, which he labeled shy, unsociable, and avoidant based on their approach-avoidance tendencies. According to Asendorpf and others, shyness is characterized by an approach-avoidance conflict, wherein a high social approach motivation is coupled with a high social avoidance motivation (Coplan, Prakash, O’Neil, & Armer, 2004; Rubin & Coplan, 2004). Thus, shy individuals want to engage in peer interaction but are hampered by the wariness, fear, and anxiety they experience (Rubin & Burgess, 2001). Second, unsociability is defined by a low social approach motivation coupled with a low social avoidance motivation (Asendorpf, 1990, 1993). Unsociable individuals appear to neither oppose nor desire peer interaction and thus appear to be quite comfortable in their solitude. Finally, avoidance is characterized by low social approach and high social avoidance
motivations (Asendorpf, 1990, 1993). Individuals who are avoidant purposefully withdraw from and avoid social interaction.

This approach-avoidance model has been useful in determining how shyness, unsociability, and avoidance are related but unique dimensions of withdrawal in childhood, adolescence, and emerging adulthood (Bowker & Raja, 2011; Coplan & Weeks, 2010; Coplan, Rose-Krasnor, Weeks, Kingsbury, Kingsbury, & Bullock, 2012; Nelson, 2013). It is important that scholarly work in emerging adulthood differentiates between those who want to interact with others but are too fearful or wary to do so (i.e., shy, high approach and high avoidance motivation), those who are not afraid to interact but simply do not desire to initiate social interaction (i.e., unsocial, low avoidance and low approach motivation), and finally, those who actively avoid social interaction (i.e., avoidant, high avoidance motivation and low approach motivation). Unfortunately, to date, little work has examined the correlates and outcomes of each form of social withdrawal during this particular developmental period, emerging adulthood.

**Shyness, Unsociability, and Avoidance**

**Shyness.** Following the approach-avoidance conceptual model, *shyness* may best be defined as an internal conflict between the desire for and the avoidance of social interaction. Shyness is the most often studied form of social withdrawal and is characterized by socially wary behaviors and anxiety in the face of novel social situations and perceived social evaluation (Rubin, Burgess, & Hastings, 2002; Rubin & Coplan, 2004). Many researchers believe that childhood shyness has its roots in the biological components of temperament that predispose some to be fearful and anxious in response to novel or social situations (Coplan et al., 2004; Garcia-Coll, Kagan, & Reznick, 1984; Kagan, Snideman, & Arcus, 1998). Biological and physiological reactions may lead some children to withdraw from social interaction as a way to
reduce fear and anxiety. Others suggest that self-consciousness may play an additional role in later shyness (Leary, 2001; Leary & Schlenker, 1981).

A number of researchers have linked shyness to various indices of maladjustment, especially of an internalizing nature, across the life span (Coplan & Armer, 2007). For example, in preschool and kindergarten, shyness is linked to poor social competence, low self-esteem and high anxiety (Coplan & Armer, 2007; Coplan & Prakash, 2003; Coplan, Findlay, & Nelson, 2004). When compared to their non-withdrawn peers, shy preschool children display higher levels of anxiety, lower levels of self-worth, and have more internalizing problems (e.g., Coplan et al., 2004; Rubin, 1982; Stevenson-Hinde & Glover, 1996). In elementary grades, these same children suffer from peer rejection, isolation, and poor academics (Coplan, Gavinski-Molina, Lagace-Sequin, & Wichmann, 2001; Coplan & Prakash, 2003; Hart, Yang, Nelson, Robinson, Olsen, & Nelson, et al., 2000). As they enter middle and late childhood, shy children continue to suffer with peer rejection, low self-esteem, and internalizing problems such as depression and anxiety (Boivin, Hymel, & Bukowski, 1995; Hanish & Guerra, 2000; Hymel, Bowker, & Woody, 1993; Rubin 1993). In adolescence, similar outcomes are found including loneliness, depression, anxiety, and low self-esteem (Rubin, Chen, McDougall, Bowker, & McKinnon, 1995). Further, extremely shy children are at increased risk for anxiety disorders in later developmental periods (e.g., Kagan, Snidman, Zentner, & Peterson, 1999; Schwartz, Snidman, & Kagan, 1999). These findings support the notion that shy children and adolescents strongly desire peer interaction and they experience high levels of loneliness when this need goes unmet.

Scholars have reported similar outcomes for shy emerging adults. For example, Barry and colleagues found that compared to their non-shy peers, shy emerging adults appear to struggle with both identity exploration and achievement (Barry, Nelson, & Christofferson, 2013).
They also struggle more academically (Hojat, Vogel, Zeleznik, & Borenstein, 1988) and engage in less career exploration (Hamer & Bruch, 1997). Nelson et al. (2008) and Mounts, Valentiner, Anderson, and Boswell (2006) found that shy emerging adults reported higher levels of depression, anxiety, and loneliness, lower levels of self-worth, and perceived themselves more negatively in social acceptance than their non-shy peers. Further, Bell, Jasnoski, Kagan, and King (1990) found that extremely shy young adults are likely to be more depressed and fearful than their non-shy peers. Schmidt and Fox (1995) found similar results in their young adult sample, wherein the high-shy reported more depression, loneliness, fearfulness, social anxiety, neuroticism, inhibition, and less self-esteem than their low-shy counterparts. Neto (2001) found that shyness was negatively associated with happiness.

It is also important to note the possible gender differences regarding shyness. Earlier work found that shy boys are more likely to suffer from negative outcomes than shy girls (Caspi, 2000; Caspi et al., 1988; Kerr, Lambert, & Bem, 1996). However, more recent research has found few gender differences in middle childhood (Coplan & Weeks, 2010) and emerging adulthood outcomes (Nelson et al., 2008; Nelson, 2013). Specifically, earlier work found that shy boys were more likely to delay entry into marriage, parenthood, and stable careers (Caspi et al., 1988; Kerr et al., 1996). On the other hand, shy women were more likely to follow a traditional pattern of marriage, childbearing, and homemaking (Caspi et al., 1988). It has been suggested that shy women may have been more likely to follow this conventional pattern because their shyness inhibited them from pursuing other opportunities (Nelson et al., 2008). However, Caspi, Caspi et al., and Kerr et al. studied birth cohorts from the 1920’s through the 1970’s and trends have drastically changed over the past few decades (McLanahan, 2004). It is possible that the few gender differences seen by Nelson et al. (2008) and Nelson (2013) were a
reflection of these changed expectations. In generations past, it was expected that children would leave home, set up their own households, get married, and have children (Whitehead & Popenoe, 2002). Today, emerging adults are delaying marriage and parenthood (Carroll, Willoughby, Badger, Nelson, Madsen, & Barry, 2007; Jamison & Ganong, 2011). Women are more likely to initiate dating or hanging out (Arnett, 2004). More men and women are seeking college educations (Arnett, 2000; Carroll et al., 2007). In fact, women today are more likely to obtain college degrees and to enroll in graduate school than men (Diprete & Buchmann, 2013). These changing dynamics may be bridging the gap between expectations for men and women in emerging adulthood. Thus I expect shyness to impact both men and women more equally in today’s world as they are both expected to take a more equal role in initiating romantic relationships, furthering their educations, and securing employment. Therefore, either men or women who struggle to do these things due to fear and anxiety may experience problematic outcomes.

Taken together, the implications of shyness appear to be relatively well-defined. Many studies have found shy individuals are “at risk” for a number of poor outcomes throughout the life span. However, not all who are shy are maladjusted (e.g., Arcus, 2001; Wachs & Kohnstamm, 2001). This has led researchers to begin exploring protective factors and potential moderating variables between shyness and adjustment. Parenting is one such variable that has been investigated in relation to shyness in childhood (e.g., Rubin, Nelson, Hastings, & Asendorpf, 1999); however, it is not known how overall approaches to parenting may influence the outcomes experienced by emerging adults who display shy behaviors. Thus, there remains much to be learned about how parenting may alter the life pathways those who are shy.
**Unsociability.** Second, using the approach-avoidance model, a non-fearful preference for solitude has been labeled *unsociability or social disinterest* in childhood, adolescence, and emerging adulthood (i.e., low-social approach and low-social avoidance) (e.g., Asendorpf, 1993; Bowker & Raja, 2011; Coplan et al., 2004; Nelson, 2013; Rubin et al., 2009). Unsociable individuals are not strongly averse to or fearful of social interaction with peers; however, they also do not appear to have a desire to initiate social interaction (Asendorpf, 1990; Coplan et al., 2004; Nelson, 2013; Rubin, Coplan, Fox, and Calkins, 1995; Rubin & Coplan, 2004). If called upon, unsociable individuals are competently capable of participating in social situations (Asendorpf, 1993). As such, some have suggested that unsociability may be less detrimental than shyness (Coplan & Weeks, 2010).

Indeed, results from several studies have found few associations between unsociability and internalizing problems (e.g., Asendorpf & Meier, 1993; Coplan, Wilson, Frohlick, & Zelenski, 2006; Harrist, Zaia, Bates, Dodge, & Pettit, 1997). Harrist et al. (1997) found that though unsociable children engaged in less social interaction with their peers, they were otherwise indistinguishable from their non-withdrawn peers on a number of social and social-cognitive variables. Unsociable children were not found to experience more internalizing problems, anxiety, or loneliness than comparison peers (Coplan & Weeks, 2010). The fact that these children do not experience increased loneliness suggests that they do indeed prefer to be alone. Unsociable children may spend less time engaged in peer conversation than sociable children; however, overall both groups appeared to engage in similar levels of verbal participation in regular conversations (Asendorpf & Meier, 1993). Rubin and Asendorpf (1993) found that unsociable children were competent in social interactions when they chose to participate. However, it is important to note that unsociable children were deemed less attractive
playmates and liked less than other children (Coplan, Girardi, Findlay, & Frohllick, 2007). Unsociability was also associated with peer rejection in young adolescents (Bowker et al., 2012; Bowker & Raja, 2011). Still, there appear to be fewer negative consequences of unsociability than shyness across development (see, Coplan & Weeks, 2010; Wang et al., 2013).

Overall, unsociability is assumed to be relatively benign in the early years (Rubin & Asendorpf, 1993). Because solitude appears to become more salient and normative in later developmental periods (i.e., adolescence and emerging adulthood), these individuals may experience fewer indices of maladjustment (Coplan & Weeks, 2010). It is possible that the positive benefits of solitude in later adolescence and early adulthood may negate the maladaptive features of unsociability (Burke, 1991; Larson, 1997; Long & Averill, 2003; Long, Seburn, Averill, & More, 2003; Wang et al., 2013). In support of this notion, Nelson (2013) found that unsociable emerging adults did not differ from a control group on any internalizing or relationship outcomes with the exception of depression. Some researchers have found evidence that unsociability may have more negative outcomes for boys than girls (Spangler & Gazelle, 2009) whereas others found few gender differences in middle childhood (Coplan & Weeks, 2010) or emerging adults’ outcomes (Nelson, 2013). Overall, this form of social withdrawal appears to be fairly benign however the lack of research on unsociability in emerging adulthood warrants additional exploration.

Avoidance. Finally, using the approach-avoidance motivation as a guiding framework, avoidance, has been determined as a third subtype of social withdrawal in emerging adulthood (i.e., low-social approach coupled with high-social avoidance, Asendorpf, 1990). Avoidant individuals appear to seek solitude while actively avoiding social interaction. Although Asendorpf (1990) suggested that avoidant individuals would be particularly at risk for social and
emotional maladaptation, this group of individuals remain the least studied (Coplan & Armer, 2007). Though the basis of social avoidance is unknown, a few researchers have suggested that it is actually a manifestation of extreme fearful shyness (Coplan & Armer, 2007; Schmidt & Fox, 1999). This fear may have a physiological basis that contributes to low-social approach and high-social avoidance motivation (Coplan & Armer, 2007).

Coplan et al. (2006) found that avoidant children had the highest levels of negative affect and depressive symptoms along with the lowest levels of positive affect and overall well-being when compared with other children. Children who avoid social interaction may be at risk for social isolation during the critical years of adolescence, when their self-exclusion from peers further denies opportunities to experience the benefits of positive social interactions with others (Rubin, Bukowski, & Parker, 1998). The consequences of this social isolation may result in social incompetence and predict peer rejection (Rubin, 1993). Biovin and Hymel (1997) suggested that self-recognition of social incompetence and peer rejection may cause negative self-regard, which has been associated with increased feelings of loneliness, low self-worth, and depression. Bowker and colleagues found that avoidant young adolescents do suffer from peer rejection (Bowker et al., 2012; Bowker & Raja, 2011). Numerous researchers have linked peer rejection with several indices of maladjustment including depression, loneliness, poor self-concept, and psychopathology (see, McDougall, Hymel, Vaillancourt, & Mercer, 2001, for a review). Nelson (2013) identified similar findings in emerging adulthood. Specifically, Nelson found that avoidant emerging adults reported more internalizing problems including lower self-worth, depression, emotional dysregulation, self-harm and suicidal ideations than the control group.
In sum, these studies suggest that social avoidance may be a serious risk factor for emerging adults. Social avoidance may actually be more problematic during this stage of development than any other because emerging adults are expected to seek out novel experiences in the development of the self (Arnett 2000, 2004). Social avoidance may thwart exploration of these developmentally important areas. However, it is likely that not all emerging adults who exhibit socially avoidant behaviors suffer equally from internalizing problems. I propose that parenting may serve as a risk (i.e., exacerbating) or protective (i.e., buffering) factor for these individuals, which is discussed in detail below.

**The Role of Parenting**

Thus far, this review has demonstrated how social withdrawal might impact individuals at different stages of development, especially emerging adulthood. Though research has linked the subtypes of social withdrawal with internalizing difficulties, not all shy, unsociable, or avoidant individuals will suffer from maladaptive outcomes. It has been suggested that withdrawn behavior may be exacerbated or ameliorated through environmental influences such as parenting (Burgess et al., 2001). Parenting style has been defined as a socialization approach to raising children through which parents teach social skills and accepted norms, values, and behaviors (Deci, Eghari, Patrick, & Leone, 1994; Deci & Ryan, 1995). It is the overall set of parenting attitudes, goals, and patterns of parenting behaviors that set the stage for parent-child interactions (Wood, McLeod, Sigman, Hwang, & Chu, 2003). Parenting style likely influences children’s social competence and adjustment via processes commonly known as socialization, ‘‘...whereby children acquire the habits, values, goals, and knowledge that will enable them to function satisfactorily when they become adult members of society’’ (Maccoby, 1980, p. v).
Darling and Steinberg (1993) suggest that parenting style may alter the efficacy of the parent’s socialization efforts and thereby, may moderate specific child developmental outcomes.

Much research has focused on the influence of parenting approaches and style in child and adolescent development, however, less work has focused on the continued and current influence of parenting in emerging adulthood. Though emerging adulthood is commonly thought of as a time when parents have less influence on their children, research has suggested that most emerging adults are still quite connected with their parents and that this relationship remains influential in emerging adult lives (Aquilino, 1997; Pagano, Hirsch, Deutsch, & McAdams, 2002; Simpson, 2001; Steinberg & Sheffield Morris, 2001). Many emerging adults and their parents report frequent communication via cell phone, text messaging, email, and social networking, and this “electronic tether” has been regarded as one such vehicle for maintaining parental influence during emerging adulthood (Hofer, Souder, Kennedy, Fullman, & Hurd, 2009). This work suggests the capacity for parental influence even during this time of growing autonomy. As McKinney and Renk (2008) suggest, parenting may function as a moderator to facilitate or impede adjustment for young individuals in this transitional developmental period.

Two theories, goodness-of-fit and self-determination, provide frameworks for understanding the potential interaction between parenting approach and subtypes of social withdrawal. First, goodness-of-fit theory (Thomas & Chess, 1977; Thomas, Chess & Birch, 1968) suggests that adaptive and maladaptive outcomes are determined by the match between an individual’s temperament and the demands of specific contexts such as parenting (Rothbart & Putnam, 2002; Sanson & Rothbart, 1995). “Simply defined, goodness of fit results when the child’s capacities, motivations and temperament are adequate to master the demands, expectations, and opportunities of the environment” (Chess & Thomas, 1989, p. 380).
Essentially, different approaches to parenting will fit different children and development may be optimized when parenting is sensitive to the child’s temperamental characteristics (Sanson & Rothbart, 1995). Thus, the ability to assess a child’s needs and parent accordingly is a key predictor of child outcomes (Barber, Olsen, & Shagle, 1994; Grolnick & Ryan, 1989; Pomerantz, Moorman, & Litwack, 2007).

I propose that approaches to parenting may have a profound influence on child outcomes and that certain styles may provide a particularly “bad” or “good” fit for emerging adults who are socially withdrawn (i.e., shy, avoidant, unsocial). Though all research on parenting and shyness (see, Rubin & Burgess, 2002; Coplan, Arbeau, & Armer, 2008) was conducted on young children, this work provides a foundation for understanding how the two might also interact in emerging adulthood. Much of this research in childhood focused on “over-protective” parenting. Overprotective parents tend to micromanage, restrict and direct child behaviors, and discourage child independence (Rubin et al., 2007). This type of parenting is believed to undermine the development and practice of coping strategies that are necessary for shy children and thus, overprotective parenting may actually serve to maintain or exacerbate social wariness (Rubin & Burgess, 2002). On the other hand, authoritative parenting encourages age-appropriate autonomy coupled with high levels of warmth and involvement (Baumrind, 1971). This style of parenting is often regarded as advantageous for children (e.g., Lamborn, Mounts, Steinberg, & Dornbusch, 1991) and it may be particularly beneficial in terms of socialization for those who exhibit shy and socially avoidant behaviors. Specifically, autonomy support has been found to promote self-regulation and increase social and emotional competence (Grolnick & Ryan, 1989). It is possible that all who exhibit socially withdrawn behaviors may benefit greatly by learning to
self-regulate, thereby increasing their social and emotional competence and their confidence to overcome difficult situations on their own.

Second, self-determination theory (Deci & Ryan, 2000; Ryan & Deci, 2000; Deci & Ryan, 2008) may help to explain how overly controlling parenting may lead to negative outcomes or, conversely, how autonomy-granting parenting facilitates positive outcomes (Deci & Ryan, 2000). Self-determination theory posits that individuals need to feel competent, autonomous, and connected to others in order to function optimally (Deci & Ryan, 2000). Thus, this theory argues that environments that facilitate the meeting of these three basic needs will yield the most positive psychological, developmental, and behavioral outcomes (Ryan & Deci, 2000). In contrast, social contexts that thwart satisfaction of these needs will have negative effects on a variety of indices of well-being (Deci & Ryan, 2008). Autonomy granting and allowing freedom from parental constraint may allow emerging adults to engage in competence-developing activities, thus enhancing their skill set and sense of self-efficacy. Furthermore, granting autonomy also intimates that parents believe their child is capable of managing situations, which has further consequences for the emerging adult’s sense of efficacy and ability. On the other hand, parental over-control may reduce an emerging adult’s sense of autonomy and competence, thus undermining success in emerging adulthood.

Taken together, these theories suggest that parenting may play a particularly important role in the lives of socially withdrawn emerging adults. Indeed, as noted previously, emerging adulthood is a time marked by a number of new experiences that must be navigated. Many of these experiences, such as securing employment, attending college, dating, and having roommates require social interaction and social skills. An individual who exhibits socially withdrawn behaviors is likely struggling in or withdrawing from such encounters. However,
parental interventions that involve “taking over” may exacerbate shyness and social avoidance because the child is denied opportunities to practice social skills and self-regulation (Hastings & Rubin, 1999). On the other hand, autonomy-granting parents may bolster feelings of confidence that are necessary to succeed by encouraging their children to take an active part in solving their own problems (Grolnick, Ryan, & Deci, 1991). Unfortunately, little empirical work has been done to examine the veracity of these conceptual and theoretical notions in emerging adulthood. However, there is a growing amount of empirical evidence regarding over-controlling parenting and social withdrawal in childhood and adolescence, as well as emerging work on parenting in emerging adulthood. Indeed, research seems to support the notion that specific parenting approaches (i.e., authoritative, helicopter) in emerging adulthood may exacerbate or enhance functioning, especially related to outcomes of the internalizing nature of socially withdrawn emerging adults.

**Social Withdrawal and Helicopter Parenting**

Emerging adulthood is a time characterized by an increased need for autonomy and as such, parents should adjust their level of involvement and control accordingly (Schiffrin, Liss, Miles-McLean, Geary, Erchull, & Tashner, 2013). However, there is growing concern that parents are not making this adjustment and are continuing to exert a tremendous amount of control over their college-age children. This phenomenon has been labeled “helicopter parenting” in the media, scholarly works, and popular vernacular (Padilla-Walker & Nelson, 2012). Walker and Nelson (2012) believe helicopter parenting in emerging adulthood is akin to overprotective, overinvolved, and “oversolicitous” parenting studied in childhood (see, Hastings et al., 2010). This parenting approach includes intrusive and unnecessary micro-management of a child’s independent activities (Rubin, Hastings, Stewart, Henderson, & Chen, 1997; Walker &
Nelson, 2012). This particular approach has been associated directly with several poor outcomes in young children (e.g., Bayer, Sanson, & Hemphill, 2006; Nelson et al., 2006; Rubin et al., 2002; Rubin et al., 1997; Rubin, Nelson, Hastings, & Asendorpf, 1999). Over-involved parenting has been linked to higher levels of depression and anxiety in children (Gibbs, 2009; Levine, 2006; Marano, 2008). Such over-protective parenting has also been linked to social withdrawal wherein parents may attempt to shield their withdrawn child from difficult or anxiety-inducing situations (e.g., Baumrind, 1971; Coplan et al., 2004; Mills & Rubin, 1998; Rubin, Nelson, Asendorpf, & Hastings, 1999; Rubin, Cheah, & Fox, 2001; Rubin et al., 2002).

Rubin, Coplan, Bowker, and Menzer (2011) suggested that mothers of shy children are “more likely to endorse and practice intrusive, controlling, and overprotective parenting strategies” (p. 9). Not surprisingly, several researchers have linked shy behavior among children with highly controlling, intrusive, and “suffocatingly warm” mothers (Coplan, Arbeau, & Armer, 2008; Rubin et al., 1999; Rubin et al., 1997; Rubin, Burgess, Kennedy, & Stewart, 2003, p. 389).

It has been argued that throughout the lifespan, overprotective parenting might limit the acquisition of social skills because it limits opportunities to practice self-regulation and social competence. Indeed, researchers have found a link between overprotective parenting and negative child outcomes including higher levels of internalizing and externalizing problems (Barber et al. 1994; Grolnick, Kurowski, Dunlap, & Hevey, 2000). Although little research has been done to examine this in emerging adulthood, there is no reason to expect it would be any different in emerging adulthood. Indeed, helicopter parenting might limit young peoples’ development by taking over tasks that emerging adults should be able to manage on their own. Though parental actions may be prompted by genuine concern for their children’s success, helicopter parents act on their concern by taking over tasks that children should be conquering as
they mature. Therefore, these parents may inadvertently stunt exploration and independence by “doing” for their children rather than nurturing the ability of emerging adults to “do” for themselves (LeMoyne & Buchanan, 2011). A lack of independence may also lead to a lack of confidence (Boen, 2007). Not surprisingly, research has shown that emerging adults who claim they have overly involved or helicopter parents report higher levels of depression and anxiety, more negative views of themselves, and feel less competent and able to handle life and its stressors (Bronson & Merryman, 2009; Gibbs, 2009; LeMoyne & Buchanan, 2011; Levine, 2006; Marano, 2008; Schiffrin et al., 2013). Taken together, there is growing conceptual and empirical evidence suggesting that helicopter parenting may exacerbate the link between forms of withdrawal and negative child outcomes.

Social Withdrawal and Authoritative Parenting

In contrast to the possible dangers of helicopter parenting, authoritative parenting is generally considered to be most advantageous for healthy adjustment among children, adolescents, and emerging adults (Baumrind, 1971, 1991; Darling & Steinberg, 1993; Lamborn et al., 1991; Maccoby & Martin, 1983; Nelson et al., 2011; Wood et al., 2003). Authoritative parenting includes high levels of warmth and involvement (Baumrind, 1971, 1991; Karavasilis, Doyle, & Markiewicz, 2003) however, it also allows for age-appropriate autonomy granting and behavioral control. Authoritative parenting is aimed at 1) fostering a close emotional bond between parent and child, 2) providing rules that place fair and consistent limits on child behaviors, and 3) allowing for child autonomy when appropriate (e.g., Baumrind, 1966; Barber & Olsen, 1997; Nucci & Smetana, 1996). This style of parenting allows for children to take an active role in solving their own problems and has been found to lead to better social and emotional adjustment, including less anxiety and depression (Grolnick & Ryan, 1989; Kenney-
Benson & Pomerantz, 2005). Authoritative parenting may benefit well-being by fostering a sense of autonomy and social competence, which are associated with success in Western cultures (Baumrind, 1978; Hart, Newell, & Olsen, 2003). Authoritative parenting is associated with more positive self-perceptions and better mental health (e.g., Clawson & Robila, 2001; Lamborn et al., 1991; Maccoby & Martin, 1983). Others have found that children and adolescents who are raised by authoritative parents are better socially and academically adjusted, less aggressive, and less likely to use drugs. These children and adolescents are also more likely to be accepted by their peers, display good self-control and competent communication, and to be more successful in their academic pursuits (e.g., Hart, Newell, & Frost, 2003; Kochanska & Aksan, 1995).

Despite the numerous findings related to the positive outcomes of authoritative parenting for children generally, there is a paucity of literature regarding authoritative parenting and the relationships it has with shyness, unsociability, and avoidance. Coplan et al. (2004) found a negative association between shyness and maternal authoritative parenting among preschool children. Similarly, Coplan et al. (2007) found that relationships between shyness and indices of maladjustment were weaker when mothers displayed authoritative parenting. Indeed, researchers have found that parents who are sensitive and warm and who encourage independence and peer interaction, can help their children to become less inhibited and gain positive social skills (e.g., Rubin et al., 2001, 2002).

Though these few studies are a good first step to understanding how helicopter and authoritative mothers may influence socially withdrawn children, very little is known about the current influence of parenting in the links between social withdrawal subtypes and internalizing problems in emerging adulthood. There is a need to conduct an examination of how different
parenting approaches might exacerbate or ameliorate internalizing outcomes those who display withdrawn (i.e., shy, unsocial, avoidant) behaviors in emerging adulthood.
Comprehensive Literature Review References


