Listening to the Voices of Adolescents with Intellectual Disabilities:
Friendship Experiences

by
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Abstract

This qualitative study with a phenomenological approach explored the friendship experiences of adolescents with intellectual disabilities from their own perspective. Five adolescents with intellectual disabilities from Community Living Toronto were interviewed using a semi-structured interview guide about the meaning, nature, formation, maintenance, and development of friendships. The interview questions were first pilot-tested with two adolescents with intellectual disabilities. The interviews were analyzed, and themes were identified. The findings indicated that these young people attached helping, trust, affection, intimacy, and companionship to the meaning of friendship. Participants identified friends as casual friends, best friends, buddies, and family friends. Adolescents with ID did not report intimate and reciprocated friendships with buddies and family friends. Disclosing secrets, personal information and feelings and receiving emotional support were limited only to relationships with best friends with disabilities, in their age group and from their classroom. Adolescents with ID indicated that they wanted more friends. The participants’ suggestions for friendship formation were to meet people, starting a conversation, and smiling. They also identified out of school contact, conflict resolution, and gift giving as the means for friendship maintenance. Giving help, having more contact, and secret sharing were suggested as strategies for friendship development from their perspective.
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Chapter One: Introduction

1.1. Background and Statement of the Problem

Dear friends…I want to be your friend forever. …I would like to say I like to stay friends together for a long long time. …I am a person with Down syndrome…but I am not different…I will be a good friend for you. …I want somebody with me as a friend.

(Sarah as a participant in the interview, 2007)

The benefits of having friends are numerous. As Aristotle said, “Without friends no one would choose to live” (Vanier, 2001, p. 54). Friendships have been investigated over the life course. Friendship is a significant social experience for children; it enables them to develop mutual caring, emotional support, empathy, liking, and sharing (Newcomb & Bagwell, 1996). Like the benefits that friendships offer in the earlier life stages, an adult’s network of friends fills the need for affection, attachment, belonging, and a sense of well-being (Turner, 1996). Without a network of friends, many adults experience loneliness, social detachment, and isolation (Turner, 1996).

Although friendships are important throughout the entire lifespan, they are especially so during the teenage years (Crosnoe, 2000). A variety of studies have examined the link between friendships and a variety of outcomes in adolescents (Berndt, 1999, 2002). According to Hartup and Stevens (1999), adolescents spend almost a third of their waking time in the company of friends. During adolescence, young people become less dependent on their parents, and increasingly turn to their friends for emotional support (Berndt, 2004). Among adolescents, having friends correlates with greater involvement in school, higher social acceptance, and higher levels of self-esteem, adjustment and coping (Berndt & Keefe, 1995). For adolescents, friends often take on a
counseling role in times of emotional stress (Jobling et al., 2000). Thus, friends are a source of support and help to fulfill emotional needs. Among adolescents, friendships provide opportunities to establish social skills, which are necessary for adult life (Buhrmester, 1996).

Adolescence is not an easy stage of life. Buhrmester (1996) discussed how adolescents must adjust to physical changes, psychological and biological drives, and at the same time become independent from parents. Adolescents can manage these challenges in part because of friends’ support. Buhrmester (1996) identified friends as a source of support throughout child and adolescent development.

The stage of adolescence can also be difficult for individuals with intellectual disability (ID) (Castles, 1996). In addition to typical developmental challenges, adolescents with ID may experience parental restrictiveness, over protection, and low self-confidence (Harris, 2006). Adolescents with ID may also benefit from having friends. Researchers have tried to identify the impact of friendship in the lives of these young people. Adolescents with ID, like other adolescents, want to be included in the lives of others; they want friends and companions (Reinders, 2002). Adolescents with ID need friends as students, neighbors, colleagues, or teammates (Reinders, 2002) to provide them with companionship, support, and a sense of emotional well-being (Castles, 1996). Friendships can improve the quality of their lives (Knox & Hickson, 2001).

It is documented that adolescents with ID often experience problems in friendships. Adolescents with ID have far fewer friendships than adolescents without disabilities, and are more likely to be more isolated in social relationships than are adolescents without disabilities (Carr, 1995); thus, the problem is social isolation.
Because of the importance of friendships for adolescents with ID, and their problems in this matter, a better understanding of the friendships of adolescents with ID is needed in order to identify strategies to support them in their friendships. Further research is needed to increase the existing knowledge about their friendships, and to understand the meanings that adolescents with ID give to this concept.

There are different approaches to studying the friendships of adolescents with ID. One approach questions family members, teachers, health professionals, care staff, and peers without disabilities about their understanding of the friendships of adolescents with ID. All these individuals have been preferred as sources of information (Castles, 1996). Another approach is driven by the researchers’ views of a successful relationship for adolescents with ID (Knox & Hickson, 2001). Despite Goode’s (1997, p. 87) advice on the need to retrieve the subjective view of the individual, firsthand accounts of friendship experiences for adolescents with ID are rare. Researchers have often avoided including people with ID, considering them unable to express a point of view (Darlington & Scott, 2002). Terms such as “friendship” can be open to interpretation. They are dependent on individuals’ perceptions. Day and Harry (1999) reported that friendship is essentially a matter of individual definition, and the outsider’s perspective has obvious limitations. The issues of people with ID in friendships may be better managed by listening to them. Without listening to the experiences of adolescents with ID, we have an incomplete understanding of their friendships. Adolescents with ID have the capacity to speak for themselves; they have opinions, rights and responsibilities, and their perspectives are a valuable source of input into decisions regarding themselves. We need to spend more time listening to them and trying to understand their perspectives (Giangreco et al., 2001).
1.2. Purpose and Research Questions

This study was developed to listen to adolescents with ID, to explore what they wanted to tell us about their friendship experiences, and to gain a better understanding of their friendship experiences. Through giving a voice to adolescents with ID and listening to them, this study attempted to address the following research questions:

1. What is the meaning of friendships to adolescents with ID?
2. What is the nature of the friendships of adolescents with ID?
3. How do adolescents with ID initiate and maintain friendships?
4. How do the friendships of adolescents with ID develop?

1.3. Significance of the Study

The anticipated outcome of this study is a general description of friendship based on the experiences of adolescents with ID, a description of how they form and keep their friends and of the practical strategies that are most helpful in supporting or developing their friendships from their own perspective. Description of friendship from the experiences of adolescents with ID increases our understanding of their friendships. Specifically, this study may provide the opportunity to identify areas where further support or intervention in the friendships of adolescents with ID may be required in the future. It enables policy makers, planners, and project implementers to understand better how to plan and implement successful programs for forming, maintaining, and developing friendships for adolescents with ID. This study enables us to hear their voices in friendship experiences.
Chapter Two: Literature Review

This study focused on the friendship experiences of adolescents with ID. The literature review in this study provides an overview of the definition of friendship, friendship versus acceptance, a conceptual framework on understanding friendship, a picture of the nature of the friendships of typical adolescents, friendship formation, friendship maintenance, and the development of friendships among typical adolescents. It then reviews existing literature about the American Association of Intellectual and Developmental Disabilities (AAIDD) definition of ID and terminology of ID, as well as friendship and ID. In contrast to the literature on typical adolescents (Buhrmester, 1996; Bukowski et al., 1996; Hartup, 2001), there is little research which directly addresses adolescents with ID (Shepperdson, 2000). Some of the concepts that are explored in the literature on friendship are related to studies undertaken with adults or children with ID. In this study, a search of the databases MEDLINE, EMBASE, PSYCINFO, CINAHL, and Google was conducted for articles about friendship, disabilities, intellectual disabilities, adolescence, friends, intimacy, reciprocity, social participation, peer relationships, mainstreaming, inclusion, and advocacy.

2.1. The Meaning of Friendship

A term for friendship seems to be available in every language of the world (Krappmann, 1996). Scientists from many fields have long been interested in friendships. Different definitions of friendship occur within the literature, and one investigator’s definition of friendship may differ from that of another. The meaning of friendship has been discussed for thousands of years. The philosophical discussions of friendship start
with Aristotle. As early as 384 B.C., Aristotle described friendship as a reciprocal relationship based on equality, and sharing of the same joy and pain (Vanier, 2001).

The concept of friendships today has been greatly influenced by Aristotle (Harrington et al., 2006), with some reframing. Most investigators define it as an intimate and self-disclosed relationship (Harrington et al., 2006; Newcomb & Bagwell, 1995) characterized by companionship (Bukowski & Hoza, 1989; Newcomb & Bagwell, 1995), and similarity of activities, interests, values, and personalities (Newcomb & Bagwell, 1995). Friendships are also characterized by a greater willingness to cooperate and help one another (Newcomb & Bagwell, 1995), as friends feel a special obligation to be responsive to each other’s needs. Bukowski et al. (1996) identify the key defining features of friendship as liking, having fun, and reciprocity.

Furthermore, Newcomb and Bagwell (1995) indicate that in defining friendship, it is common to ask who can be defined as friends. Friends are people we trust (Buhrmester, 1996). Friends talk and laugh together more frequently than non-friends, and the focus in friendship is on equality and less on conflict than with non-friends (Newcomb & Bagwell, 1995).

Peer Relationship: Friendship versus Acceptance

Some literature attempts to put definitive boundaries on what is and what is not friendship. In an attempt to clarify what constitutes a friendship, Bukowski and Hoza (1989) argue that there are at least two dimensions of peer relationships: popularity or acceptance by the peer group, and friendship or the experience of a mutual relationship. Friendships should not be confused with peer acceptance. Friendship and peer acceptance are closely related in that both are associated with liking one another. However, the two
constructs are also distinct. According to Bukowski and Hoza (1989), peer acceptance and friendship are distinguished by directionality and specificity. Peer acceptance is unidirectional while friendship is bi-directional. Furthermore, peer acceptance is non-specific; it refers to an individual’s overall social acceptance or popularity within a peer group, and is defined as reflecting how well the youth is liked by his/her classmates. In contrast, friendship is specific; it indicates the existence of a relationship characterized by specific properties, such as reciprocated liking, equality, similarity, companionship, esteem enhancement, loyalty, and emotional support (Bukowski & Hoza, 1989).

**Conceptual Foundations of Friendship**

Friendship literature is influenced by developmental theory. Serious developmental research on friendship began with Sullivan’s (1953) interpersonal theory. Sullivan suggests that people have interpersonal needs and in each stage of life these needs are satisfied via the relationships to remain happy and psychologically healthy. Sullivan emphasized that friendships emerge in adolescence when young people have social needs, including the need for social acceptance, peer interaction, companionship and intimacy.

Buhrmester (1996) as neo-Sullivanian based his theory of adolescent friendships on Sullivan’s theory and looked at friendship from a need fulfillment perspective. Friendship provides opportunity for the fulfillment of needs such as companionship. Four elements of interpersonal competence were suggested by Buhrmester as: (a) adolescents must be able to initiate and sustain interesting conversations, (b) adolescents must make efforts to contact friends and spend time with them outside of class and school, (c) adolescents need to be able to disclose personal thoughts appropriately and show
empathy toward others, and (d) adolescent friendship requires effective conflict management to survive. Adolescents who lack interpersonal skills in these four areas are more likely to have problems establishing and maintaining friendships (Buhrmester, 1996). Buhrmester would argue that those with peer difficulties require opportunities to practice friendship maintenance skills. These elements and the existing literature on friendship were the terms which were used throughout this research and helped me in designing interview questions.

2.2. The Nature of Friendships

When researchers examine friendships of adolescents, intimacy is an important characteristic of friendships (Buhrmester, 1996; Sullivan, 1953). Intimacy is a personal sense of connection involving self-disclosure to another person who responds warmly (Laurenceau et al. 2004). The key element here is the feeling of having a bond with a person who is available when needed. This bond can be formed through disclosing emotional or personal information by one of the partners (Gore et al., 2006). The usual topics of the intimate conversations among adolescents are about their appearance and activities. Adolescents talk about the peers they like, the peers they dislike, and their feelings (Berndt, 1999). Berndt (1999) also reported that gossip about peers is more prevalent in girls’ conversations than in those of boys. While boys are frequently involved in shared activities and sport with friends, girls have high levels of disclosure in their friendship (Buhrmester, 1996). In addition, some conversations among adolescents are about family relationships, sexuality, and life plans. Similarly, Coleman and Hendry (1999) found that adolescents report that they talk with friends about themselves and life events.
For adolescents, reciprocity is another important feature of friendships (Krappmann, 1996; Laursen et al., 2000). It is widely accepted that in friendships that are reciprocated, each individual should mutually assist the other when support is needed (Krappmann, 1996). Similarly, Hartup and Stevens (1999) describe that in reciprocal friendship, there is always the sense that one supports and sustains one’s friends and receives support in return. Hartup and Stevens (1999) reported that friendship involves social giving and taking.

Friends are people to spend time with. Simply stated, friendships function to provide companionship, such as watching TV, playing video games, and talking together. Buhrmester (1996) argues that friendships are established because of an individual’s need for companionship. Adolescents report that they enjoy activities more with friends than with adults or acquaintances (Coleman & Hendry, 1999). Among adolescents, friends are expected to share interests, and to be understanding and empathetic (Hartup, 2001). The amount of time spent with friends is greatest during adolescence (Hartup & Stevens, 1999).

Friendship is a voluntary relationship (Krappmann, 1996). This means that people are involved because they want to be. This voluntariness is seen in the processes of formation, maintaining, and terminating a friendship. This highlights the significance of individual choice in friendships.

**Types of Friendships**

Researchers have posited the existence of a best/close friend, good friend, and casual friend in adolescent relationships (Adler & Adler, 1998). These friends can be
differentiated by the frequency and the amount of contact and by the closeness and intensity of affection.

Adler and Adler (1998) explained that during adolescence “best/close friendships” are very important. Adolescents usually share interests with best/close friends and like to spend their time engaged in, or discussing similar pursuits. Adolescents often say that best friends tell each other secrets without worrying that the friend will tell others, or disclose their most personal thoughts and feelings (Berndt, 2002). These personal self-disclosures are the hallmark of an intimate friendship (Berndt, 2002). Berndt (2002) explained that best/close friendships are characterized by high levels of support (e.g., helping each other), security (e.g., trust to disclose personal information), closeness (e.g., feelings of connection), companionship (e.g., spending time together), and low levels of conflict (the ability to solve disagreements). Lutz (2001) explained that a best/close friendship requires real, deep loyalty and commitment; and acknowledgment from both people in the friendship that the friendship really matters. In addition, Lutz (2001) believed that best/close friendships had to do with true caring, respect, and trust. In a study by Hartup and Stevens (1999), 80% to 90% of teenagers reported usually having one or two best friend(s).

According to Lutz (2001), good friends have affection (they do not hurt each other’s feelings), consider the elements of reciprocity and good wishes for each other, and pay attention to what is going on with a friend. Good friends help each other solve problems, and respect each other; however, it is a relationship that is less intimate (closeness) than best/close friend is.
Casual friendships are somewhat less frequent in contact, less intimate in nature, and often less voluntary in selection (Adler & Adler, 1998). Casual friends often live close by. Relatives’ children and neighbors often serve as a source of casual friendships. These are people who could be counted on for situational assistance and support, and to whom children can turn for companionship (Adler & Adler, 1998).

**Friendships and Romantic Relationships**

A considerable amount of research has shown that during the course of adolescence, boys and girls increasingly emphasized romantic relationships (Buhrmester, 1996). The conception of romantic relationships can be differentiated from cross-sex friendships. While friendships can be characterized by intimacy, romantic relationships are marked by intimacy as well as passion, physical attraction, and sexuality; this becomes more prevalent during adolescence, because emotional and physical maturity increases during this period (Carver et al., 2003). This is the extent to which this study will make a distinction between cross-sex friendships and romantic relationships, although romantic relationships among adolescents share some similarities with friendships, such as companionship and emotional closeness.

### 2.3. Friendship Formation

Friendship formation is concerned with how friendships occur. Urberg et al. (2000) found that adolescents tend to find friends from those they perceive as being similar to themselves. For example, adolescents with similar grades are often assigned to the same classes so they have more opportunities for social interaction (e.g., whether to spend a weekend doing a school project or hanging out at the mall), and often become
friends with each other. Belonging to a group can limit the adolescent’s ability to make friends with adolescents in different groups. While research argues that similarity between friends is associated with the formation of friendships, some adolescents have friendships with peers who are different from themselves, as they want to change their own place in the structure of the peer social world (Berndt, 1999). Whether or not adolescents always form friendships with others like themselves has not yet been determined.

Larson (1994) reported that schools and families influence adolescents’ friendship formation; for example, high school extracurricular activities are key organizers of friendships. Parents influence friendship formation by determining where their son/daughter lives and attends school, and what organizations he/she joins, as well as by monitoring youth activities and interactions (Parke & Bhavnagri, 1989). Apart from these factors, there are social skills that are thought to be important in building friendship, such as making small talk and fitting in with groups of people (Herbert, 2003). Herbert (2003) believes that adolescents who lack social skills, lack the ability to make small talk, and lack accurate impressions of other people, have lonely lives.

2.4. Friendship Maintenance

Between the initiation and termination of a relationship, friends must engage in behaviors that continue the relationship. These behaviors have been labeled “relationship maintenance” (Oswald et al., 2004). The same conditions that affect the formation of friendship also increase the stability of friendships (Berndt, 1999). Friends typically have a similar class schedule at school, ride the same school bus, or live in the same neighborhood for a year or more, or their preferences for activities and interests are stable.
across months or years; these factors keep friends together (Berndt, 1999). Updegraff et al. (2001) indicated that parents of adolescents play a role in their sons’ and daughters’ friendship maintenance; for example, they can spend time with adolescents and their friends, attending sporting events, and providing opportunities for eating meals together. Maintaining a friendship is hard when adolescents and their friends are separated, when they no longer live in the same place, if their parents will not let them hang out together, or after they graduate from high school (Lutz, 2001).

According to Oswald et al. (2004), there are four behaviors for friendship maintenance: (a) positivity, which refers to behaviors that individuals engage in to make the friendship fun and enjoyable; (b) supportiveness, which includes behaviors that support the friends such as providing emotional support; (c) openness, which refers to meaningful conversation like sharing private thoughts; and (d) interaction, which refers to behaviors that friends engage in together such as going to parties. When studying maintenance behaviors among adolescents, Newcomb and Bagwell (1995) found that the management and resolution of conflict is also important in the maintenance of friendship.

2.5. Development of Friendships

Friendship is not static (Rosenblatt & Hows, 1995). It moves from casual friendships to intimate friendships or from intimate friendships to casual friendships. Altman and Taylor’s social penetration theory (Bordens & Horowitz, 2001) is the model of relationship development which indicates that an important contributor to relationship development is self-disclosure; that is the ability and willingness to share intimate areas of one’s life. According to this theory, the range of topics people talk about and the activities they engage in together help friendship development. Casual friends may talk
about topics such as sports, but they will not talk about their feelings and hopes, whereas best friends allow each other to enter into their lives (social penetration) and share on a deeper, more intimate level (Bordens & Horowithz, 2001). Likewise, Jourard (1964) stated that friendship development is fostered by self-disclosure simply because we often respond to intimate revelations with self-disclosures of our own.

A variety of skills and knowledge are necessary in order to develop a meaningful friendship. Parks (2006) identified three factors in friendship development in adolescence as amount of communication with the partner’s network, support from the subject’s own network, and support from the partner’s network. Friendship development can also be fostered in more formal settings such as schools. Burk (1996) identified the role of teachers in friendship development as providing a psychologically safe environment for students to interact and become close friends.

2.6. People with Intellectual Disabilities

The AAIDD Definition of ID

Intellectual disability is defined by the American Association of Intellectual and Developmental Disabilities (AAIDD, 2002) as significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18.

According to AAIDD (2002), adaptive behavior is the collection of conceptual skills (e.g., expressive language, reading and writing, money concepts), social skills (e.g., responsibility, following rules), and practical skills (e.g., eating, dressing, mobility and toileting) that people learn so that they can function in their everyday lives. Significant limitations in adaptive behavior impact a person’s daily life and affect the ability to
respond to a particular situation or to the environment. Limitations in adaptive behavior can be determined by using standardized tests. On these standardized tests, significant limitations in adaptive behavior are operationally defined as performance that is at least 2 standard deviations below the mean of either (a) one of the three types of adaptive behavior: conceptual skills, social skills or practical skills, or (b) an overall standardized measure of conceptual, social, and practical skills.

The intellectual criterion for the diagnosis of ID is met if an individual has an IQ test score of approximately 70 or below. Reflecting the level of intellectual impairment, four degrees of severity can be specified: mild (IQ 50-70), moderate (IQ 35-50), severe (IQ 20-35), and profound (IQ less than 20). Mild ID comprises the largest percentage of those who are classified as people with ID, moderate ID makes up 10%, severe makes up 3 to 4%, and profound makes up 2% of people with ID.

**Terminology for ID**

There are different terminologies for intellectual disability. The phrase mental retardation is widely accepted in the United States, but is considered offensive to many in the United Kingdom, where the preferred term is learning disabilities (Fernald, 1995). In Japan (Horner-Johnson et al., 2002), and in much of Europe and Canada (Fletcher, et al, 2007), the preferred term is intellectual disability. The international community is moving toward the use of the term intellectual disability (Schalock et al., 2002); thus, the term “people with intellectual disability (ID)” is used in the present research.
Friendship and ID

In the last few decades, many adolescents and adults with ID have moved from institutional living into community living; therefore, it is reasonable to expect them to establish a wider range of friendships with other adolescents and adults in their communities. There is special attention given by Cuckle and Wilson (2002) to the characteristics of friends of adolescents with Down syndrome. In interviews with 14 adolescents with Down syndrome (ages 12 to 18), their parents and their learning support assistants, a friend of adolescents was perceived as someone who was loyal and kind, who could ask and be asked for help, liked the same things and shared activities, and apparently included anyone who gave even minimal attention to the adolescents with Down syndrome (Cuckle & Wilson, 2002).

In an investigation of the friendships of adults with ID, Knox and Hickson (2001) interviewed four adults with ID (26-58 years old) who had lived in residential settings for the majority of their adult life about the meaning of close friendship. In a participatory approach (where the participants were seen as experts on their own close friendship experiences), and through unstructured interviews, the participants indicated that they became friends with people whom they had first met as children, and with whom they had lived and attended school. In addition, these adults with ID indicated that they experienced “the good mate” (a person who lives close by), and “the girlfriend/boyfriend” as two types of close friendships. The good mates in this study had common interests, enjoyed the companionship that such sharing provided (e.g., we go out together, and we like the same things), and provided a source of support (e.g., we help each other). However, the good mate relationship was characterized as a non-intimate
relationship, which is more likely a casual friendship than a close one. These adults identified the boyfriends/girlfriends in their lives as close friends. Their boyfriend/girlfriend relationship was characterized by intimacy (e.g., I love her) and was a kind of romantic relationship.

Day and Harry (1999) presented a case study of a friendship between two high school friends, one with ID and physical disability, and one with ID and without physical disability. The methods for data collection were participant observations and ethnographic interviews with these participants and their parents. The results indicated that the nature of the friendship of these two students was having someone who understood them and accepted them for who they were. As a friendship activity, the two reported they would like to spend the night at each other’s homes, go to the mall, and go to the movies together. Day and Harry (1999) categorized this kind of friendship as a best friendship as indicated by evidence of the three features reported by Newcomb and Bagwell (1996): reciprocity (e.g., helping each other), mutual liking (e.g., describing each other as wonderful, understanding), and affection/fun (e.g., giggling).

Helpfulness is an important factor in the meaning of friendships for adolescents with ID (Heiman, 2000). Heiman (2000) compared the quality and quantity of friendships of students with mild ID in both special and mainstream schools. She investigated how adolescents with mild ID viewed their friendships. The participants were compared to peers without disabilities. Heiman had 575 students from central Israel involved in her research: 304 boys and 271 girls, in the age range of 12-15 years. She divided the students into 3 groups: students with mild ID attending classes in special education, students with mild ID attending mainstreamed schools and students without disabilities attending
general education classes. She used the Hebrew adaptation of the Friendship Quality Questionnaire which asked the meanings of friend, places to meet friends, how the students feel when alone, reactions to loneliness, the frequencies of feeling lonely, and advice on how to make friends. The results demonstrated differences in how students viewed their friendships. Students with ID in Heiman’s study were more likely to share their secrets with their friends who also had ID than with students without disabilities. Furthermore, she found that adolescents with ID emphasized help, fun, and entertainment in friendship while those without disability emphasized intimacy. The adolescents with ID were very concerned with having friends, and they believed that conformist behaviors were helpful in making friends in addition to giving things to others, such as candies, cards, and small objects. Thirty percent of the adolescents with ID reported “mutual entertainment” in the definition of a good friend, 22% of the adolescents reported “partners to thoughts and secrets”, and 15% “a person for emotional support” in the definition of a good friend. In addition, almost 67% of adolescents with ID reported “one who helps” was the meaning of a friend. Similarly, in the Knox and Hickson (2001) study of adults with ID about the meaning of close friendship, the results showed that helpfulness “we help each other” was important in friendship.

There is often an assumption that adolescents and adults with an ID cannot have reciprocal friendships because they have little to offer. In the Knox and Hickson (2001) study, the adults with ID reported reciprocal relationships, as friends traded invitations for coffee. Moreover, adolescents in Day and Harry’s (1999) study also showed the reciprocal helping in their friendships. According to Castles (1996), reciprocity is found
in the friendships of adolescents with ID; in addition, they are most likely to form friendships with people they see frequently.

In a study by Emerson and McVilly (2004) about the friendship activities involving people with and without intellectual disabilities, the Learning Disability Casemix Scale (which measures overall levels of adaptive and challenging behavior) was completed by 1542 adults with ID. Results showed that adults with ID were more likely to be involved in activities with friends who also had ID.

Adolescents with ID would form friendships with other adolescents with ID. More recently, McVilly et al. (2006), when using the Loneliness Scale and interviews with 51 adolescents and adults with ID (ages 15-52) and their parents, teachers, and work supervisors, found that adolescents and adults with ID identified their “best friend” as a person with a disability, and described him/her as being an old school friend, a current work mate, or a boyfriend.

An area that is highlighted by adolescents and adults with ID in friendship is that they need practical assistance. For example, they wanted support to exchange greeting cards at birthdays and holidays, to initiate contact with friends and to extend invitations to visit or to go out together, and help to identify the bus or train routes to their friends’ house (McVilly et al., 2006).

Contact with friends at home for adolescents with ID most often is difficult and usually dependent on arrangements made by parents (Shepperdson, 2000). Parents of adolescents with ID believe that increasing independence for social relationships in their teens is desirable, but they expressed concerns about road safety and independent travel (Cuckle & Wilson, 2002). Moreover, these parents reported that sometimes their
adolescents formed inappropriate relationships with the opposite sex or showed over-friendly behaviors in talking to strangers (Cuckle & Wilson, 2002). For adolescents with Down syndrome, social relationships are important during the teenage years, and there is a need to provide more opportunities for social skills teaching, as well as opportunities for a range of supervised activities similar to those enjoyed by their mainstream peers (Cuckle & Wilson, 2002).

In summary, characteristics associated with the friendships of adolescents and adults with ID include help, reciprocity, sharing, and similarity. The research indicates that adolescents and adults with ID usually have friendships with adolescents and adults with ID. They help one another when needed, and enjoy spending time together. Some data on the friendships of adolescents with ID have been collected through standard questionnaires (Emerson & McVilly, 2004; Heiman, 2000; McVilly et al., 2006), participant observation and ethnographic interviews with adolescents and parents (Day & Harry, 1999), and interviewing adolescents with ID, parents and teachers (integrated voices) (Cuckle & Wilson, 2002). Little research has focused on the friendship of adolescents with ID only from their own perspective. The present study aims to address this gap. It focuses only on the experiences of adolescents with ID and provides data that will add to existing knowledge about the friendships of adolescents with ID. Research is needed to obtain more understanding of friendships of adolescents with ID.
Chapter Three: Method

3.1. Using a Qualitative Research Method and Phenomenological Approach

The purpose of this research was to explore the friendship experiences of adolescents with ID from their own perspective. There are differences between the qualitative and quantitative approaches to research. Compared to structured questionnaires in quantitative research design, Bloor and Wood (2006) stated that “in-depth interviews in qualitative research have a more informal, conversational character, being shaped partly by the interviewer’s pre-existing topic guide and partly by concerns that are emergent in the interview.” (p.104). Qualitative research allows respondents to express themselves more freely, and provides “insider’s” perspectives (Silverman, 2004). Qualitative research allows people to speak in their own voice, rather than conforming to categories and terms imposed on them by others (Sofaer, 1999). For the purposes of this study, I was interested in the participants’ subjective descriptions of their friendships. My goal was to describe and to understand the friendship experiences of these participants from their perspective. By using a qualitative research design, I was able to listen to adolescents with ID and obtain detailed information for a better understanding of their friendships.

Another characteristic that makes qualitative research an appropriate method for this study was Creswell’s (1998) suggestion that when little is known about a group of people experiencing some social phenomenon, a qualitative research design is a good way to learn about them. In this study, a literature search revealed limited information regarding the friendship experiences of adolescents with ID from their own perspective. Therefore, a qualitative research design was selected for the purpose of this study.
One method of discovering experiences in qualitative research method is through a phenomenological approach. Phenomenology is a philosophical approach to the study of phenomena and human experience (Holloway, 1997). The scholar who has been most influential in the philosophy of phenomenology is Edmund Husserl (Bloor & Wood, 2006). Husserl developed the concept of the “life-world” which refers to the everyday experiences that we live and which we reflect upon (Bloor & Wood, 2006). According to Holloway (1997), Husserl’s interest is in the structure of the “life-world”, the lived experience of people whose environment is not separate or independent from them. The notion of the life-world is now considered central to phenomenological enquiry (Bloor & Wood, 2006). Husserl wanted to get through to the “essence”, or the “real” meanings of phenomena under investigation (Holloway, 1997). Therefore, he developed the concept of “phenomenological reduction”, that things and phenomena are viewed without prior judgment or assumptions (Holloway, 1997).

The main purpose of phenomenological study is exploring, understanding, and describing the meanings of the lived-experience (Creswell, 1998). A phenomenological study aims to understand what it is like to walk in another person’s shoes, or to see the world through his/her eyes; phenomenology describes people’s world views, what their experiences are, and the meaning they give to their thoughts, feelings, understandings or interpretations (Andrews, Sullivan & Minichiello, 2004). In this study, phenomenology is ideally suited to provide a rich picture of the meaning and experience of friendship from the adolescents’ viewpoints.
3.2. Sample Selection

The typical way of selecting individuals in qualitative investigation is through purposeful selection which is non-probability sampling in which the researcher selects information-rich cases for the study in-depth (Patton, 2002). Information-rich cases are “Those from which one can learn a great deal about issues of central importance to the purpose of the research” (Patton, 2002, p. 46). In this study, a purposive sampling was used to obtain adolescents with ID who had experienced friendship.

The sample size in the qualitative method is based on the type of information needed, the meaningfulness of the information obtained, and the resources available to the researcher, particularly time (Patton, 2002). Denzin and Lincoln (2000) reported using as few as one to eight participants for a phenomenological study. The current research was a preliminary study, and because of the limited time for completing of a master’s degree and in order to collect in-depth information, I chose to interview five adolescents with ID. In addition, in order to test the interview questions, I chose to interview two adolescents with ID.

Participants in the research study met the following inclusion criteria:

(1) they were between 13 and 19 years of age,

(2) they had been identified as having intellectual disability,

(3) they spoke English,

(4) they had good communication skills so that they could be understood and could answer interview questions about their experiences in friendship, and

(5) they self-identified as currently having at least one friend.
3.3. Research Process

The researcher recruited participants from Community Living Toronto. The steps of the research process are described below and illustrated in Figure 1.

Figure 1. Research Process

- Ethics approval
- Organization agreement
- Informing the staff
- Sending Introductory Letter to Parents/Participants
- Receiving the Response Forms
- Sending the Consent Forms
- Meeting arrangement
- Collecting demographic data
- Signing Consent Forms
- Pilot-testing arrangement
- Interview arrangement
- Transcribing the interviews
- Member-checking
Once the researcher had obtained ethics approval from Queen’s University for the main study (Appendix P) and its pilot-testing (Appendix O), and the letter of agreement of support from Community Living Toronto (Appendix Q), I was introduced to the staff by the Service Development Manager in Community Living Toronto. Community Living staff were provided with a package in which they found an Introductory Letter to Staff (Appendix B), and an Introductory Letter to Participants and Parents/Guardians/Caregivers (Appendices C & G). The staff were asked to approach adolescents who met the inclusion criteria described above and to provide them and their parents/guardians/caregivers with my Introductory Letter to Participants and Parents/Guardians/Caregivers for the main study (Appendix C) and my Introductory Letter to Participants and Parents/Guardians/Caregivers for the pilot-testing (Appendix G). These Introductory Letters described my study and invited the parents/guardians/caregivers and their son/daughter with ID to consider participating in this study. In this letter, parents/guardians/caregivers and their son/daughter were asked to indicate their interest by completing the Response Form that was included with the Introductory Letters and returning it to the staff. The Response Form also asked interested parents/guardians/caregivers and their sons/daughters to provide contact information. After receiving the Response Forms for the main study and the pilot-testing from the staff in person and in some cases by fax, I sent participants and parents/guardians/caregivers copies of the Information Letters and Consent Forms by mail (Appendices D and E for the main study, and Appendices H and I for the pilot-testing). In this way, participants and their parents/guardians/caregivers had time to
review the information, consult with others and consider whether to participate. Then, interested participants were contacted by telephone to schedule a meeting individually. We arranged a meeting (30-45 minutes) at a time and a place convenient for the potential participants and their parents. All participants and parents asked to have the meeting in their homes.

At the meeting, I described the research in depth and answered any questions that interested participants and their parents might have. It was explained that there were no anticipated risks to participants who took part in the activities associated with this project. I explained how the information would be used, and that a participant could leave the research whenever he/she wanted. I explained that because only five participants would be required for the main study and two participants for the pilot-testing, not all adolescents who agree to be in the study would be interviewed. I also collected demographic data (Appendix L) from participants and their parents for both the main study and pilot-testing to ensure that the interested adolescents met my inclusion criteria. Consent for collecting demographic data (Appendix F for the main study and Appendix J for the pilot testing) was also obtained from participants and parents. I also explained that after the interviews, I would check with the participants in the main study to make sure that I described their friendship experiences correctly (member checking). The results of pilot interviews were not included in the main study; therefore, member checking was not part of the pilot-testing process.

In this meeting, the letter of consent was read to all participants, and if the parents/guardians/caregivers and their son/daughter with ID agreed to participate, they were asked to sign the consent forms (Appendices D and E for the main study and
Appendices H and I for the pilot-testing). Participants and their parents received a signed copy of the appropriate consent forms. In addition, they were informed that they would receive a summary of the results and will be reimbursed for expenses ($10 after interview or pilot-testing session). All participants and parents were informed that the interviews will be recorded on an audio recorder with the permission of both the participants and their parents and the interviews will be transcribed verbatim within 24 hours of the session by a transcriptionist. A signed confidentiality statement from the transcriptionist (Appendix K) was obtained. It was planned that if written consent was obtained from more than five adolescents with ID for participation in the main study and more than two for the pilot-testing, participants would be chosen to maximize variation according to age, gender, and level of education.

A total of 11 participants were referred to the study by the staff in Community Living Toronto. Two potential participants did not meet the inclusion criteria (i.e., too old and unable to answer interview questions in-depth). One of the potential participants referred to the study refused to be involved before signing the consent forms. The parents of one of the participants could not participate as they were too busy. Therefore, a total of 7 participants were included in the study, 2 males for pilot interviews (they volunteered first), and one male and 4 females for the main study. The interested participants and parents were contacted by phone in order to arrange the pilot-testing or main study interview session in a comfortable time and place for them.

The first two adolescents who consented to participate pilot-tested the interview questions: Bob (15 years old and in grade 10), and Jack (16 years old and in grade 11). Each was interviewed once (about 45 minutes). I met each of these participants in a quiet
room in their homes. Only the participant and the researcher were present in the room. According to Finlay and Lyons (2001), in interviewing people with ID several question-and-answer turns may be necessary for each item to check how the questions were understood. It seemed that some of the initial questions were not being understood by these participants (e.g., “Did you have any conflict with your friends”?). Because of the need for rephrasing and probing, I asked these questions in different ways (e.g., “If your friends do something that you do not like, what do you do”?). I added some questions to the original set after pilot interviewing in order to obtain more information. The final interview guide which was used for the main study can be found in Appendix R.

For the main study, four of the five participants chose to be interviewed in a quiet room in their homes. One was interviewed in a quiet room at Community Living Toronto. Only the participant and the researcher were present in the room during the interviews. The number of interviews with each participant was determined by the information obtained. Four of the participants were interviewed twice because during the interview, I realized that one interview was not enough in order to obtain the in-depth information that I desired. Only one participant was interviewed once, because her parents were busy and they asked me to schedule a longer one day interview if needed. The length of each interview depended on how able and willing the respondents were to participate. Each interview was 50 – 90 minutes in length with one or two breaks during the interview. Approximately 14 hours of interviews were tape-recorded and transcribed. All audiotapes were erased immediately after transcription, because they contained personal information.

At the beginning of each initial interview, again I introduced myself and explained the purpose of the interview, what questions were about to be asked, and that
the questions did not have a right or wrong answer. I reminded participants that they
would not be identified and all information, names, addresses, and responses would be
stored in a locked file. I also informed them that they were free to ask me any questions
that they might have. In addition, they were provided with my contact number in case
they wanted to clarify any other concerns later.

3.4. The Participants

All participants in the current study were single and lived with their families,
attended regular schools on a full-time basis and were in grades 9 to 12. None of the
participants had ever had a job. The adolescents had the option of leaving the study at any
time but no one did so. The participants were from different regions of Community
Living Toronto and did not know one another. The characteristics of the participants are
summarized in Table 1.
Table1. Profile of the Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>School Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen</td>
<td>17</td>
<td>female</td>
<td>11</td>
</tr>
<tr>
<td>Linda</td>
<td>18</td>
<td>female</td>
<td>12</td>
</tr>
<tr>
<td>Jessica</td>
<td>14</td>
<td>female</td>
<td>9</td>
</tr>
<tr>
<td>David</td>
<td>14</td>
<td>male</td>
<td>9</td>
</tr>
<tr>
<td>Sarah</td>
<td>18</td>
<td>female</td>
<td>12</td>
</tr>
</tbody>
</table>

I used pseudonyms in place of the real names to protect participants’ identities.

**Helen** is 17 years old and in grade 11. She is the oldest child in a family of two children. Helen was born with Down syndrome, and believes that people with a disability are not different from everyone else:

I am in a regular school… there are some kids need help to go washroom, kids like me who need more help in learning …um,… or kids like Matt who needs help to do anything like walking and it is a little different. …It means to me that students with special needs can have a life just like everyone else, but a little different. …They need more help.

Her home-based leisure activities included watching TV with her family, working on the computer, reading books, and talking on her cell phone with friends. Her community activities included participating in programs such as independent living and social skills programs. According to her mother, Helen does not have any problems in her personal activities such as dressing, eating, and preparing meals. She stated that transportation and using TTC bus is difficult for Helen.

According to her mother, Helen is a happy girl with good communication skills. During the interviews, she was talkative and spoke clearly. According to Helen, she has a
large friendship group. They hang out at school together. She preferred to go out with friends: “The most important to me is hanging out outside of school with my best friend.” She had some wishes for her friendships: “Let’s be friends forever…I will be sad if my friendships end…I don’t like the feeling that I am left out…I like to send email to my friends who live far away or they moved away…”

Linda is 18 years old and in grade 12. She is a second child in a family of two children. She was born with a genetic disorder called Fragile X syndrome. According to her mother, Linda walked later than other children and needs more help in doing her school assignments. She also participated in a social skills program. Linda described herself as:

A student with special needs…like I need more times to learn something…I like reading books but not exams (laughing)…Some of students are like me. …They need more help. …Some are special needs students and some are not. …Those students help other student…with the help of our special education teacher.

Linda was verbal and easy to talk to. She is taking piano lessons. Some of the things she does with her friends include going to the mall, talking on the phone, and sending e-mails. Her mother takes her to the mall with her friends and will pick her up because she is concerned for her safety. Linda’s wish is to have friends who are not bossy, and who make her laugh. The wishes she addressed to other students were: “Please speak to us…make us laugh…and help us like a friend…a best friend. …and don’t be bossy. …I will be happy with friends, ya. I want to help out.”

Jessica is 14 years old and in grade 9. She is the oldest child in a family of two children. Recently, she moved to a new school. Jessica was diagnosed with ID in
elementary school: “I am a special needs student…students who have learning disability or…they are a little slow and needs support”.

During the interview, Jessica was very talkative. Her community activities include a violin class every weekend. Jessica talks to friends on-line after school. Her wishes were:

Don’t be my friend if you want to cheat me or put me down …or treat me unfairly. …If you are my friend…talk to me…be nice to me…don’t put me down…we can have friends just like other people…like other teenagers. Don’t sit back. …Um… you can make friends at school. …It is boring to be alone.

David is 14 and in grade 9. He is a second child in a family of two children. He attends regular classes: “Some students need help in their work…their assignments…like me. Teacher helps… me and other students”. David was born with a genetic disorder called Fragile X syndrome. David identified no friend in his neighborhood and seemed to spend most of his time with his family. He has contact only with a family friend outside of school and they usually go bowling together, eat lunch out, and play computer games on Saturday. David seemed very relaxed. He is a charming boy and has everyone smiling within a few minutes of meeting him. He was described as being funny and talkative by his mother. He enjoys sports like hockey or basketball as after school programs, because they are fun, and keep him healthy and in good shape. He said:

I like to have many, many, many friends. … Thanks to my friend Bill …he is a wonderful friend. …He helps me if I need. …Um…I like to play on the computer with friends…Stay in touch with friends. … Don’t get each other in trouble please. …Be close to each other…trust to each other.

Sarah is 18 years old and in grade 12. Sarah is the oldest child in a family of two children. She was born with Down syndrome. As she indicated: “We have some students
with DS like me… I mean Down syndrome. … I am a student with Down syndrome. … I have friends with Down and some students are slow learner.”

According to her mother, Sarah does not have any problems in her personal activities. She cooks every weekend, and uses the TTC bus independently. She attends a dance program for adolescents with ID. She also wants to attend a swimming program every Saturday. She likes talking to friends on the phone, and working on her computer. She also loves going shopping with friends. According to her mother, Sarah enjoys being independent. During the interview, she was talkative. Her wish is to go to Hollywood with friends on vacation and have fun there. When she talked about her wishes, she said: “I wish to go to Hollywood with my friends …and have fun there as my vacation. …That is all I want. …I hope to go to dance with my friends forever…they makes me feel happy.”

3.5. Data Collection

Qualitative research encompasses multiple data collection techniques and one of the methods of data collection is interviewing (Morse & Field, 1995). The purpose of interviewing is to allow us to enter into the other person’s perspective (Patton, 2002). This research relied on the interviewing of adolescents with ID in order to describe friendship from the perspectives of those engaged in this experience.

Semi-Structured Interview – A Key Source of Data

According to Morse and Field (1995), the semi-structured interview is designed when the researcher knows most of the main questions to ask in advance but cannot predict the content of the responses to these main questions. In this study, I selected a
semi-structured in-depth interview as my data collection method because I was interested in the subjective descriptions of friendship generated by adolescents with ID, and this method was one that allowed each respondent to put forward her/his individual points of view (Gray, 2004).

An interview guide (Appendix R) was developed based on the purpose of this research. According to Patton (2002), an interview guide lists the main questions or issues that are to be explored in the course of an interview. The interview guide began with general background or warm-up questions (e.g., “Tell me about your school.”), followed by questions about the meaning of friendship (e.g., “What is the meaning of friendship?”). Participants were asked to describe their experiences related to friendship (e.g., “How many friends do you have?”). In addition, participants were asked about the supports they received in making and keeping friends (e.g., “Did you get help from others to make friends?”).

Probes were used throughout for more in-depth information, for example “Can you give me an example of that?” All interviews ended by asking “Is there anything more that you want to tell me?” Participants were encouraged to describe their friendship experiences in their own words.

3.6. Trustworthiness

Trustworthiness or the truth-value of the research is a comparable concept to reliability and validity in quantitative research (Morse & Field, 1995). Factors to establish trustworthiness are included credibility, transferability, dependability, and confirmability (Tuckett and Dip, 2005).
Credibility (comparable to internal validity) refers to the accuracy of the documentation (Flick, 2006). The credibility of my findings is enhanced through triangulation, member checking, and reflexivity.

Triangulation is an important strategy for establishing trustworthiness since it reduces the potential sources of bias (Patton, 2002). There are four types of triangulation: triangulation of sources, analyst triangulation, theory triangulation, and methods triangulation. Analyst triangulation means using multiple analysts to review findings (Patton, 2002). In the present study, analyst triangulation involved discussing and checking the research process and data with my thesis supervisor, and a peer who was familiar with qualitative research and people with ID. A signed confidentiality statement from the peer reviewer (Appendix N) was obtained.

Member checking through feedback from respondents contributed to the credibility of the study by eliminating the possibility of misrepresentation and misinterpretation of the “voice” (Maxwell, 2005). In this study, after coding the interviews, member check interviews were conducted with three of the participants although attempts were made to interview all. For the two who were not interviewed, the parents of one was too busy at work to arrange such as meeting and the parents of the other stated that due to the loss of a relative, the adolescent could not handle another interview emotionally. The parents of the three participants who were interviewed asked that the member checking be done by telephone since these young people were busy with examinations.

In member checking, participants were asked about the accuracy of researcher interpretations and to provide clarification when necessary. When member checking,
participants changed some points. For example, one participant nominated a boy as a friend during the interview but identified him as only a classmate with no friendship relationship during member checking. Another participant identified family members as best friends during the interview but explained that this relationship as one between child and mother during member checking; she added that she likes her family but they are not really her best friends.

Reflexivity, self-awareness, or bracketing is another way to enhance credibility. This approach can be conducted by keeping a journal or ongoing record of the investigator’s experiences (Morrow, 2005). The researcher should ask him/herself: “what do I know and how do I know it?” (Patton, 2002). In this study, further credibility was established through a Journal of Beliefs (see a sample in Appendix M) that recorded my thoughts, experiences, and feelings about the research. This brought awareness to my beliefs. My reflexivity revealed that I had assumptions about the friendships of people with ID. Examples of my assumptions were that friendship networks for adolescents with ID are limited to family members and that adolescents with ID do not share their secrets and private information with their friends (Please see Appendix M for others). I remained open to the experiences of adolescents with ID concerning friendships during the research in order to minimize the impact of these assumptions, and described the knowledge gained from the participants.

Transferability refers to the findings of a study that can be generalized to other similar situations (Tuckett & Dip, 2005). Transferability will be achieved when the researcher provides sufficient information about the processes and participants to enable the reader to decide to what extent the findings may be transferred to their situation
In this study, transferability was facilitated by thick descriptions of the method, sample, setting and research process. Thus, the readers will be able to compare this research with their own and determine which findings may be transferred to their setting.

Dependability relates to how repeatable the study might be (Morse & Field, 1995). The researcher should describe all the changing conditions and this can be accomplished through keeping an audit trail, in which a chronology of research activities and processes are detailed (Morrow, 2005). In this study, I recorded all research decisions, the research process, the schedules of interviews, and changes during research in an investigator’s daily journal (please see a sample in Appendix S) in order to help myself stay on track. By reading my daily journal, other can follow the process and review the decisions I have made, what happened from the beginning of the research to the end and judge the trustworthiness of the findings.

Confirmability refers to a way that the results could be confirmed by others (Morrow, 2005). For the findings of my study to be confirmed by another, I must minimize or eliminate my own biases. Therefore, by keeping a detailed log of my thoughts in a reflective journal, analyst triangulation, and member checking, I have attempted to make my findings confirmable.

3.7. Data Analysis

The focus of this study was a qualitative analysis of the friendship experiences of five adolescents with ID as described by these adolescents. Three frequently used methods of phenomenological analysis are the methods of Colaizzi, Giorgi, and Van Kamm (Polit & Beck, 2001). Polit and Beck (2001) stated:
The basic outcome of all three methods is the description of the meaning of an experience often through the identification of essential themes. Giorgi’s analysis relies solely on the researcher, and Van Kamm’s method requires that intersubjective agreement be reached with other expert judges. Colaizzi’s method is the only one that calls for final validation of the results by returning to study participants. (p. 409)

Regarding the process of validation, the role of the participants in Colaizzi’s method is different than other methods (Beck et al., 1994). The data in this study were analyzed according to the methods described by Colaizzi (Beck et al., 1994; Parse, 2001; Polit & Beck, 2001; Spinelli, 2005) to provide description of friendship experiences only from the perspectives of these adolescents. Colaizzi’s method includes the following (Parse, 2001):

- reading all participants’ description
- extracting significant statements
- formulating meaning (hidden and disclosed)
- clustering themes for each description
- developing an exhaustive description
- formulating the exhaustive description into statements
- validating the findings with the participants
- integrating information from the validating interview into the final description

In analyzing data, first I read and re-read the transcripts in order to obtain a sense of the overall meaning of friendship for each participant individually. The next step was to read the transcripts line by line and to underline all statements about friendship from the transcript without repetitive sentences. Colaizzi called this process as “Extracting Significant Statements” (Parse, 2001; Spinelli, 2005). I then reviewed each underlined statement and formulated the participant’s experiences. In this part, it was important to
me to be aware of my assumptions which were kept in a Journal of Beliefs (Appendix M). I highlighted the emerging themes in relation to friendship. Then, I organized the individual themes into groups. In this step, I moved back and forth between the statements; I pasted together words until the themes were organized in the groups. I coded these themes with a heading. I reviewed what data were included and what were left out. It took the effort to compare and contrast the information across the participants. In addition, data were compared to the information in the literature review to find similarities and differences between them. Then, I described the friendship from the headings. All of this was completed manually, without using a computer program.
Chapter Four: Findings

4.1. Meaning of Friendship

The first objective of this research was to establish definitions of friendship as expressed by adolescents with ID. When asked how friendship is defined, it was helping each other, it was trust, and for some, liking each other. Friendship as intimacy and sharing secrets and feelings, and companionship were other themes that emerged. In the meaning of friendship, all emerging themes were related to friendship with peers with disabilities; the themes friendship as helping and friendship as companionship were the only themes in which peers without disabilities were also acknowledged. There were different stories about these definitions and each will be presented in turn.

Theme 1: Friendship as helping

On the whole, helping was the most prevalent theme in the definitions of friendship for the participants. All five participants indicated that friendship meant helping, although the type and source of helping were different. Therefore, this theme was divided into two parts: 1) friendship with peers with disabilities, and 2) friendship with peers without disabilities. In the friendships with peers with disabilities, this help basically referred to helping each other in troubled times, sharing things in times of need, getting advice in making decisions, and emotional support. In the friendships with peers without disabilities, this helping relationship was assisting in learning activities.

Friendship with peers with disabilities
Helping each other in troubled times: “He helped me stop the argument.” Sickness and conflict with somebody were examples of troubled times that participants reported happening in their lives at school. At such difficult moments, adolescents with ID in this study indicated that being helped by friends with disabilities was the key factor for them in feeling comfort. A special case that links the meaning of friendship to helping in sickness can be seen in the story of Linda. For Linda, not being helped at school in sickness meant not having friends:

One day I was sick at school. My best friend helped me … she gave me water and took me to the office. Then they called my dad. I felt so bad and had a hard time… It is hard to be sick with no friend… no help… it is the friendship… it is helping.

Likewise, David was grateful for the help he received from his friend, a peer with disability at school in a problematic situation with another student:

Friends help each other. I had an argument with a student… I had problem. … My friend, Fred knew the problem. … He said it was my [David] fault. … He helped me stop the argument with that boy at school. … It was a good work. They didn’t send me to the office. … I was lucky… I hate to go to the office for these things. … It was because of Fred. … He helped me… a friend is a person who helps me when I am in trouble like Fred.

Helping as sharing things in times of need: “I shared my snack with him.” In the meaning of friendship for the adolescents with ID in the study, some participants described the theme of helping by sharing food and school materials with one another as needed. For example, David identified the meaning of friendship in a matter of sharing food: “Yes… like field trip with Fred, he was in the trip. … He didn’t have snack. It was only an accident. He lost his snack. … I shared my snack with him… and he said thank you. Friendship is to give food if they need.”
Another example of sharing was evidenced in the way that Linda identified in the sharing of school material with a friend with disability: “Friendship is helping…like my friend…there is a friendship between us…she gives me like when I need something,…like a pen or paper…ya, it happened at class….she is there for sharing things with me.”

Helping as getting advice in making decisions: “I will talk to her first, it is a big decision.” Another aspect of the participants’ definition of friendship was seeking help from friends in making decisions. Friends were seen as qualified people to make recommendations in minor situations such as about hairstyles as it happened for Sarah and her best friend: “When she wanted to do her haircut, we talked together” or in major areas, such as romantic relationships. For example, for Helen, being helped by her best friend in decisions concerning a romantic relationship simply meant friendship: “When I want to have a boy friend I will talk to her first. …It is a big decision for me, or when I want to get married. …Um… because I know she helps me…she is my best friend.”

Emotional support: “She helps me calm down.” The participants cited friendship as helping one another emotionally, and a friend as a source of this kind of support, especially as an empathetic listener, a person emotionally available when needed. With emotional support from friends, participants reported that they were not alone and others listened to them. The positive results of emotional support which were indicated by participants included: “friends make me feel happy”, “feeling of calm down”, “lucky”, “confident” and “strong”. For example, there is evidence in Sarah’s statements that her best friend, a peer with disability, helped her to feel better by listening to her: “The meaning of friendship is …sometimes I am upset… angry…I talk to her. …I call her and
I talk to her. I know her phone number…I have my own cell phone. …She helps me. She listens to me…she helps me calm down.” Similarly, Helen said:

Happy…I find more confident when I am with my friends. Um … I think they give me power. Like I think I am strong with them. …Um, having friends make me feel better …make me feel happier. I feel I am lucky to have friends. … It is a good feeling.

Friendship with peers without disabilities

Assisting in learning activities: “Friends help us to get attention.” When participants looked back on their experiences, the meaning of friendship was also tied to helping with learning activities as in a tutoring relationship. For example, Linda commented:

Umm… we need friends to work in school … homework …group work… gym… everything, you know. Um… sometimes friends help us to get attention… to get attention to the teacher… and assignments, my buddy in the class. …They help in these things friendly like a friend…this is friendship, though.

In another example, Linda said: “...I have many friends...they help me... for example my buddy at school helps me in my assignments...she know every things. My buddy is my friend...when I have question I ask her. She answers my questions.”

Theme 2: Friendship as a trusting relationship

Trust was a second theme in participants’ definitions of friendship. Three of five participants considered trust to be part of their meaning of friendship. They identified a number of items that contributed to their experiences of trust in the meaning of friendship, including: getting money back, keeping secrets, and trust as distinguishing acquaintances from friends.
Trust in getting money back: “She returned it to me.” Friendship as trust was expressed simply in the issue of lending money to people, times when individuals lent money and never saw it again. Lack of trust inhibits friendships when people realize the others are not who they expected. For example, Jessica talked about the experience of distrust referring to a student without disability:

Um… the meaning of friendship to me is trust, without trust there is no friendship. Um… when there is no trust, there is no friendship. Ya …for example when somebody asks you money for something, you say no you can’t give money to her. Then she says that she wants money for her lunch and she says she will return it to you. You give money to her to buy her lunch but she won’t return the money. …it is not fair… So she is not a friend …it is not friendship…because you can’t trust her. …Ya, friends don’t do this to you.

Similarly Linda commented:“ My best friend asked me money one day...and it was good that she returned it to me ...and said thank you...I trust her...I knew she will return money ...she is my best friend.”

Trust that a friend will keep secrets: “She is good to keep it.” The results documented that the meaning of friendship for three female participants was to trust that their secrets were kept private and within their friendship. These participants commented that they shared their secrets with friends, because they trusted friends and felt safe and secure that friends keep those secrets. For example, Linda said: “Ummm friendship is trust … I trust my friend, I told her my secret…I can trust her…I know she will not tell my secret to others.” Similarly, Jessica commented: “I told my secret to my best friend...she is good to keep it.”

Trust as distinguishing friends from acquaintances: “I do not trust all students.” For participants, there was a difference between friends and acquaintances in trusting relationships. For them, trust served as an indicator of friends and friendship, as Helen
commented: “I can’t trust all people…only friends. …Umm…I trust friends because they are my friends… I can trust them, because of friendship. A friend to me is somebody I trust like my best friend.” Similarly, Linda said: “…Ummm…I don’t trust all students in my class…they are not my friends…My best friend is the person I really can trust her.”

**Theme 3: Friendship as an affectionate relationship: “Friends like each other.”**

The importance of affection was another theme in the meaning of friendship from the perspective of two participants. Showing affection to each other was revealed by feelings of liking one another.

**Liking one another:** Liking one another was another component of friendships. “Holding hands” and “favorite presents” were the ways that adolescents with ID identified to show affection. For example, Linda indicated her affection for her friend in this way: “Umm friends like each other…I like my friend, and she likes me…we hold our hands in field trip…I like to be with her forever, ya…forever…I like her, …there is a real friendship between us…yes.” Similarly, Sarah commented that friendship is related to liking somebody or being liked by somebody through giving presents:

> Actually the meaning of friendship is to like each other…if we like somebody we can be friends…I like my friends…when they are absent…or have problem I am sad. It is important to me. My friends like me…My best friend gave me my favorite CD in my birthday.

She also commented: “ …I like my best friend…she likes me…she said I am happy girl and she is the only one gave me the best present... other students without special needs...they give present to each other in their birthday party...its their friendships.”
Theme 4: Friendship as intimacy: “You can talk about yourself.”

Three adolescents with ID in the current study suggested that a close connection with somebody was friendship. This connection was experienced in the forms of disclosing secrets and feelings. In the case of disclosing, Jessica said: “Friendship means being close …being bond with somebody, being close…connection…then you can talk about yourself…when you are sad… when you need to talk about your secrets.” Linda said: “ umm…I feel my best friend is like a sister to me…very close…I feel good with her and I tell her whatever happens to me…if I see a movie…or when I am not happy at home or school…because we are friends…it is friendship though.” However, not all the participants reported a link between friendship and disclosing. For example, David said: “I do not talk about my secrets with my friends, only my family…when I am sad first I talk to my family…they support me.” Similarly Sarah said: “I do not talk about my secrets to friends…They are mine…I don’t like to tell somebody else.”

Theme 5: Friendship as companionship: “Because I didn’t have friend, school was boring.”

Three participants with ID expressed the meaning of friendship as having someone to hang out with so as not to be lonely. They described different techniques to spend time with friends with and without disabilities, and each will be presented in turn.

Companionship with peers with disabilities

Two adolescents with ID in the current study expressed the meaning of friendship as having someone to hang out with at school, and spending time together on the school bus and during lunch time. Jessica’s answer illustrates this well. She commented that
when she first started school, she hated school because she had no friend to talk to and she was alone at lunchtime:

When I was a new student …I was alone …without friend. …I really really needed a friend like my best friend….Sometimes I didn’t eat my lunch at lunch time …because I didn’t have friend, somebody to sit with me, talk to me. Sometimes I liked to get off the school bus. School was boring… ya …I didn’t like to go to school…I wanted to stay in my room only. Life was hard for me.

Similarly, David said: “Friendship means going to cafeteria together or meeting or presentation in the school, or going to field trip together like friendship with Fred.”

Companionship with peers without disabilities

In the interview, when discussing the meaning of friendship as hanging out with someone, David related this to the friendship with Bill (an adolescent without disability). In addition, he expressed having fun in activities such as bowling, computer games, or eating out with Bill when he spent time with this friend: “I have a lot of fun with Bill. We go bowling, yes. We eat lunch out, we play games like computer games. I have a lot of fun with him.”

In short, the above comments were typical of the responses to the questions related to the meaning of friendships. All of the participants indicated that “helping” was an important factor in defining friendship. Adolescents with ID also related the meaning of friendship to trust, affection, companionship, and disclosing.

4.2. Nature of Friendship

The second research question was to understand the nature of the friendships of adolescents with ID. In this study, the nature of friendship was described in terms of the prevalence of friends, and the characteristics of different types of friendships.
Prevalence of friends

In this section, the findings about the number of friends that each participant had and their desire to have more friends will be presented. From the results of the research, all five participants in the current study identified at least two friends. Table 2 shows the number of friends which participants identified. The number of friends nominated by the participants ranged from 2 to 5. Linda named three peers with disabilities and one peer without disability as her friends. Jessica, the youngest female, counted several people in her friendship network, although in the end she nominated only two peers with disabilities as her friends. The friendship network for David was one peer with disabilities and one typical adolescent as his family friend. Helen nominated three peers with disabilities and one peer without disability as her friends. Sarah nominated five peers with disabilities as her friends.

Furthermore, when participants reported satisfaction in the number of friends they had, the large majority of participants in the current study wished for more friends. Table 2 also shows the number of wished friends for each participant. For example Helen said: “(Smiling) Oh my God, now I have four. I am happy with the number of friends I have…but I want to have more friends, maybe 10. 10 friends at school bus are good, going to school with them. …You are not alone never with 10 friends.”

The youngest participant, Jessica is the one who had fewest friends among female participants and did not wish for more friends: “Not really, I don’t need more. I am going to stay friends with Lucy and Jasmine… I don’t need more.”
Table 2. Numbers of Real and Desired friends

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Number of friends with disabilities/without disabilities</th>
<th>Desired numbers of friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helen</td>
<td>3/1</td>
<td>10</td>
</tr>
<tr>
<td>Linda</td>
<td>3/1</td>
<td>20</td>
</tr>
<tr>
<td>Jessica</td>
<td>2/0</td>
<td>200</td>
</tr>
<tr>
<td>David</td>
<td>1/1</td>
<td>200</td>
</tr>
<tr>
<td>Sarah</td>
<td>5/0</td>
<td>all students in her school</td>
</tr>
</tbody>
</table>

**Characteristics of different types of friendships**

When asked “Who are your friends?” the adolescents with ID in this study had experienced relationships with “just a kind of friend”, “best friends”, “buddies”, and “family friends”. In addition, there were some acquaintances in their class that participants did not nominate as friends: “They are not my friends; we just say hi. I do not know their name.” This part provides information on the characteristics and the meanings which the participants attached to different types of their friendships.

**Casual friends: “I can say it is different, just a kind of friend.”**

All participants in this study distinguished between having somebody as best friend and having somebody as just a kind of friend or casual friend. For example, Jessica said: “Um...these friends are not like ...best friends. I can say it is different, just a kind of friend.” Similarly Sarah added:

These students are not my best friends, they are something else...we are friends though...we help each other...like casual friends though, my mom told me...my mom have two best friends and she said she have many many casual friends...like my sister.
All these friends were peers with disabilities and the type of disabilities was nominated as Down syndrome and friends with special needs in learning. All the girls nominated girls as their casual friends and David, the only male participant, nominated boys as his casual friends. All the peers with disabilities nominated by participants as their casual friends were in the same age group as the participants (14-18 years old). All the peers with disabilities who they nominated as their casual friends were in the same grades as the participants (grades 9-12). For example, Sarah said: “She is 18…and has Down syndrome like me…in my class.”

Two of the participants identified similar interests with casual friends, and these common interests provided some fun in spending time with them. For example, Helen said: “She said she likes shopping like me…it is fun.”

All participants indicated that peers who were nominated as their casual friends were in their company at school everyday. For example, Linda said: “She sits beside me at lunch time and in school bus…everyday. She is in my school bus. …She has a best friend at school and I think she doesn’t need another one. She is not my best friend.”

The majority of the participants reported that they did not socialize with casual friends at home or outside school. For example, Sarah said: “We do not see each other after school…I do not know where she lives.” The majority of participants reported that they visited casual friends out of school only when they were invited to birthday parties. For example, Helen said: “She never comes to my home after school. She only came to my birthday parties several times.”

In addition, they never talked to these friends on the phone. For example, Jessica said: “I don’t have their phone numbers and e-mail address.” Only Helen had the
opportunity to go to the mall with her casual friend, have home visits and talk on the phone:

Sometimes they come for visit and sometimes we go there…Sometimes we go mall all together with moms. …I like going mall and shopping with friends but no mom with us (laughing). …Mom is wonderful…but shopping with friends is fun. … We have a plan to talk each other every Saturday on phone.

It is interesting to note that all participants reported that they would like to meet their casual friends at home or out of school. For example, David said: “I like to go out with Fred [casual friend]…yes I like it…going to bowling together like Bill [best friend]. It is fun and we will have good time together …and playing video games in my house with Fred.”

When asked what participants do with these friends, data revealed that participants engaged in a variety of activities such as hanging out at school, joining them at lunch time and talking as Linda said: “We eat lunch together and then we talk”, and helping each other at schoolwork as Helen said: “One day we read a story together. Then my friend drew a picture about the story. I helped her in drawing.”

The majority of participants indicated that the topics of conversation with their casual friends were schoolwork; as Sarah said: “We talk about assignment and school.” Only Linda said that she also talked about CDs, movies, and clothes with her friends: “I talk about the movies…CD I listened last night…and also about the clothes I received as present and their colors.”

Another aspect of participants’ friendship experiences was the help they also provided to their casual friends when they were in need. Two participants commented the reciprocity of support within their friendship experiences. For example Linda said:
“When she was sick, she asked me help her in the school bus. She was beside me …and asked me to carry her bag and her jacket.”

Furthermore, participants reported that they do not disclose their feelings and secrets to these friends; in addition, these friends never talk about these things with them. For example, Jessica said:

We are in a class …we are not close to each other, … they are nice but not close to me … we just talk at school about homework…or about TV show and something like that. …we don’t talk about our secrets. Each of them has her own …best friend.

Best friend

All participants commented that there were individuals in their lives who could be nominated as a “best friend”. A best friend was described as someone who always helps, shares secrets, and someone they like and enjoy spending time with. The results showed that each participant spoke about having only one best friend. For the four girls, classmates with disabilities who were in daily contact were cited as best friends. For David, the only male participant, his best friend was a family friend, a person without disability. The characteristics of adolescents with ID as best friends and typical adolescents as best friends will be outlined in turn.

Peers with disabilities as best friends

For the four girls, their best friends were peers with disabilities and the kind of disabilities, like casual friends, was Down syndrome and special needs in learning. All four participants and their best friends were similar in terms of demographic characteristics such as age, gender, and educational level. Linda talked about her best friend, a student with Down syndrome: “…she is 18 like me. She is in my class. …I saw her at my old school. Then we came to our new school.”
All these four participants indicated similar interests to their best friends. For example, Linda talked about commonality of interest with her best friend: “She likes piano …I like it. I have piano and sometimes I practice. She has one. We talk each other about that. We both know how to play piano…she is my best friend.” Similarly, Sarah said: “She loves dancing and she is in the dance program with me.”

For these four adolescents with ID, seeing each other everyday was a factor in best friendship. According to Jessica: “She is not my best friend anymore…she moved out…we don’t see each other everyday.”

As the findings showed, the place of everyday face-to-face interaction with their best friends for three of these four participants was limited to school. As Jessica said: “I like to go school to see my friends. I just like to go school for friendship.” They also expressed attending their best friend’s birthday party once a year. To illustrate, Jessica said: “She came to my birthday party, I invited her. I went to her party. …It was fun.” Sarah, who participated in an after school program with her best friend, said that they have face-to-face contact after school once a week: “I see my best friend in the dancing program every week.”

Participants also indicated some after school activities that they would like to engage in with their best friends. For example, Linda said:

The most important to me is hanging out outside of school with my best friend. Um… going to store… mall… watching movies …playing game together after school …hanging out together… going to restaurant …having fun.

Two of these four participants had contact with their best friends through their personal cell phones. For example, Sarah said: “I talk to my friends on my cell phone.” Jessica was in contact with her friend after school through chat on the computer: “I talk to
my friends on-line only” and Helen indicated: “I send e-mail to my friends from my own computer.”

The topics of conversation with best friends were about personal information, school, boys, and entertainments. For example, Jessica said: “We talk about school …and homework.” For Sarah, TV shows, movies, and dance were her favorite topics of conversation with her best friend: “We talk about dance program…and our practice…and about music…just these things…ya.” Three of these four participants indicated that they talked about their emotions and private information with friends. As Helen said: “If I feel sad, I pick up the phone and talk to my friends.” Two of them reported that they talk about boys with friends. For example, Helen said: “Sometimes we talk about boys in the class (smiling).”

The present findings confirmed that participants perceived relationships with best friends as trusting relationships; their best friends keep their secrets and do not tell them to others. Linda said: “I trust her [best friend]…if I tell her my secrets, she will not tell other students.”

For all of these four participants, there was a helping relationship with best friends. Interestingly, a best friend for Jessica was someone who was helpful and supportive like Jesus: “Friendship…Jesus (Smiling) …Ya that is what I think. …A best friend is like a hero.”

A best friend, for these four participants, was a source of emotional support. For example, Helen said: “Sometimes I am upset…I get angry…I talk to her. …I call her talk to her.”
The data obtained from participants showed that three of these four participants indicated that they had some experiences where their best friends shared their secrets and feelings with them. In all of these examples, there were statements that seemed to refer to the reciprocal nature of friendship. Jessica clearly talked about emotional support that she gave to her best friend:

One day her mom was sick and she was in hospital. She was sad. …She thought her mom had a bad disease. She told me this and cried. …I was sad for my poor friend. …I told her that I am sorry …I told her don’t worry …she will be okay soon.

Likewise, when speaking of their best friends, Sarah said: “She told me that I am her best friend. I told her that I like to be her friend forever. I am ready to help her and she is ready to help me.” Also, Linda commented about her best friend: “She told me about her secrets. She told me about her boyfriend Paul.”

When defining a best friend, participants talked about being with someone with whom they had a relationship based on affection. As Linda said: “Best friend is a friend in our heart and we love her.”

**Family friend as best friend**

Unlike the girls, David was the only participant that nominated a typical adolescent, his family friend, as a best friend. In this case, the family friend was an adolescent without disability who was the same sex as the participant but three years older than him. They went out and spent time with each other during weekends. David commented: “My mom and his mom are friends. He is kind and takes me out. We go restaurant on weekends together…he is older than me but we are friends. I have a lot of fun with him. I talk to him about sport …computer games…and these things.”
In this relationship, he placed emphasis on spending time and having fun with his best friend:

Um…we play games together… computer games. …My best friend is good at computer… not me. … Sometimes we go restaurant on weekends together. …We talk together about different things. …Um… I have a lot of fun with him. He takes me bowling.

Although this relationship was full of fun, David did not report a close relationship for disclosing secrets and private feelings:

No…we do not. We do not talk about secrets…He never talked to me about these things… I never talk to Bill when I have a problem or …I am sad…I didn’t tell him when I had a problem at school and my friend, Fred helped me…Bill is not in my school.

Furthermore, David did not describe a reciprocal relationship with his best friend, Bill: “I never ask him if I need help. I ask my parents…he never asks me to help him.”

Contact frequency in the friendship with Bill was about once a week: “We see each other every Saturday.” Face to face interaction between David and the family friend occurred both at home and outside of the home, including going to restaurants, and sport activities: “Each week we go to restaurant…and bowling…or we play computer games at home…he is good at computer games.” Another activity that David discussed was talking on the phone with his friend in order to arrange plans for each Saturday.

**Buddy as friend**

Two of the participants in this study considered buddies as friends. For example Linda said: “Anna is my buddy and she is my friend.” For both of these participants, a buddy was a student without disabilities of the same sex as the participants, who was in their age group or one year older and provided help. Linda commented that her relationship with her buddy as a friend was limited to school contact: “…my buddy is my
friend...she helps me in my assignments...though it is only assignment... she is not with me in lunch time...I do not know her phone number.”

No close relationship with buddies was reported by participants, and they never talked about their personal feelings and secrets together as Helen said: “Umm...it didn’t happen. …We didn’t have time for these things at school, because she was busy.”

No reciprocal relationship was reported by participants in friendship with buddies as Helen said: “She knows everything...she never wants me to help her (laughing)...she never asked me to help her or answer her questions...I am special needs student...I can’t help her.”

**Family members as friends**

Although some participants reported a respectful and trusting relationship with their families, none of the participants considered family members as their friends. For example, David described his family just as family and said: “No...no. My brother is my brother. It is not possible. …He is my brother. He goes to college...he is older than me. He goes with his friends. …He goes to trips… no … he is not my friend.”

Similarly, Helen said:

My little sister helps me in everything but she is not my friend. …I have my own friends at school… in my age. Well… she is not in my age....we don’t talk about school. … Sometimes she is busy with her homework and um...no time to talk. …She is a good sister for me… she has her friends. … She goes to their parties ...birthday parties...shopping mall…and they have fun together.

**4.3. Making Friends**

The third category of findings was related to understanding the experiences of adolescents with ID regarding making friends. As described before, most of the
participants in this study wanted more friends. From their perspectives, friendship formation was very important. Participants identified some ideas for forming friendships from their experiences, which included meeting new people, starting conversations, and smiling. These three themes will be presented in turn.

**Need to meet people: “I go to birthday party, there are many people there.”**

Participants in this study identified different steps in making new friends. All of them reported that if they want to make friends, they need to meet people; as Linda said: “I go to the mall if I want to make new friend.” Sarah said “I go to birthday parties…there are many people there.” David said “I go sport club.” In making friends, all participants indicated that they wanted opportunities to be in contact with others, although they also said that they needed help to do this.

Family involvement in friendship formation was indicated by all participants in the study. Participants commented on two strategies by which family members helped in meeting new people, such as “helping me to go out in order to meet new people”, and “inviting people to home.” For example, Helen said:

I need help from different people...in my family, because I am a student with special needs…I need somebody help me make friends, ya. I went to fitness club with my sister and I saw her friends and I saw other people…My sister introduced me to her friends in club…I know I am a little different…but I don’t like to be ignored.

Similarly, Linda said: “My mom can invite people to our house. …Then we can talk. …We can know each other. …We can go shopping together. It is good.”
Starting a conversation: “I say hi.”

Starting a conversation was the most basic activity which was identified by three participants in making new friends. Participants believed that they would not make friends if they did not talk to people. Adolescents with ID in this study talked about situations where they met new people and started a conversation; for example, greeting in the form of introducing themselves and knowing each other’s name was a good start as Helen commented: “I said hi, and then she said hi and I asked her ‘how are you?’ I asked her name, then I said I would like to be your friend.” Similarly Sarah said:

If I want to make a new friend, first I ask her ‘how are you’? I ask her name… It is not difficult. I let her know that I want to be her friend. …We can go for a walk together… I ask her phone number and I call her if she agrees…I learned these things in a social skill program.

Smiling

Smiling was considered by one participant as a way to show the desire to gain friends as Linda said: “We should smile if we want to make new friends. …People don’t like angry faces. ….If I smile, I can make new friends.”

4.4. Friendship Maintenance

The process of friendship maintenance was also investigated. Adolescents with ID in this study provided several suggestions when they were asked about the types of behaviors they use to maintain their friendships. These behaviors are out of school contact, peer conflict management, and gift giving.

Out of school contact

The theme out of school contact includes factors, such as “bringing the friends over”, “taking me to the friend’s home”, “going to shop with friends”, and “being in
touch through telephone and e-mail.” Sarah said: “I wish... we could go shopping with 
friends… spending more times together...only together.” David said: “I do not want to 
lose my friend…visiting each other on the weekends is a good idea, though. We can play 
computer games at my home or his home.”

Talking on the phone and sending e-mail were ideas which three participants in 
this study indicated as means of maintaining out of school contact. For example Helen 
said: “Well, talking on the phone… sending e-mail. I do these.” Moreover, when friends 
moved away, staying in touch was a way for maintaining friendship that Helen 
recommended: “She moved away from my school. I didn’t see her for a long time. … I 
called her yesterday and …I was happy about that.”

Interestingly, according to two participants, out of school contact would not 
happen without parental support. For example, Sarah indicated that her parents supported 
er with transportation: “If they invite me for their parties my parents help me to go to 
their parties…I know how to use bus…sometimes I go school by bus…but I don’t know 
all streets…that’s the problem.” Also, Helen expressed her family support as help with a 
telephone call when her old friend moved away: “My mother helped me to call her.”

**Peer conflict management: “Help me in conflict.”**

One participant was concerned with conflict in friendship maintenance. As Linda 
reported, there was a conflict experience between her and one friend in the class. This 
conflict was labeled as disagreement. Although the participant was not willing to report 
the source and type of this disagreement, she engaged the teacher in friendship 
maintenance before this disagreement grew into a serious situation. Managing the conflict, 
for this participant was focused on teacher-based support as Sarah said: “…like when
there was an argument between me and my friend… and I told my teacher… help me in conflict… She talked to us and our problem was solved… now we are friends.”

**Gift giving: “I gave candy.”**

The importance of gift giving within friendship maintenance was indicated by Helen. It was a symbolic expression of affection to friends: “Sometimes we give presents to each other…. Specially I made Valentine’s cards for them…I gave candy and I told them you are my friends.”

**4.5. Approaches to Friendship Development**

The last objective of this study was to understand how adolescents with ID develop their friendships. Adolescents with ID in the current study provided insight into the process by which a relationship develops from an acquaintanceship and casual friendship into a best friendship. In this part, strategies for friendship development will be identified, such as more contact, secret sharing, and giving help to others.

**More contact**

Three of the participants commented on how helpful it would be if they had more contacts with friends 1) out of school and 2) at school in order to develop their relationships.

**More contact out of school: “We can spend more times together.”** Three participants in the current study talked about having more contact out of school with casual friends and other peers as a way to promote their friendships. For example, Sarah said: “We can go mall together and have lunch out… so we become close to each other and maybe one
day… best friend.” Similarly, Linda said: “We can get together for different clubs after school…we can spend more time together…and know each other.”

Like friendship formation and maintenance, all participants indicated that if they wanted to have out of school contact with friends, they needed advice from family members. Jessica said:

My best friend moved away and I was upset…One of my new friends at school invited me for her birthday party…it was the first time I went to her party and …my mother helped me…she took me there …she told me it is good idea and encouraged me to go there although I did not want to go…I did not know her.

More contact at school: “In Team work students can be friends.” Two of these three participants also identified that more school contact can contribute to the development of friendship. Two participants indicated that teachers can help them to have more peer contact at school in the form of shared activities on projects in order to develop their relationships. Linda said: “For example, when we are in the same class, the teacher can give us the same assignments. … Um…then we talk together and start to know each other… in team work students can know each other and be friends.”

Jessica identified being in the same school for a long time and contact each other everyday as a method of friendship development: “I don’t like to change my school. …If I stay in this school for years, students know me and… I know them. …We can have …close friendship”.

Secret sharing

For Linda, disclosing private feelings and information was an important strategy for friendship development. Through self-disclosing, Linda indicated that friends become
close to each other: “When she told me about her boyfriend, I found a better friendship…something like a bond together…very close.”

**Giving help to others who need it**

Helping each other was attributed to friendship development by Sarah; that is, friends are closer when they help each other: “If …somebody at school is sick or her family is sick…or passes away… I always help them. …I help the students who have low vision. …God won’t get mad at me …and we will be close together.”

**4.6. Summary of the Findings**

Throughout this chapter, I divided the findings into the meaning of friendships, nature of friendship, and making, keeping and developing friendship according to the perspectives of the participants. Taking these together, Figure 2 provides an outline of the framework of the results which were presented.
Figure 2. Summary of the Framework of the Result

Friendship Experiences

Meaning of friendship
- Helping
- Trust
- Affection
- Intimacy
- Companion-ship

Nature of friendship
- Prevalence of friends
- Buddy with tutor role
- Casual friends as “a kind of friend”
- Best friends
- Family friends

Friendship formation
- Need to meet people
- Starting a conversation
- Smiling

Friendship maintenance
- Out of school contact
- Conflict resolution
- Gift giving

Friendship development
- Giving help
- More contact
- Secret sharing
Chapter Five: Discussion

The purpose of this study was to learn about the friendship experiences of adolescents with ID. To that end, the friendship experiences of five adolescents with ID were understood though interviews with the adolescents themselves. Findings provided information regarding the meaning these adolescents attached to friendship. In addition, this study discovered the nature of their friendships and their ability to form, maintain, and develop friendships. In this chapter, the findings of this research will be discussed in terms of the existing literature. In addition, the limitations of this study, a conclusion and implications for practice will be given.

5.1. Meaning of Friendship for Adolescents with ID

For the adolescents with ID in this study, friendship meant 1) helping, 2) trust, 3) affection, 4) intimacy, and 5) companionship. For this study’s five participants, friendship was described as helping which is consistent with the findings of others who studied friendships of people with ID (Cuckle & Wilson, 2002; Heiman, 2000; Knox & Hickson, 2001). Friendship as helping, however, is not unique to adolescents with ID, since over 50% of students without disabilities in Heiman’s (2000) study also associated helping behavior with friendship.

In the present study, types of help varied between friendship with peers with disabilities and friendship with typical adolescents. What emerged from the experience of helping in regard to friendship with peers with disabilities was practical support, such as helping each other in troubled times, sharing things in times of need, and getting advice
in making decisions. Participants also described having a person to share an emotional problem and receiving feelings of comfort from an empathetic listener in difficult situations as the emotional support that they received from friends with ID. Although the majority of adolescents with ID in this study included emotional support in their friendship definition, it was not as prevalent in other studies. The importance of emotional support in friendship is also documented in the typical adolescent’s study (Heiman, 2000).

While adolescents with ID in this study linked their friendships with peers with ID to both practical assistance and emotional support, they identified their friendship with adolescents without disabilities as a kind of practical support in terms of schoolwork, such as tutoring and assisting in learning activities. Helping in defining friendship among adolescents with ID and with peers without ID has not been as extensively explored but some studies have supported the idea that peers without disabilities are helpful in academic problems of adolescents with ID. For example, students with ID in Heiman’s (2000) study emphasized the school-related helping from typical peers, such as tutoring with schoolwork or school guidance. In general, help was an important element of what adolescents with ID in this study got from friendships and one who helps was one meaning of a friend.

Buhrmester (1996) indicated that for adolescents friends are persons whom they trust. For adolescents with ID in this study trust was another component of friendship. For these adolescents, there were two ways in which they experienced trust in friendships: keeping secrets, and returning borrowed money. Friendship as trusting that a friend will keep secrets is consistent with the way in which the participants with ID in the study by
McVilly et al. (2006) described friendship. Furthermore, for the adolescents with ID in this study, the concept of trust separated friends from acquaintances. Jourard (1964), one of the pioneering researchers in the area of trust and disclosure identified that a person will disclose his/her personal information when he/she believes his/her audience is a person of goodwill. A person of goodwill, for the participants in this study, was a friend who could keep secrets and never tell them to other people.

Besides keeping secrets, friendship for one participant was to be able to trust each other to lend money when the occasion arises. Knowing that a friend will pay the money back is a way in which this adolescent defined friendship. The importance of trust in friendship is also documented in the typical adolescent’s literature.

Adolescents with ID in the current study linked affection to friendship. Affection is a necessary condition of friendship and is described in different ways, such as liking (Bukowski, et al., 1996), caring or loving a boyfriend/girlfriend (Knox & Hickson, 2001). For the adolescents in this study, friendship was an affectionate relationship and was described as: (a) holding hands, and (b) giving presents. The depth of participants’ affection for friends however was not clear, since they could not easily express the extent of these emotions through their words; however, they had some positive feelings about their friends.

Intimacy in the form of sharing private feelings and secrets was another factor in the definition of friendships. According to Sullivan (1953), the intimate aspect of friendship does not appear until adolescence, and it can be seen in the form of self-disclosure and emotional disclosure between friends. Buhrmester (1996) also indicated that typical adolescent friendships involve intimate conversation and self-disclosure.
Furthermore, friendship as intimacy/self-disclosure is consistent with the Richardson and Ritchie’s (1989) study of the friendship experiences of adolescents with learning disabilities, where the participants considered friendship to include talking about secrets.

Despite the importance of disclosure in intimate friendships, three adolescents with ID in this study indicated that they disclosed their secrets only to their best friends, who were peers with ID. For these adolescents, disclosure separated best friends from other peers. It was a distinguishing characteristic. In this respect, two of the study’s adolescents identified that they did not disclose their private secrets or personal information to best friends. They identified that they would open themselves to parents, as parents were receptive and supportive.

Another idea regarding intimacy is related to gender differences (Buhrmester, 1996). In the current study, girls’ friendships were more based on shared emotional expressiveness or secrets, as opposed to the friendship of the only boy David. This is consistent with the finding with gender differences in typical adolescents that girls report higher disclosure than do boys (Buhrmester, 1996), although making these assumptions with only one male participant remains debatable and needs further data.

Friendship as a source of companionship was another theme which emerged. In the current study, friendship was having someone with whom to spend time, talk, and go out. All the participants reported that they enjoyed the company of friends; findings which are consistent with that of others in which adolescents with ID experienced fun and entertainment in friendship (Heiman, 2000). Companionship is a social need and adolescents’ energy is directed to satisfy this need (Sullivan, 1953). Friendship fulfills the need for enjoyable companionship (Hartup & Stevens, 1999), and this was also true for
the adolescents with ID in this study. Investigators have found that a significant proportion of the typical adolescent’s interest and interactions are with opposite-sex peers such as a boyfriend or girlfriend (Kuttler & La Greca, 2004; Sullivan, 1953), the desire for the company of friends in this study was only supported for same-sex friendships.

In short, the participants’ definitions of friendships cannot be understood independent by the terms that have been discussed: helping, trust, affection, intimacy, and companionship. The participants’ experiences in this study had some similarities to the friendship of students with ID which involved help and entertainment (Heiman, 2000). Adolescents with ID in the current study included intimacy and trust in the meaning of friendship, as seen in typical adolescents (Heiman, 2000).

5.2. The Possibility of Friendship

The adolescents with ID in the current study indicated that they wanted more friends than they currently had. A growing number of studies have documented the desire of people with ID to have more friends (Froese et al., 1999; Kampert & Goreczny, 2007). Froese et al. (1999) reported that 81% of their participants with ID (n=52) wanted to have more friends. The desire to have more friends can be linked to the importance of friendships for these adolescents. There is some evidence from the findings of the current study to suggest that when adolescents with ID were with friends, they were happy and felt good. The results of this study suggest that friendship was an issue of concern to participants, as it was for the adults with ID in a study by Knox and Hickson (2001).
Types of friendship

Peers without disabilities as friends. Although the adolescents in this study did not report being rejected by adolescents without disabilities, their contact with this group was limited to relationships with buddies in school and family friends out of school. Adolescents with ID nominated these relationships as friendships and even as best friendships, although these relationships were not indicated as reciprocal and intimate. Buddies in mainstreamed schools help peers with disabilities with academic activities if they need assistance. Friends help each other and this situation is acceptable and, indeed, expected, but reciprocity in friendship is essential (Sullivan, 1953) and the participants’ relationships with buddies were not reported as reciprocal in helping. A related assumption here is that friends must be equal or have some sort of common ground between them (Sullivan, 1953) in order for friendship to be reciprocal. This point of view was supported by adolescents with ID in this study when they reported that they were not in a situation to help their buddies. It may be acceptable for some relationships to be one way; one provides help and one receives help, such as teacher-student or caregiver-client, but friendships place a strong emphasis on give and take. Furthermore, none of the participants reported secret sharing or intimacy in friendships with buddies, although disclosing is also an important factor in best friendship (Buhrmester, 1996). None of the participants reported hanging out at school or out of school with buddies as friends; although according to Adler and Adler (1998), casual friends turn to each other for companionship. The adolescents who nominated this tutoring relationship with a buddy as friendship without companionship and as nonreciprocal and non-intimate relationship
may support Buhrmester’s (1996) fulfillment assumption that the relationship was formed to fulfill their needs and for these adolescents needs were needs for academic help.

Likewise, the adolescent who nominated a family friend, an adolescent without disability, as a best friend may demonstrate the idea that this relationship was formed to fulfill his need for companionship (Buhrmester, 1996) as this relationship was characterized by a lack of emotional support, reciprocity, and intimacy.

**Peers with disabilities as friends.** Adolescents with ID nominated peers with ID in their class as casual friends. A casual friend for these adolescents was a person to help, eat lunch with, and sit besides on the school bus. In support of Adler and Adler’s (1998) definition, casual friendship provided companionship and help for these adolescents. These friendships, like relationships with buddies and family friends, did not include self-disclosure.

Each participant also spoke about having a best friend. The findings indicated that the majority of the participants formed a best friendship with a peer with ID in their class. These friendships were reciprocal and intimate. Adolescents with ID regarded someone as a best friend when this person was ready to help them and they could talk about their private information. Helpfulness and disclosing in best friendships are consistent with the results of Oswald et al. (2004), which indicated that best friends for typical adolescents engaged in more supportiveness and self-disclosure than do other friends. These features are also consistent with the results of Knox and Hickson (2001) regarding adults with ID, in which they showed that the characteristics of best friendships included helping each other and providing reciprocal support to one another. Reciprocity has been linked to friendship. Richardson and Ritchie (1989) indicated that friendship is not only about
taking but is equally about giving. For the participants, helping was considered a two-way street, a mutual helping which was limited to friendships with peers with ID as casual and best friends. Moreover, in this study, talking about secrets with best friends with ID had a reciprocal nature. It is also documented in the typical adolescent’s study. Newcomb and Bagwell (1995) said that an adolescent’s best friend is more frequently the recipient of personal information (secrets) and promises than other peers.

Although there has been an increasing interest in the friendships and social participation of adolescents with ID in integrated schools (Kemp & Carter, 2002), in most instances both the participants’ casual and best friends at school were limited to students with ID. These data are consistent with the existing literature, which indicated that the majority of friends of people with ID also have ID (Heiman, 2000; Knox & Hickson, 2001; McVilly et al., 2006).

Furthermore, participants had friends who were the same age, in the same grade, and in their classroom. According to the results of this study, participant’s friends were of the same gender. This is consistent with the idea that adolescents gravitate toward their own gender when they are making friends (Hartup, 2001). In short, although placement in a mainstream school provides an opportunity for all young people to mix with a diverse array of peers (Graves & Tracy, 1998), the results of this study suggested that this does not necessarily result in friendships.

Interestingly, this study further provided evidence that friends for adolescents with ID had a different role from family members. None of the participants indicated parents, relatives, or especially siblings as their friends. For these adolescents, family and friends tend to have different social spaces.
School - a place for friendship

The results of this study show that there was an association of friendship with daily contact at school. The findings regarding places where participants met with friends revealed that, for all of the participants, school was a place for companionship and social contact. Their comments support the idea that one of the important aspects for adolescents in attending school is the opportunity to socialize with friends (Berndt & Keefe, 1995). There were limited opportunities for participants to meet their friends at home and after school, as Geisthardt, Brotherson and Cook (2002) concluded that children with disabilities have very little contact with peers at home. Of the five participants in this study, only two indicated that they had face-to-face after school contacts with their friends with ID at a shopping mall and a dance program. This finding is consistent with adolescents with Down syndrome in Cuckle and Wilson’s (2002) study, in which these adolescents did not participate in activities with their friends with ID out of school. Other means of after school contact with friends for the participants in this study were telephone conversation and e-mail contact. Talking with friends on the phone after school was the most frequently mentioned activity with friends indicated by girls. This activity was not reported by David, while David reported going out and participating in sports with an adolescent without disabilities who he described as his best friend.

Types of activities with friends in the current study can be categorized into two areas: (a) school activities, and (b) socializing activities. School activities were activities that participants engaged in with friends at school, such as doing schoolwork. Socializing activities were activities such as activities related to the use of electronic equipment, for example telephones and on-line chat, going to the birthday parties in a few cases, and in
one case shopping at the mall, playing computer games, hanging out at school, and
talking at school. For these participants, only best friends and family friends were
involved in the socializing activities out of school.

5.3. Friendship Formation for Adolescents with ID

Evidence from the interviews with adolescents with ID in this research showed
that they were concerned with making friends. They wanted people to talk to, and to go
places with. The findings suggest that in order for adolescents with ID to make friends,
they must have opportunities to see other people, although this needs to be supported by
parents. This finding is consistent with friendship formation for people with learning
difficulties (Richardson & Ritchie, 1989), where two main preconditions for friendship
formation were identified: (a) opportunities to meet people, and (b) the ability to make
friends. Adolescents with ID in this study wanted parents, particularly mothers, to
support them actively by “helping me go out” and “inviting people home.” The places
they indicated for meeting new people were the shopping mall, sport clubs, and parties.
This is consistent with the results of McVilly et al. (2006) concerning the friendship
formation of adults with ID. It also supports Richardson and Ritchie’s (1989) study that
showed people with learning difficulties in integrated clubs have the chance to make
friends with other people. Although one participant in the present study reported
attending a fitness club with her sister, she did not socialize with other people. The
participant’s disability was mentioned by her as a factor which affected inclusion.
According to Richardson and Ritchie (1989), having opportunities to meet people may
have an impact in terms of providing social activities, company, and awareness of their
needs among other people, but may not help to form close friendships. Literature is also available on the role of parents on friendship formation for typical adolescents as arrangers of social activities, and supervisors of adolescents’ relationships. (Berndt, 1999; Larson, 1994) which was discussed in chapter two.

Friendship formation requires starting conversations and smiling. Communication strategies for greetings and conversation were skills that these young people suggested in order to make friends. Relationships depend on communication. Participants seem to find it relatively easy to talk to people and ask them to be friends. For one study’s participant, non-verbal communication behaviours such as smiling was important too. This finding supports Castles’s (1996) suggestion that social skills such as greeting people, initiating interactions, and taking part in conversations results in friendship formation.

5.4. Friendship Maintenance Strategies

Out of school contact, conflict resolution, and gift giving as friendship maintenance strategies were suggested by adolescents with ID in this study. Friendship maintenance is generally defined as the set of behaviors that individuals engage in to continue their relationships (Oswald et al., 2004). It is important to know the behaviors that sustain friendships. A typology of four maintenance behaviors specific to the friendship of typical adolescents has recently been developed (Oswald et al., 2004). These four factors include positivity, supportiveness, openness, and interaction. Interaction as a friendship maintenance behavior (Oswald et al., 2004) was indicated in some cases in this study and labeled as “contact”. Adolescents with ID in the present study identified interaction with friends such as going shopping with friends, talking on
the phone, having the friends over, and going to the friends’ home as the behaviors for friendship maintenance. Adolescents with ID in this study identified both face-to-face contacts with friends and phone calls as ways to maintain their relationships.

Furthermore, similar to the study by Heiman (2000), for adolescents with ID in this study, giving gifts to friends was a behavior that adolescents engaged in to keep their friends. The theme of gift giving could be referred to as “positivity” in Oswald et al.’s (2004) theory, making friendship fun and enjoyable.

Similar to the views expressed by adults with ID in the study by McVilly et al. (2006), for adolescents with ID in the current study, support from adults was a strategy in the maintenance of friendships. The practical support from parents helped the participants to go out with friends, visit them at home and find old friends when friends moved away or when participants had problem getting to see them.

Once adolescents make friends, some skills may be necessary to maintain these relationships, and one of them is to exhibit effective conflict resolution skills. Wied et al. (2007) focused on conflict resolution as a part of friendship maintenance. One adolescent in this study indicated the role of teachers as peace-makers, in conflict resolution for friendship maintenance, as something she had experienced.

5.5. Opportunities for Development of Friendships

More contact in and outside of school, disclosing secrets and personal information, and giving help were approaches to friendship development among adolescents with ID in this study. With regards to the most important factor in the development of friendship, and how friends becomes close Fehr (2000) has emphasized the role of self-disclosure. With self-disclosing, people talk openly with their peers, know more intimate details
about each other, and begin to develop close friendship. Fehr (2000) also indicated that when a person intentionally tells something about her/himself to another person, then the other person discloses her/himself to the first person. This reciprocity in disclosing is identified as ‘dyadic effect’ in the literature (Jourard, 1964) and is a means of gathering information about a potential friend and becoming close to each other. As the results indicated, although three participants commented that they disclosed their secrets and feelings to their friends only one participant identified disclosing secrets, as well as personal information and feelings to friends, as friendship development.

In accounts on how two peers might develop their relationships into a close one, adolescents suggested that friendship will develop if the peers help one another. With helping, they learn to get along better with peers and feel good. Day-to-day contact is also important in the development of friendship. Friendships are likely to develop when individuals come into contact with one another. Adolescents with ID seem to develop friendships at school, as their friends are more likely to be peers they meet at school. Participating in group work in the classroom as an opportunity for socialization was indicated as a means of developing friendships by participants and the literature also emphasizes that participation in school activities will provide social benefits (Simeonsson et al., 2001; Sparling, 2002). Participants indicated the role of teachers in providing this opportunity. School is a place for friendships to develop; however, in developing friendships, contact at school is not enough. Adolescents with ID want more out of school contact with friends. Interaction out of school is a factor for becoming close and the role of parents was reported as a convenience for more contact. Participants wished to eat a meal with friends in a restaurant, to go shopping, or to go to the movies or a sport club;
however, their key activities with friends after school were talking on the phone or being on-line, interactions without being physically together. Another factor identified as important for friendship development was close proximity. Environmental factors in the form of staying in a particular school for long time were important in friendship development, as one participant indicated. It should not come as a surprise that, for her, school transitions included losing old friends.

5.6. Summary and Conclusion

This research increased our understanding of: (a) the meaning of friendship to adolescents with ID, (b) the nature of friendships of adolescents with ID, (c) the strategies for making and maintaining friendship, and (d) friendship development strategies. All these have been described from the participants’ perspectives using a phenomenological approach. Using such an approach allowed several factors to emerge in the meaning, nature, initiation, maintenance and development of friendships of adolescents with ID.

This research has provided examples of what friendship is and who is defined as a friend. The participants defined friendships in terms of helping, trust, affection, intimacy and companionship. Interestingly, although these adolescents commented that they had experienced helping, and liking in their relationships with their parents and family members, these adolescents distinguished the relationships with family from friendship.

In the majority of cases, a friend was a person in a participant’s same age, grade and gender group. Although these participants all studied in regular school with typical adolescents who were also in a participant’s same age, grade and gender group, in most cases, participants nominated other adolescents with ID as their casual and best friends. It appears that for adolescents with ID, similarity in intellectual status may be an important
factor to friendships along with similarity in age, gender or grade. Perhaps intellectual similarity brings common opportunities, experiences and ideas that facilitate friendships.

The finding of the current study suggests that friendships have beneficial effects on the emotional well-being (e.g., feeling happy, confidence, power, and feeling good) of adolescents with ID. Feeling emotionally supported by friends is of particular importance for adolescents with ID in the current study. Adolescents with ID wanted somebody as a friend to make them happy when they were sad and these adolescents found this emotional support from their best friends; other students with ID. These findings encourage further studies that focus on the friendships and emotional well-being of adolescents with ID.

This study also highlights the participants’ great desire to have friends and the importance that participants place on the support of parents and teachers to achieve this. Increasing the awareness of parents and teachers to the importance these adolescents with ID place on such support may help facilitate friendships. With more awareness, teachers might provide opportunities for more shared activities with students with and without ID or help these adolescents with ID manage conflicts with peers. With increased awareness, parents may also contribute to building friendships. Parents may help their sons/daughters get out and meet new peers, maintain contact with old friends, and/or invite friends over to their home. In other words, this increased awareness of parents and teachers may lead to increased level of interactions with peers and increases in the number of friends that these adolescents with ID have.
5.7. Limitations

This study discussed and analyzed the friendship experiences of adolescents with ID. A number of potential limitations have been identified within this research. For example, of the five participants, only one was male. Gender differences in the friendships of adolescents without disabilities have been identified in the literature with variations noted in the levels of intimacy and disclosure, topics of conversations and types of activities. More studies are needed to determine if gender differences are also apparent in the friendships of adolescents with ID. The recruitment of participants from Community Living Toronto might have influenced the findings because adolescents with ID who attended this centre have available to them a variety of programs and opportunities to meet other young people like themselves. This may not be the case for other young people with ID. All participants lived with parents who seemed to create and/or support opportunities for their son/daughter to establish and/or maintain social relationships with their peers. This may not necessarily be the case for other adolescents with ID. The role of the interviewer was expected to effective the participant interviews; in order to minimize these effectives, the interviewer spent time with the adolescents and their parents prior to the interview sessions in order to establish trust.

5.8. Implications for Practice and Future Research

Findings of the current study contribute to knowledge about friendships of adolescents with ID in several ways. First, parents, teachers, and service planers could use the information about friendship experiences of the participants to provide opportunities for adolescents with ID to build new friendships as well as maintain existing friendships. While, this study was about seeking the voices, experiences, and
perspectives of adolescents with ID, it also identified the abilities of adolescents with ID in the development of strategies in making, maintaining, and developing friendships.

The findings of this study highlight the importance that adolescents with ID place on the support of parents and teachers to initiate, maintain and develop friendships. These adolescents are suggesting the roles of parents in providing opportunities for adolescents to meet people, help them in going out, invite their friends to home, and help them to be in touch with friends who moved away through telephone. These adolescents are also looking to teachers to help them in conflict resolution with friends and to provide collaborative assignments with other students. Making parents and teachers aware of their supporting roles would be an important practical implication of this study.

The adolescents with ID identified several skills that they believed were important to the initiation, maintenance and development of friendships: starting a conversation, smiling and conflict resolution. These skills are frequently taught through social skills training programs and parents may wish to make such programs available to their children with ID.

In addition to the above implications for practice, there are some areas where this study suggests more research is required. This study revealed adolescents’ ideas about the meaning, nature, formation, maintenance, and development of friendships. Further research might include interviews with more adolescents with ID in order to create a wider profile of the friendships of these young people. It would be beneficial for future research to identify adolescents from different backgrounds to study whether other adolescents with ID experience friendship in the same ways. It is unclear if cultural differences would also emerge in studies of friendship of adolescents with ID. Future
research should explore the potential differences in the friendship experiences of youth with ID from different cultures. The participants in this study were from two different ages (14 and 17-18). It is unclear if adolescents of different ages such as early adolescents, middle adolescents and, late adolescents would have the same friendship experiences.

Furthermore, I would suggest that it is a good idea that future investigators attempt to address these dimensions of friendships from the perspectives of nominated friends with ID as well, in that nominated friends can also provide information to support the study.

Finally, I started this journey to better understand the friendships of adolescents with ID but I learned that there is still much I do not know. This study showed that adolescents with ID are willing to describe their experiences. They try and want to be visible. This study was a starting point.
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Appendix A - Introductory Letter to Community Living Toronto

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear (name)
I am a Master of Science student in Rehabilitation Science at Queen’s University and I am undertaking my master’s research under the supervision of Dr. Margaret Jamieson. The purpose of my research is to understand the friendships of adolescents with intellectual disability from their own personal perspective. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board.
Attached please find a summary of the research proposal and a copy of the Introductory Letter to Staff, Introductory Letter to Participants and Parents/Guardians/Caregivers, Information Letter and Consent Form for Participants, and Information Letter and Consent Form for Parents/Guardians/Caregivers.
To complete the study, I wish to speak with five adolescents with intellectual disabilities. First, the interview questions will be pilot-tested with two adolescents with intellectual disabilities. This pilot interview will be done in order to check the clarity of the questions and the suitability of the terminology. In addition to having an intellectual disability, all these two young people for pilot-testing and five young people for participating in this study must: a) be between 13 and 19 years of age; b) speak English; c) have good communication skills so that they can be understood and can answer interview questions about the meaning and nature of their friendship; and d) currently have at least one friend. I want to talk to these adolescents about their friendships in one or two interview(s). Each interview will be about one hour. The interview(s) will take place in a quiet room that is comfortable for the participants in their homes or in Community Living Toronto. All interviews will be recorded on an audio recorder and then transcribed verbatim.
I am contacting you to ask if you would be willing to assist me with my research. If you agree to assist me, I plan to send an Introductory Letter to the staff or professional of your organization who know the adolescents asking them to provide adolescents who have the above characteristics and their parents/guardians/caregivers with my Introductory Letter to Participants and Parents/Guardians/Caregivers. The introductory letter describes my study and invites the parents/guardians/caregivers and their son/daughter with intellectual disabilities to consider participating in this study. Parents/guardians/caregivers and their son/daughter are asked to indicate their interest by completing the Response Form that is included with the introductory letter and returning it to that staff. The Response Form also asks interested parents/guardians/caregivers and their sons/daughters to provide contact information so that I can contact and describe the research in-depth and answer their questions in a meeting.

There are no anticipated risks to participants who take part in the activities associated with this project. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. Participants may enjoy expressing their views, and gain a sense of satisfaction when they share information about their friendships. The findings will be disseminated to families, teachers, interested professionals and others through presentations and publications. These presentations and publications may increase understanding of the friendships of adolescents with intellectual disabilities and identify areas for further support or intervention that may help other young people with intellectual disabilities in the future.

All information in this study will be kept confidential. All information, names, addresses, and responses will be stored in a locked file. All names will be pseudonyms. Adolescents and their parents/guardians/caregivers will be invited to participate. Participation is voluntary. Participants and their parents/guardians/caregivers will have time to consult with others and consider whether to participate. All participants must sign a consent form if they agree to be interviewed. All parents/guardians/caregivers must sign a consent form if they give permission for their son/daughter to participate in this study. Participants do not have to answer all of the interview questions, if they do not want to. They have the right to withdraw from the study without negative consequences. Only I and my thesis supervisor and advisory committee will have access to the data. All
audiotapes will be erased immediately after transcribing. A signed confidentiality statement will be obtained from the transcriptionist.

Participants and their parents/guardians/caregivers will receive a copy of the information letter and consent form, and a summary of the results to keep. Participants will be reimbursed for expenses ($10 after each interview). If a participant leaves the study during an interview or after an interview, he/she will still receive this money. Because only five participants will be required for the study, not all adolescents who agree to be in the study will be interviewed.

I will provide you with the results at the end of the research. If you have any question about the study, you can contact me, Afsaneh Mokhtari at [(416) 497-2903 or 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, at [(613) 533-6088 or jamiesnm@post.queensu.ca]. You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

I wish to request your support in helping me find these young people.

Thank you for your time.

Sincerely,

Afsaneh Mokhtari
Appendix B - Introductory Letter to Staff

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Staff,

I am a Master of Science student in Rehabilitation Science at Queen’s University and I am undertaking my master’s research under the supervision of Dr. Margaret Jamieson. The purpose of my research is to understand the friendships of adolescents with intellectual disability from their own personal perspective. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board. Attached please find an Introductory Letter to Participants and Parents/Guardians/Caregivers.

To complete the study, I wish to speak with five adolescents with intellectual disabilities who can describe their experiences of friendship in one or two interview(s). First, the interview questions will be pilot-tested with two adolescents with intellectual disability. This pilot interview will be done in order to check the clarity of the questions and the suitability of the terminology. All interviews will be recorded on an audio recorder and then transcribed verbatim. I wish to request your assistance in identifying theses young people. In addition to having an intellectual disability, these young people must: a) be between 13 and 19 years of age; b) speak English; c) have good communication skills so that they can be understood and can answer interview questions about the meaning and nature of their friendships; and d) currently have at least one friend.

If you know a young person who meets these inclusion criteria, please give him/her and his/her parent/guardian/caregiver a copy of my Introductory Letter to Participants and Parents/Guardians/Caregivers which describes my study and invites the parent/guardian/caregiver and his/her son/daughter with intellectual disabilities to consider participating in this study. The son/daughter and his/her parent/guardian/caregiver are asked to indicate their interest by completing the Response Form and returning the form to you. The Response Form asks interested participants and
their parents/guardians/caregivers to report their willingness to meet with me to talk about the study and provide contact information so that I can arrange for a meeting. There are no anticipated risks to participants in any of the activities associated with this project. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. All information in this study will be kept confidential. All information, names, addresses, and responses will be stored in a locked file. All names will be pseudonyms. Data collection will be done in a quiet room that is comfortable for the participants in their homes or Community Living Toronto.

Adolescents and their parents/guardians/caregivers are invited to participate. Participation is voluntary. Participants and their parents/guardians/caregivers will have time to consult with others and consider whether to participate. All participants must sign a consent form if they agree to be in this study. All parents/guardians/caregivers must sign a consent form if they give permission for their son/daughter to be in this study. Participants do not have to answer all of the interview questions if they do not want to. They have the right to withdraw from the study without negative consequences. Only I and my thesis supervisor and advisory committee will have access to the data. All audiotapes will be erased immediately after transcribing.

Participants and their parents/guardians/caregivers will receive a copy of the information letter and consent form and a summary of the results to keep. Participants will be reimbursed for expenses ($10 after each interview). If a participant leaves the study during an interview or after an interview, he/she will still receive this money. Because only five participants will be required for the study, not all adolescents who agree to be in the study will be interviewed.

You will receive the results at the end of the research if you want. If you have any question about the study, you can contact me, Afsaneh Mokhtari at [(416) 497-2903 or 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, at [(613) 533-6088 or jamiesnm@post.queensu.ca]. You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081]. Thank you for assisting me.

Sincerely, Afsaneh Mokhtari
Appendix C - Introductory Letter to Participants and Parents/Guardians/Caregivers

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant and Parent/Guardian/Caregiver,

My name is Afsaneh Mokhtari. I am a student at Queen’s University, and I am doing my master research. My supervisor in this research is Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board. The purpose of my research is to understand the friendships of adolescents with intellectual disability from their own personal perspective.

I am contacting you to see whether you might be interested in participating in this study. In this study, I wish to speak with five adolescents with intellectual disabilities about their friendships. In addition to having an intellectual disability, these participants must: a) be between 13 and 19 years of age; b) speak English; c) have good communication skills so that they can be understood and can answer the interview questions about friendship; and d) currently have at least one friend.

Adolescents who are selected to participate will meet with me on one or two occasions. I will interview them about their friendships, what friendship means them, how they make friends, how they keep their friendships, and how they can improve their friendships.

Each interview will last about 1 hour in length and will be recorded on an audio recorder and then someone else will type the words in the interviews. All audiotapes will be erased immediately after typing.

All information will be kept private. Participation in this study is voluntary. You do not have to be in this study. You have the right to leave the study without negative results. Participants will be reimbursed for expenses ($10 after each interview). Participants do not have to answer all of the interview questions, if they do not want to.

There are no known risks to participants in this study. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. I plan to
write and present the results, so people who work in health or education, such as teachers will learn more about the friendships of young people with intellectual disabilities. This may help other young people in the future who may need help with their friendships.

If you are interested in participating in this study, please complete the attached Response Form and return it to (name of the staff). After I have received this form, if I have not already talked with five adolescents, I will telephone you and arrange to meet with both of you at your home or a place that you like. At this meeting, I will explain the research in-depth and answer questions you might have about the research. By asking some questions in this meeting, I can decide whether an adolescent can enter the study. The questions include age, level of communication skills, whether he/she can speak English, diagnosis of intellectual disability, and whether he/she has current friendship experiences. I need permission from both adolescents and their parents/guardians/caregivers before I will seek this information. Before this meeting, I will send you copies of the Information Letters and Consent Forms which you may wish to review.

If you still wish to participate after our meeting, I will ask both of you to sign the appropriate Information Letters and Consent Forms. Because only five participants will be required for the study, not all adolescents who agree to be in the study will be interviewed.

If you have any question about the study, you can contact me, Afsaneh Mokhtari at [(416) 497-2903 or Sam7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, at [(613) 533-6088 or jamiesnm@post.queensu.ca].

You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

I appreciate your consideration.

Sincerely,

Afsaneh Mokhtari
Response Form

Title of research: Listening to the Voices of Adolescents with Intellectual Disability:
Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant and Parent/Guardian/Caregiver
If you like to be contacted about this research, please complete this form and return it to
(name of the staff).
Thank you for your time.
Sincerely,
Afsaneh Mokhtari

YES, we would like to be contacted about this research.
Name of participant:
Name of parent/guardian/caregiver:
Address:
Telephone:
Preferred time to be contacted:
E-mail:
Appendix D - Information Letter and Consent Form for Parents/Guardians/Caregivers

Title of research: Listening to the Voice of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903
Dear Parent/Guardian/Caregiver (name)
I am a Master of Science student in Rehabilitation Science at Queen’s University and I am undertaking my master’s research under the supervision of Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board.
The purpose of this research is to describe the friendship experiences of adolescents with intellectual disabilities from their own perspective. To complete the study, I wish to speak with five adolescents with intellectual disabilities who can describe their experiences of friendship. I am very interested in talking to your son/daughter about his/her friendship experience and his/her perspective on friendship.
Your son/daughter is being invited to participate in one or two interview(s) by Afsaneh Mokhtari. All interviews will be recorded on an audio recorder and then typed up. Each interview will last for about 1 hour. The interview(s) will take place in a quiet room that is comfortable for your son/daughter in your home or in Community Living Toronto.
During the interview, I will ask your son/daughter questions about the meaning and nature of his/her friendships, the way he/she forms and keeps his/her friendships, and the methods which are most helpful in improving his/her friendships from their own views. These questions have not right or wrong answer. Later, I will check with your son/daughter to make sure that I understand his/her answers and describe his/her friendship experiences correctly.
You will be asked to sign a consent form if you give permission for your son/daughter to be in this study. Because only five participants will be required for the study, not all adolescents who agree to be in the study will be interviewed.
There are no known risks to participants in any of the activities in this research. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. Participants may enjoy expressing their views, and gain a sense of satisfaction when they speak and share their friendship experiences. The findings will be presented to families, teachers, interested professionals and others through presentations and publications. These presentations and publications may increase understanding of the friendships of people with intellectual disability and identify areas for further support or intervention that may help other young people with intellectual disabilities in the future.

All information that is obtained in this study will be kept private. All information, names, addresses, and responses will be kept in a locked file. I will record their answers using a different name instead of their real name. Your son/daughter’s participation in this study is voluntary. You have time to consult with others about his/her participation in this study. Your son/daughter does not have to answer all of the interview questions, if he/she does not want to. Your son/daughter has the right to leave the study without negative results. Only I and my thesis supervisor and advisory committee will have access to the data. All audiotapes will be erased immediately after transcribing. A signed confidentiality statement will be obtained from the person who types the words in the interviews. You and your son/daughter will receive a copy of the information and consent form to keep. You will receive a summary of the results at the end of the research. Your son/daughter will be reimbursed for expenses ($10 after each interview). If he/she leaves the study during an interview or after an interview, he/she will still receive this money.

If you need more information, you can contact me, Afsaneh Mokhtari, [(416) 497-2903, 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, the supervisor of this research at the School of Rehabilitation Therapy at [(613) 533-6088, jamiesnm@post.queensu.ca]. You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

Please read the attached Consent Form for Parent/Guardian/Caregiver. The consent form must be signed by you if you give permission to your son/daughter to participate in this research.                              Sincerely, Afsaneh Mokhtari
Consent Form for Parents/Guardians/Caregivers
Title of research: Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

I have read and understand the Information Letter for Parents/Guardians/Caregivers. I understand that my son/daughter is invited to be interviewed about his/her friendship experiences. I understand that my son/daughter will participate in one or two interview(s) by Afsaneh Mokhtari. I understand that all interviews will be recorded on an audio recorder and will be typed up.
I understand that my son/daughter’s participation in this study is voluntary. I understand that his/her answers and all information will be kept private. I understand that his/her answers will be recorded under a different name than real name. I understand that my son/daughter can leave the study at any time. I understand that my son/daughter does not need to answer all interview questions if he/she does not want to. I understand that there are no known risks to my son/daughter in this study. I understand that I can ask my questions about the research. I will receive a copy of information and consent form and a summary of the results.
I understand that if I need more information, I can contact Afsaneh Mokhtari [telephone: (416) 497-2903; e-mail: 5am7@qlink.queensu.ca ] and/or Dr. Margaret Jamieson [telephone: (613) 533-6088; e-mail: jamiesnm@post.queensu.ca ] or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at (613) 533-6727 or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at (613) 533-6081.

YES, I give permission for my son/daughter (name) to participate in this study about “Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability”.

Name of parent/guardian/caregiver:
Signature of parent/guardian/caregiver:
Date:

Statement of Researcher:
I have carefully explained to the participant’s parent/guardian/caregiver, the purpose, benefits, and risks of the above study. I will give a copy of information and consent form and a summary of the results to the parent/guardian/caregiver to keep.
Name of researcher:
Signature of researcher:
Date:
Appendix E - Information Letter and Consent Form for Participants

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant (name),

My name is Afsaneh Mokhtari. I am a student at Queen’s University, and I am doing my master research. My supervisor in this research is Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board. I am going to spend a few minutes telling you about my research, and then I ask you if you are interested in participating in this research. The purpose of this study is to understand how teenagers with intellectual disabilities experience friendship, how they make friends, how they keep their friends, and how they improve their friendships. If you would like to speak with me (Afsaneh Mokhtari), you will be asked to sign a consent form, which says that you understand what you are doing and that no one forced you to do it.

I will interview you once or twice in a quite room that you like in your home or Community Living Toronto. I will record the interviews on an audio recorder, and then someone else will type the words we said. Each interview will last about one hour. Later, I will contact you and check with you to make sure that I understand your answers and describe your friendship experiences correctly.

You do not have to be in this study. You can talk to others about whether or not to be in this study. If you decide to be in the research but later you decide to leave the research, you can leave. We can stop an interview whenever you want and we can have a break. You do not have to answer all of the questions I will ask you, if you do not want to.

Being in this study should not hurt you or make you feel bad. With your help, I will learn many important things about friendships of young people with intellectual disabilities. I plan to write and present the results, so people who work in health or education, such as teachers, can learn more about the friendships of young people with intellectual
disabilities. This may help other young people in the future who might need help with their friendships.

What you tell me will be kept private. Your answers to my questions in the interviews will not be shared with your parent/guardian/caregiver or staff in Community Living Toronto. I will record your answers using a different name instead of your real name. All the information will be kept in a locked file and only I, my supervisor and two other professors who are my advisory committee will have access to it. All audiotapes will be erased immediately after typing. The things you say and anything I write about you will not have your real name on it, so people will not know that they are your answers.

I will give you a copy of the Information Letter, and Consent Form to keep. I will give you a summary of the results of the research at the end of the study.

You will receive $10 after each interview for expenses. If you leave the study during an interview or after an interview, you will still receive this money. Because only five teenagers are needed for this study, you and others who agree to be in this study may not be selected. You can ask your questions you have about the study.

If there is anything that is not clear or if you need more information, you can call Afsaneh Mokhtari, [(416) 497-2903, 5am7@qlink.queensu.ca ], and/or Dr. Margaret Jamieson [(613) 533-6088, jamiesnm@post.queensu.ca ], and/or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], and/or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

Please read the attached Consent Form for Participants. You must sign the consent form if you agree to participate in this research.

Sincerely,

Afsaneh Mokhtari
Consent Form for Participants
Title of research: Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

I understand that:
- In this study, I will answer questions about my experiences of friendship,
- I want to be in this study, and no one is forcing me to do it,
- In this study, I will have a different name than my real name,
- My answers in this research will not be shared with my parent/guardian/caregiver or staff in Community Living Toronto,
- What I will say in the interviews will be kept private,
- I do not have to answer all of the questions,
- I can leave the study whenever I want,
- The interviews will be recorded on an audio recorder and will be typed up,
- Because only five teenagers are needed for this study, I may not be selected,
- If I need more information, I can ask my questions and I can contact Afsaneh Mokhtari, [(416) 497-2903, sam7@qlink.queensu.ca], and/or Dr. Margaret Jamieson [(613) 533-6088, jamiesnm@post.queensu.ca], or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].
- I understand that by writing my name and signing this consent form, I agree to be in this study.

Name of participant:

Signature of participant:

Date:
Statement of Researcher: I have carefully explained to the participant, the purpose, benefits, and risks of the above study. I will give a copy of the information and consent form and a summary of results to the participant to keep.

Name of researcher:
Signature of researcher:
Date:
Appendix F - Consent for Releasing Personal Information

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant and Parent/Guardian/Caregiver,
You are invited to participate in a research about the friendship experiences of adolescents with intellectual disabilities. In this study, I wish to speak with five adolescents with intellectual disabilities about their friendships. I need some information in order to select appropriate participants. The information includes age, level of communication skills, whether he/she can speak English, diagnosis of intellectual disability, and whether he/she has current friendship experiences. This information will help me decide whether an adolescent can enter the study.
All information will be kept private. I need permission from both adolescents and their parents/guardians/caregivers before I will seek this information. You have the right not to share this information with me. If you sign this letter, you agree to give this information to me. You will be given a signed copy of this letter to keep. You can ask any questions you may have about this letter.
Sincerely,
Afsaneh Mokhtari

By writing your name and signing this letter, you agree to provide the information listed above.

Name of participant:
Signature of participant:
Date:
Appendix G - Introductory Letter to Participants and Parents/Guardians/Caregivers- Pilot Interview

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant and Parent/Guardian/Caregiver,

My name is Afsaneh Mokhtari. I am a student at Queen’s University, and I am doing my master research. My supervisor in this research is Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board. The purpose of my research is to understand the friendships of adolescents with intellectual disability from their own personal perspective.

In this study, I wish to speak with five adolescents with intellectual disabilities about their friendships. First, the interview questions will be pilot-tested with two adolescents with intellectual disability. I need to know whether I am asking the correct questions to obtain the information I was looking for and whether or not the questions will be understood by the participants. In addition to having an intellectual disability, these participants must: a) be between 13 and 19 years of age; b) speak English; c) have good communication skills so that they can be understood and can answer the interview questions about friendship; and d) currently have at least one friend. I am contacting you to see whether you might be interested in participating in the pilot interview.

Adolescents who are selected to participate will meet with me on one occasion. I will interview them about their friendships, what friendship means them, how they make friends, how they keep their friendships, and how they can improve their friendships. Each interview will last about 1 hour in length and will be recorded on an audio recorder and then someone else will type the words in the interviews.

All information will be kept private. Participation in this study is voluntary. You do not have to be in this study. You have the right to leave the study without negative results. Participants will be reimbursed for expenses ($10 after interview). Participants do not have to answer all of the interview questions, if they do not want to.
There are no known risks to participants in this study. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. I plan to write and present the results, so people who work in health or education, such as teachers will learn more about the friendships of young people with intellectual disabilities. This may help other young people in the future who may need help with their friendships. If you are interested in participating in this study, please complete the attached Response Form and return it to the Special Olympic coach. After I have received this form from the coach, if I have not already talked with two adolescents, I will telephone you and arrange to meet with both of you at your home or a place that you like. At this meeting, I will explain the research in-depth and answer questions you might have about the research. By asking some questions in this meeting, I can decide whether an adolescent can enter the pilot interview. The questions include age, level of communication skills, whether he/she can speak English, diagnosis of intellectual disability, and whether he/she has current friendship experiences. Before this meeting, I will send you copies of the Information Letters and Consent Forms which you may wish to review. If you still wish to participate after our meeting, I will ask both of you to sign the appropriate Information Letters and Consent Forms. Because only two participants will be required for the pilot interview, not all adolescents who agree to be in the study will be interviewed.

If you have any question about the study, you can contact me, Afsaneh Mokhtari at [(416) 497-2903 or 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, at [(613) 533-6088 or jamiesnm@post.queensu.ca]. You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

I appreciate your consideration.

Sincerely,
Afsaneh Mokhtari
Response Form-Pilot Interview

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant and Parent/Guardian/Caregiver
If you like to be contacted about this research, please complete this form and return it to the Special Olympic coach.
Thank you for your time.
Sincerely,
Afsaneh Mokhtari

YES, we would like to be contacted about this research.
Name of participant:
Name of parent/guardian/caregiver:
Address:
Telephone:
Preferred time to be contacted:
E-mail:
Appendix H - Information Letter and Consent Form for
Parents/Guardians/Caregivers-Pilot Interview

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903
Dear Parent/Guardian/Caregiver (name)

I am a Master of Science student in Rehabilitation Science at Queen’s University and I am undertaking my master’s research under the supervision of Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board.

The purpose of this research is to describe the friendship experiences of adolescents with intellectual disability from their own perspective. First, the interview questions will be pilot-tested with two adolescents with intellectual disability. This pilot interview will be done in order to check the clarity of the questions and the suitability of the words.

To complete the pilot interview, your son/daughter is being invited to participate in one interview by Afsaneh Mokhtari. The interview will be recorded on an audio recorder and then typed up. The interview will last for about 1 hour. The interview will take place in a quiet room that is comfortable for your son/daughter in your home or in his/her sport complex. During the interview, I will ask your son/daughter questions about the meaning and nature of his/her friendships, the way he/she forms and keeps his/her friendships, and the methods which are most helpful in improving his/her friendships from their own views. These questions have not right or wrong answer.

You will be asked to sign a consent form if you give permission for your son/daughter to be in this study. There are no known risks to participants in any of the activities in this research. An adolescent’s participation will provide me with an important opportunity to learn about his/her friendships. Participants may enjoy expressing their views, and gain a sense of satisfaction when they speak and share their friendship experiences. The findings will be presented to families, teachers, interested professionals and others through presentations and publications. These presentations and publications may increase
understanding of the friendships of people with intellectual disability and identify areas for further support or intervention that may help other young people with intellectual disabilities in the future.

All information that is obtained in this study will be kept private. All information, names, addresses, and responses will be kept in a locked file. I will record their answers using a different name instead of their real name. Your son/daughter’s participation in this study is voluntary. You have time to consult with others about his/her participation in this study. Your son/daughter does not have to answer all of the interview questions, if he/she does not want to. Your son/daughter has the right to leave the study without negative results. Only I and my thesis supervisor and advisory committee will have access to the data. A signed confidentiality statement will be obtained from the person who types the words in the interviews. You and your son/daughter will receive a copy of the information and consent form to keep. You will receive a summary of the results at the end of the research. Your son/daughter will be reimbursed for expenses ($10 after interview). If he/she leaves the study during the interview or after the interview, he/she will still receive this money.

If you need more information, you can contact me, Afsaneh Mokhtari, [(416) 497-2903, 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson, the supervisor of this research at the School of Rehabilitation Therapy at [(613) 533-6088, jamiesnm@post.queensu.ca]. You may also wish to contact Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

Please read the attached Consent Form for Parent/Guardian/Caregiver. The consent form must be signed by you if you give permission to your son/daughter to participate in the pilot interview.

Sincerely,

Afsaneh Mokhtari
Consent Form for Parents/Guardians/Caregivers-Pilot Interview

Title of research: Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability

Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

I have read and understand the Information Letter for Parents/Guardians/Caregivers. I understand that my son/daughter is invited to be interviewed about his/her friendship experiences. I understand that my son/daughter will participate in one interview by Afsaneh Mokhtari. I understand that all interviews will be recorded on an audio recorder and will be typed up.

I understand that my son/daughter’s participation in this study is voluntary. I understand that his/her answers and all information will be kept private. I understand that his/her answers will be recorded under a different name than real name. I understand that my son/daughter can leave the study at any time. I understand that my son/daughter does not need to answer all interview questions if he/she does not want to. I understand that there are no known risks to my son/daughter in this study. I understand that I can ask my questions about the research. I will receive a copy of information and consent form and a summary of the results.

I understand that if I need more information, I can contact Afsaneh Mokhtari [telephone: (416) 497-2903; e-mail: 5am7@qlink.queensu.ca] and/or Dr. Margaret Jamieson [telephone: (613) 533-6088; e-mail: jamiesnm@post.queensu.ca] or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at (613) 533-6727 or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at (613) 533-6081.

YES, I give permission for my son/daughter (name) to participate in the pilot interview about “Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability”.

Name of parent/guardian/caregiver:
Signature of parent/guardian/caregiver:
Date:

Statement of Researcher:
I have carefully explained to the participant’s parent/guardian/caregiver, the purpose, benefits, and risks of the above study. I will give a copy of information and consent form and a summary of the results to the parent/guardian/caregiver to keep.

Name of researcher:

Signature of researcher:

Date:
Appendix I - Information Letter and Consent Form for Participants-Pilot Interview

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear Participant (name)
My name is Afsaneh Mokhtari. I am a student at Queen’s University, and I am doing my master research. My supervisor in this research is Dr. Margaret Jamieson. My research has received the approval of Queen’s University Health Sciences and Affiliated Teaching Hospitals Research Ethical Board. I am going to spend a few minutes telling you about my research, and then I ask you if you are interested in participating in the pilot interview. The purpose of this study is to understand how teenagers with intellectual disabilities experience friendship, how they make friends, how they keep their friends, and how they can improve their friendships. First, the interview questions will be pilot-tested with two adolescents with intellectual disability. I need to know whether I am asking the correct questions to obtain the information I was looking for and whether or not the questions will be understood by the participants. If you would like to speak with me (Afsaneh Mokhtari), you will be asked to sign a consent form, which says that you understand what you are doing and that no one forced you to do it.

I will interview you once in a quite room that you like in your home or your sport building. I will record the interview on an audio recorder, and then someone else will type the words we said. The interview will last about one hour.

You do not have to be in this study. You can talk to others about whether or not to be in this study. If you decide to be in the research but later you decide to leave the research, you can leave. We can stop the interview whenever you want and we can have a break. You do not have to answer all of the questions I will ask you, if you do not want to. Being in this study should not hurt you or make you feel bad. With your help, I will learn many important things about friendships of young people like you. I plan to write and
present the results, so people who work in health or education, such as teachers, can learn more about the friendships of young people like you. This may help other young people in the future who might need help with their friendships.

What you tell me will be kept private. Your answers to my questions in the interview will not be shared with your parent/guardian/caregiver or your coach. I will record your answers using a different name instead of your real name. All the information will be kept in a locked file and only I, my supervisor and two other professors who are my advisory committee will have access to it. The things you say and anything I write about you will not have your real name on it, so people will not know that they are your answers.

I will give you a copy of the Information Letter, and Consent Form to keep. I will give you a summary of the results of the research at the end of the study.

You will receive $10 after the interview for expenses. If you leave the study during the interview or after the interview, you will still receive this money.

If there is anything that is not clear or if you need more information, you can call Afsaneh Mokhtari, [(416) 497-2903, 5am7@qlink.queensu.ca ], and/or Dr. Margaret Jamieson [(613) 533-6088, jamiesnm@post.queensu.ca ], and/or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], and/or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].

Please read the attached Consent Form for Participants. You must sign the consent form if you agree to participate in this research.

Sincerely,
Afsaneh Mokhtari

Consent Form for Participant-Pilot Interview
Title of research: Listening to the Voices: Friendship Experiences of Adolescents with Intellectual Disability

Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

I understand that:

- In this study, I will answer questions about my experiences of friendship,
- I want to be in this study, and no one is forcing me to do it,
- In this study, I will have a different name than my real name,
- My answers in this research will not be shared with my parent/guardian/caregiver or my coach,
- What I will say in the interview will be kept private,
- I do not have to answer all of the questions,
- I can leave the study whenever I want,
- The interview will be recorded on an audio recorder and will be typed up,
- Because only two teenagers are needed for the pilot interview, I may not be selected,
- If I need more information, I can ask my questions and I can contact Afsaneh Mokhtari, [(416) 497-2903, sam7@qlink.queensu.ca], and/or Dr. Margaret Jamieson [(613) 533-6088, jamiesnm@post.queensu.ca], or Dr. Elsie Culham, Director of the School of Rehabilitation Therapy, Queen’s University at [(613) 533-6727], or Dr. Albert Clark, Chair of the Research Ethics Board, Queen’s University at [(613) 533-6081].
- I understand that by writing my name and signing this consent form, I agree to be in this study.

Name of participant: 
Signature of participant: 
Date:
Statement of Researcher: I have carefully explained to the participant, the purpose, benefits, and risks of the above study. I will give a copy of the information and consent form and a summary of results to the participant to keep.

Name of researcher:
Signature of researcher:
Date:
Appendix J - Consent for Releasing Personal Information-Pilot Interview

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences  
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University  
Telephone: (416) 497-2903  

Dear Participant and Parent/Guardian/Caregiver,  
You are invited to participate in a research about the friendship experiences of adolescents with intellectual disabilities. In the pilot interview, I wish to speak with two adolescents with intellectual disabilities about their friendships. I need some information in order to select appropriate participants. The information includes age, level of communication skills, whether he/she can speak English, diagnosis of intellectual disability, and whether he/she has current friendship experiences. This information will help me decide whether an adolescent can enter the pilot interview.  
All information will be kept private. I need permission from both adolescents and their parents/guardians/caregivers before I will seek this information. You have the right not to share this information with me. If you sign this letter, you agree to give this information to me. You will be given a signed copy of this letter to keep. You can ask any questions you may have about this letter.  
Sincerely,  
Afsaneh Mokhtari  

By writing your name and signing this letter, you agree to provide the information listed above.  
Name of participant:  
Signature of participant:  
Date:  

Name of parent/guardian/caregiver:  
Signature of parent/guardian/caregiver:  
Date:
Appendix K - Transcriber’s Statement of Confidentiality

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

As a transcribing typist of this research, I understand that I will be hearing tapes of confidential interviews. I agree to keep the information on these tapes confidential. I agree not to discuss this information with anyone except the researcher of this project (Afsaneh Mokhtari). I agree to keep the tapes and my transcriptions (electronic and/or paper copies) in a locked file. Any violation of this agreement would constitute a breach of ethical standards, and I pledge not to do so.

Name of transcribing typist:
Signature of transcribing typist:
Date:
Appendix L - Personal Information

Title of research: Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences
Researcher: Afsaneh Mokhtari, School of Rehabilitation Therapy, Queen’s University
Telephone: (416) 497-2903

Dear participants and parents/guardians/caregivers
These questions will be completed with your help in order to verify participant meets the study inclusion criteria.

a) What is the age of your son/daughter?
b) Can your son/daughter speak English? In what level?
d) Has he/she been identified by an appropriate professional as having the intellectual disability? When?
g) What is his/her educational level? Kind of school/class?
h) Does he/she have current experiences with at least one friendship?

Thank you for your time.
Appendix M – Sample of Journal of Beliefs

I received my B. Sc. in Clinical Psychology, and I took psychological coursework about children with intellectual disability in a special school. In addition, between 1993 and 1995, throughout my work in a psychiatric hospital and a rehabilitation centre for people with intellectual disabilities, I have seen many people with ID. I observed that some people with ID seemed to be alone, some of them did not have relationships with others, especially in the hospital, and they were almost isolated. Furthermore, I observed that some of the children in special school had kinds of relationships with peers, such as sitting beside each other in the class, and playing in the playground. These people shared with me some of their experiences, thoughts, feelings, their dreams, goals, and their friendships. Together, my beliefs go into different themes:

1) People with ID have limited friendships, although they have the right to have friendships like others.
2) In my beliefs, people with ID have problems in making, keeping, and developing their friendships.
3) Adolescents with ID will differ significantly from typical adolescents in the friendships they posses.
4) Adolescents with ID expected to have friends with ID.
5) In my assumption, people with ID have fewer opportunities in making friends than people without disabilities.
6) In my assumption, people with ID due to their disability have many challenges in their friendships, because it will affect their acceptance or rejection by others.
7) In my assumption, for many people with ID; parents, siblings, and their relatives are their friends.
8) In my assumption, people with ID want to have friends who are similar themselves.
9) Friendship for people with ID means having somebody to talk with.
10) In my assumption, people with ID are voiceless about their lived experiences.
I often thought in my assumption that they liked to tell me to understand them better, they liked to be with others, and they liked to have friends. All of these challenged me to understand more about people with ID. I believe that people with ID are the best source of information to learn about their own experiences, which is why I chose to interview the adolescents with ID themselves.

It is of great interest to listen to the voices of adolescents with ID to better understand their lived experiences and to acquire knowledge in an effect to develop future programs in the community. Furthermore, I think the results will show me that adolescents with ID want friends, and they want somebody call them as friend….
Appendix N - Peer’s Statement of Confidentiality

As a peer reviewer in this study, I understand that I will be accessing the transcribes of confidential interviews. I agree to keep this information confidential. I agree not to discuss this information with anyone except the researcher of this project (Afsaneh Mokhtari). I agree to keep the data (electronic and/or paper copies) in a locked file. Any violation of this agreement would constitute a breach of ethical standards, and I pledge not to do so.

Name of peer reviewer:
Signature of peer reviewer:
Date:
Appendix O - Ethical Approval for Pilot Interview

January 5, 2007

Ms. Afsaneh Mokhtari
#901 - 30 Esterbrooke Avenue
Toronto, ON
M2J 2C4

Re: "Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences" REH-325-06

Dear Ms. Mokhtari,

I am writing to acknowledge receipt of your email dated 12/21/2006 which included an information/consent form for the pilot interview. I have reviewed this form and hereby give my approval. Receipt of this form will be reported to the Research Ethics Board.

Yours sincerely,


Albert Clark
Ph.D.
Chair
Research Ethics Board

AFC/kr

c.c.: Dr. Margaret Jamieson, School of Rehabilitation Therapy

think Research
think Queen’s

PREPARING LEADERS AND CITIZENS FOR A GLOBAL SOCIETY
Appendix P - Ethical Approval

QUEEN'S UNIVERSITY HEALTH SCIENCES & AFFILIATED TEACHING HOSPITALS RESEARCH ETHICS BOARD

Queen's University, in accordance with the "Tri-Council Policy Statement, 1998" prepared by the Medical Research Council, Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council of Canada requires that research projects involving human subjects be reviewed annually to determine their acceptability on ethical grounds.

A Research Ethics Board composed of:

Dr. A.F. Clark
Emeritus Professor, Department of Biochemistry, Faculty of Health Sciences, Queen's University (Chair)

Dr. S. Burke
Emeritus Professor, School of Nursing, Queen's University

Rev. T. Deline
Community Member

Dr. M. Evans
Community Member

Mr. C. Kenny
Community Member

Ms. C. Knott
Research & Evaluation, Southeastern Regional Geriatric Program, Providence Continuing Care Centre – St. Mary's of the Lake Hospital Site

Dr. J. Low
Emeritus Professor, Department of Obstetrics and Gynaecology, Queen's University and Kingston General Hospital

Dr. W. Raze
Emeritus Professor, Department of Pharmacology & Toxicology, Queen's

Dr. H. Richardson
Assistant Professor, Department of Community Health & Epidemiology Project Coordinator, NCIC CTG, Queen's University

Dr. B. Simchison
Assistant Professor, Department of Anesthesiology, Queen's University

Dr. A.N. Singh
WHO Professor in Psychosomatic Medicine and Psychopharmacology Professor of Psychiatry and Pharmacology Chair and Head, Division of Psychopharmacology, Queen's University Director & Chief of Psychiatry, Academic Unit, Quinte Health Care, Belleville General Hospital

Dr. E. Tsai
Assistant Professor, Department of Paediatrics and Office of Bioethics, Queen's University

Ms. K. Weisbaum
J.I.B. and Adjunct Instructor, Department of Family Medicine (Bioethics)

has examined the protocol (October 2006) and revised consent forms for the project entitled "Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences" as proposed by Ms. Afshaneh Mokhtari and Dr. Margaret Jamieson of the School of Rehabilitation Therapy at Queen's University and considers it to be ethically acceptable. This approval is valid for one year. If there are any amendments or changes to the protocol affecting the subjects in this study, it is the responsibility of the principal investigator to notify the Research Ethics Board. Any unexpected serious adverse event occurring locally must be reported within 2 working days or earlier if required by the study sponsor. All other serious adverse events must be reported within 15 days after becoming aware of the information.

Chair, Research Ethics Board

Date

REH-325-06
2006-11-14
Appendix Q - Approval Letter from Community Living Toronto

February 26th 2007

To Whom It May Concern:

This letter is to confirm that Community Living Toronto is assisting Afsaneh Mokhtari with her research report for the School of Rehabilitation Therapy, Queen's University titled “Listening to the Voices of Adolescents with Intellectual Disability: Friendship Experiences.”

Our role with her project is in recruiting participants for her research. If you have any questions feel free to contact me at 416-225-7186 ext. 304 or via email at bferguson@cltoronto.ca.

Sincerely,

Bob Ferguson
Service Development Manager
Community Living Toronto
North York Region
Appendix R – Sample of Interview Guide

Title of research: Listening to the Voices of Adolescents with Intellectual Disability:

Friendship Experiences

Introductory questions
- How old are you? In what grade are you taking your courses?
- Please tell me about your typical day. Can you tell me how do you get to school?
  PROBE: For example, do your parents drive you? Do you travel with anyone?
- What do you do at school? What happens the time in your class?
  PROBE: Do you work in groups? With who?
- What do you do during break?
  PROBE: Who is with you at break time?
- Can you tell me about things happen after school?
  PROBE: What do you do? Who are with you?
- What do you do during weekends? Who are with you?
- When you want to have fun, what do you do? Who is with you?

The meaning of friendship
- What is friendship? What is not friendship?
  PROBE: Tell me more please.
- Why do people want friend?
  PROBE: Is it important to have friends? Why?
- Who is a friend?
- What is the meaning of a best friend to you?
- What makes someone a best friend?
  PROBE: What do you mean? Give me some examples.
- In your idea how do some of friendships start?
  PROBE: How do people make friends?
- In your idea how do some of friendships end?
  PROBE: How do people leave their friends? Can you give me some examples?

Friendship experiences
- Now please tell me about your friends. Who are your friends? Do you have one or more than one? Where did you find them?
- Please tell me more about your friends? Are they people with special needs?

PROBE: For example, how old are they? Are they in your class?

- Please tell me how you form friendships.

PROBE: Is it easy to make friends?

- How do you keep your friends?
- Who is your best friend? why?

PROBE: How is this friendship different from your other friendships? Why isn’t this feeling with the other friends?

- How old is he/she?
- How long have you been friend?
- Where do you see this friend?

PROBE: At school? Outside of school? At sport class?

- How often do you see each other?

PROBE: Everyday? Once a week? Weekends? What else?

- What do you have the same with your best friend?

PROBE: For example, are you the same age? Give more examples.

- What do you do together?

- PROBES: For example, do you go out with him/her? Do you go to his/her house? to parties? What else?

- What do you like to do with him/her?

PROBE: For example, doing homework?

- What kinds of things do you talk about? Do you tell your best friend things about yourself that you would not tell other people? Why?

- What about your best friends? Do they tell you about their secrets?

PROBE: Please give me an example.

- Do you tell your secrets to other friends?
- Do your friends talk about their secrets?

- When you have a problem, do you talk to a friend? Which one?
- How would he/she try to make you feel better when you are sad?

PROBE: Give me example.

- How do you feel when you are with him/her? Happy, excited…?
- What do you do if your friends do something that you do not like? Do you get into argument with this friend?
PROBE: Tell me more, please.
- When you were upset with him/her, what would you do?
PROBE: Can you think of a time that happened?
- If you have one wish for your friendship, what would it be?
- Do you want to continue your friendships? Why?
- How can you stay friend with him/her?
PROBE: How is it possible to keep your friends?
- How did your friendships start? What steps did you go through that help you to have this friend?
- What have you found most difficult in making this friendship?
- Did you get help from others to make this friendship? Did somebody help you?
- If yes,
- Who? How did this happen? Did it always happen like that? Do you depend on them for making friends?
- What do you like or dislike when they helped you to make friend?
PROBE: Why? Can you give me examples?
- If no,
- What are the things that could make it easy for you to make friend?
- How has your family helped you to get together with your friend? In what way?
PROBE: Have your parents ever invited your friends to your home?
- What help would you need from other people for making or keeping your friendship, for example from parents, teachers, and other teenagers, community staff?
- What do you do to be close to other students or other friends if you are not close?
PROBE: How is it possible to have more best friends?
- Is there anything more you would like to tell me?

Thank you very much.
Appendix S- Sample of Investigator’s Daily Journal

January, 2007
I sent e-mail message to an agency related to providing services to people with intellectual disabilities, introducing my research.

January, 2007
I received this message: I have read over your request and I think the best approach really would be for you to contact the community living Toronto and make a request through them for assistance. From what you have shared I do see that your plans for research is indeed a fit for our organization.

January, 2007
After contacting Community Living Toronto, they said: It sounds like a great topic and one that I anticipate will be of interest to Community Living Toronto. We have an internal process for requests of this kind, which I will initiate immediately.

March, 2007
Today I started talking to Helen and then I realized she was willing to talk about her experiences and quite cooperative. Helen shared with me her experiences in friendship as she talked about wanting to go shopping mall with her friends. She said she has to go with her mother although she is almost 18. She talked about the difficulty of getting mall with friends because she was dependent on the parents for transportation.

March, 2007
I was expecting for more boys as participants in order to understand gender and friendship, although gender was not mentioned as an inclusion criteria, and discussion of gender in friendship was not the purpose of this research. But I considered it was a good idea to have both boys and girls as participants when they described the nature of their friendships.

March, 2007
Note to myself. Today I interviewed another participant. When we finished almost 45 minutes interview, I asked parents let me do another interview with their adolescent.

April, 2007
Note to myself. After contacting parents of participants regarding member checking, three parents indicated that they wanted to have this session by telephone. I do not know how this conversation through telephone will help me, as contacting in person and face-to face was the best way for doing this process.