

## ANXIETY AND DEPRESSION

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# Young Children's Peer Relations: Links with Early Developing Anxiety and Depression

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### Introduction

The peer group represents an important and unique context for the development of a wide range of skills and competencies in early childhood.<sup>1</sup> Simply stated, 'playing with friends' helps young children acquire and practice social (e.g., resolving conflicts), cognitive (e.g., perspective-taking), emotional (self-regulation) and communicative skills that provide foundations for their subsequent development. However, for many young children, the peer group may also represent the first setting where the earliest signs of internalizing problems (such as anxiety and depression) are manifested. In the peer group, anxious children may experience feelings of fear, worry, uneasiness, and self-consciousness. Symptoms of depression in the early childhood peer group may include anhedonia (inability to experience pleasure), excessive guilt, and changes in appetite and activity levels.<sup>2,3,4</sup> Of note, symptoms of anxiety and depression can often co-occur.<sup>5,6</sup>

## **Problems**

Research exploring links between internalizing problems and peer relations in early childhood typically rely on parent and teacher reports, and less frequently on naturalistic observations. Parents and teachers have the advantage of being able to observe children's behaviours across a wide range of time and contexts, but may also bring biases to their responses. Observations potentially provide a more objective perspective, but are typically more limited in their context and are comparatively costly and time consuming. A particular challenge for assessing internalizing problems is their 'covert' nature. That is, many of the emotional and cognitive symptoms of anxiety and depression may not be externally evident and young children may have particular difficulties expressing their inner states.

## **Research Context**

Children's peer relations can be studied at multiple levels.<sup>1</sup> For example, at the level of peer interactions, the focus is on children's prosocial (e.g., sharing, empathy), antisocial (e.g., aggressive) and asocial (e.g., shy-withdrawn) behaviours with peers. Peer relationships typically refer to aspects of mutual friendships (e.g., intimacy, conflict), whereas peer groups pertain to children's experiences within a wider social circle (e.g., rejection, exclusion, victimization).

## **Key Research Questions**

1. Do young children with elevated levels of anxiety and depression behave in characteristic ways with peers? Do peer group behaviours predict the later development of internalizing problems?
2. How do peers behave and respond towards young anxious and depressive children?
3. What is the impact of peer relations on the development of anxiety and depression in childhood? How might peers act as an exacerbating (make things worse) or protective (make things better) factor for young children prone to internalizing problems?

## **Recent Research Results**

### *Social behaviours of anxious and depressive young children*

Results from a growing number of studies suggest that young children prone to internalizing problems display characteristic socially-withdrawn behaviours amongst peers.<sup>7</sup> That is, when

faced with opportunities for social interaction, be it at preschool, playgroup, or on the playground, anxious and depressive children tend to keep to themselves, refrain from talking, and rarely initiate social exchanges with other children. As well, both anxious and depressive young children demonstrate deficits in social skills (e.g., making eye contact, initiating conversational requests) that may further impede their abilities to participate in peer activities.<sup>8,9,10</sup>

Although anxious children might be interested in social interaction, this desire to approach others is often inhibited by social reticence. As a result, they tend to spend more time onlooking (watching other children without joining) and hovering on the edge of social groups.<sup>8,11</sup> There is some evidence to suggest that young depressive children also experience social impairment.<sup>12</sup> For example, children who display greater depressive symptoms are more likely to be rejected by peers.<sup>10</sup> Moreover, deficits in social skills (e.g., social participation, leadership) and peer victimization predict depressive symptoms in childhood.<sup>13,14</sup> There is also substantial longitudinal evidence linking social withdrawal in childhood with the later development of more significant internalizing problems.<sup>15,16,17</sup> For example, Katz and colleagues<sup>18</sup> followed over 700 children from early childhood to young adulthood and described a pathway linking social withdrawal at age 5 years – to social difficulties with peers at age 15 years – to diagnoses of depression at age 20 years.

### *Peer responses to anxious and depressive children*

Even in early childhood, anxious and depressive children tend to experience negative responses from peers. For example, young children who display symptoms of internalizing problems are more likely to be disliked and excluded by peers.<sup>10,16</sup> Both anxiety and depression in early childhood are also associated with peer victimization.<sup>14,19</sup> As well, there is evidence (predominantly with older children) that anxious and depressive children have fewer friends, and that their friendships tend to be of lower quality.<sup>16,20,21,22,23</sup> Furthermore, children tend to select friends with similar levels of anxious or depressive symptoms, which may exacerbate their own social difficulties.<sup>24</sup> Although it has been suggested that symptoms of anxiety and depression can be difficult to detect in childhood,<sup>25</sup> it seems clear that the group behaviours of anxious and depressive children do not go unnoticed by peers. It is likely the behavioural characteristics of anxious and depressive children that evoke more negative responses from peers: social withdrawal and other socially-unskilled behaviours (regardless of whether they arise from feelings of anxiety/depression) are strong predictors of concurrent and subsequent peer rejection and victimization.<sup>10,15,26,27</sup>

## *Impact of peer relations on the development of anxiety and depression*

Being excluded, rejected, and victimized by peers can have long-term negative consequences for young children.<sup>1</sup> In particular, the experience of chronic peer victimization in early childhood can promote the later development of anxiety and depression.<sup>14</sup> Unfortunately, not only are anxious and depressive children more prone to experience problematic peer relations, they also appear to be particularly vulnerable to the negative impact of these experiences.<sup>28,29,30</sup> For example, Gazelle and Ladd<sup>31</sup> found that kindergarten children displaying early signs of anxiety who were also excluded by peers were more likely to remain anxious and develop depressive symptoms through the 4<sup>th</sup> grade. In contrast, young anxious children who were not excluded were less likely to remain anxious and did not tend to develop signs of depression. However, there is also at least some evidence to suggest that socially-withdrawn, anxious and depressive children can also particularly benefit from positive peer relationships.<sup>29,32,33,34</sup> For example, Laursen and colleagues<sup>35</sup> reported that having at least one close friend attenuated links between social isolation and the development of internalizing problems in early childhood.

### **Research Gaps**

Despite increased attention towards the early signs of internalizing problems in young children, there remains limited research specifically examining the potentially important role of peers. Within this limited research itself, very little is known in particular about the links between depressive symptoms and young children's peer group experiences. It will also be important for future researchers to more closely examine the role of social skills and peer relations with respect to specific 'sub-types' of internalizing problems. For example, there is at least some evidence to suggest that certain forms of anxiety (i.e., social anxiety) might be more strongly associated with social skills deficits than others (i.e., generalized anxiety).<sup>36,37</sup> As well, there has been little research explicitly exploring the role peers might play in early intervention programs designed to assist young anxious and depressive children.

### **Conclusions**

Peers play an important and unique role in children's development. The peer group is also a common setting for young children to display early signs of internalizing problems, such as anxiety and depression. Anxious and depressive young children often experience significant challenges in their social relationships with peers. To begin with, young children prone to such

internalizing problems tend to be quiet and withdrawn in the company of peers and may also display poor social skills. Perhaps as a result, young children with internalizing problems are more frequent targets for peer exclusion and victimization. In and of themselves, such negative peer experiences carry with them an increased risk for a host of later social, emotional and academic difficulties. Unfortunately, young children prone to internalizing problems also appear to be particularly vulnerable to these negative effects – which often heighten symptoms of anxiety and depression. This can create a negative cycle that serves to exacerbate risk for longer term maladaptive outcomes. However, there is at least some preliminary evidence (particularly among older children) that positive peer relationships (e.g., a close friendship) can help to ‘buffer’ (protect) anxious and depressive children from some of the negative consequences of early internalizing difficulties.

## Implications

Some potentially important implications can be derived from this review for parents, early childhood educators, teachers, and practitioners. First, we need to continue to raise awareness about the early emergence of anxiety and depression in young children, as symptoms of internalizing problems can often go unnoticed by others. Second, parents, teachers, and others should monitor young children’s early social interactions as a potential window into their emotional well-being. For example, a child who frequently displays quiet, reticent and socially-withdrawn behaviours when amongst peers may warrant closer attention. Similarly, early evidence of peer group difficulties such as exclusion or victimization should not be allowed to continue unaddressed. In this regard, peer group behaviours can serve as potential ‘marker variables’ (i.e., early warning signs) of internalizing problems. Finally, appropriate early intervention has been shown to effectively decrease symptoms of internalizing problems in young children.<sup>38,39,40</sup> The peer group may provide an important context for supporting these early intervention approaches. Moreover, building social skills and promoting positive peer relationships may have direct benefits for young anxious and depressive children.

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