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EXPERIENCES OF ADOLESCENTS IN THE GENERAL EDUCATION SETTING INTERACTING WITH PEERS WITH INTELLECTUAL DISABILITY

Katie Goldey

University of Kentucky, katie.goldey@gmail.com

Author ORCID Identifier:

 <https://orcid.org/0000-0003-4925-3802>

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Katie Goldey, Student

Dr. Judith L. Page, Major Professor

Dr. Esther E. Dupont Versteegden, Director of Graduate Studies

EXPERIENCES OF ADOLESCENTS IN THE GENERAL EDUCATION SETTING
INTERACTING WITH PEERS WITH INTELLECTUAL DISABILITY

DISSERTATION

A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
College of Health Sciences at the University of Kentucky

By
Katie Goldey

Lexington, Kentucky

Director: Dr. Judith L. Page, Professor of Communication Sciences & Disorders

Lexington, Kentucky

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<https://orcid.org/0000-0003-4925-3802>

ABSTRACT OF DISSERTATION

EXPERIENCES OF ADOLESCENTS IN THE GENERAL EDUCATION SETTING INTERACTING WITH PEERS WITH INTELLECTUAL DISABILITY

Social interaction is critical to health, quality of life, and linguistic and cognitive development. However, young people with intellectual disabilities are unlikely to have equitable opportunities for social interaction. This may be particularly true of adolescents. This study used qualitative phenomenological methods to examine the lived experiences of students in the general education setting interacting with their peers with intellectual disability. Twenty participants engaged in one on one interviews with the author. Interviews were recorded, transcribed verbatim, and analyzed for overarching themes. Four main themes emerged from the data including: (1) Teens just don't have many opportunities to interact with peers with intellectual disability in the school setting because they are separated from each other both by school structure and by adult interference; (2) Teens feel that people with intellectual disabilities are different, and that feels complicated and can result in bullying and negative attitudes; (3) Teens feel that peers with and without intellectual disabilities should be integrated in school, and that can be positive, but some worry it could be burdensome, and (4) Teens feel they have to make accommodations for peers with ID. Additional research is needed to further examine the barriers to communication described by participants.

KEYWORDS: social interaction, intellectual disability, stigma, high school, adolescent, inclusion

Katie Goldey, CCC-SLP
April 23, 2020

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By

Katie Goldey

Judith Page, PhD., CCC-SLP

Director of Dissertation

Esther E. Dupont Versteegden, PhD.

Director of Graduate Studies

April 23, 2020

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[Appendix A: Interview Guide].....[PDF 37 KB]

[Appendix B: Audit Trail].....[PDF 10,491 KB]

Chapter One: Introduction

Social interaction is crucial for human development. It is through social interaction that we develop language and enhance cognition (Canavello & Crocker, 2010; Farr, 2014; Karelina & DeVries, 2011; Vygotsky, 1997), and relate to the world around us (Gunnar, Senior, & Hartup, 1984). Human well-being depends on the presence of social interaction. It is critical for our mental health (Hay, Payne, & Chadwick, 2004; Van Der Kolk, 2014), physical health (Caspi, Harrington, Moffitt, Milne, & Poulton, 2006; Karelina & DeVries, 2011), and quality of life (Amado, Stancliffe, McCarron, & McCallion, 2013; Carter & Hughes, 2005; Feldman, Carter, Asmus, & Brock, 2016; Kraemer, McIntyre, & Blacher, 2003; McIntyre, 2004).

Despite its well documented importance, not all people are afforded equitable opportunities for social interaction, which encompasses all four modalities of language – listening, speaking, reading, and writing, where speaking includes expressive modalities such as augmentative and alternative communication (AAC) systems and strategies. In particular, children with disabilities tend to experience significantly fewer opportunities for interaction, particularly with their typically developing peers, and are more likely to interact with adults and support staff than same aged peers (Chung, Carter, & Sisco, 2012). Individuals with intellectual disabilities typically have smaller social networks, often consisting of many service professionals or care providers (van Asselt-Goverts, Embregts, & Hendriks, 2013), with fewer friends (Pijl, Frostad, & Flem, 2008). Additionally, they are more likely to experience social isolation (Ali et al, 2012; McConkey, 2007). These disparities may be particularly evident for children with intellectual disabilities (Cooney, Jahoda, Gumley, & Knott, 2006; Nowicki & Sandieson, 2002; DeLaat, Freriksen,

Vervloed, 2013; de Boer, Pijl, Minnaert, 2012) and may worsen or become more prominent in adolescence (Townsend & Hassall, 2007).

The reasons for limited social interaction among children with disabilities are numerous and subject to interpretation. One potential explanation for limited interaction between students with and without disabilities is individual characteristics of children with intellectual disability. While it is true that behavioral disturbances or social deficits could contribute to communication difficulties (Carter & Hughes, 2005), social barriers are far more complex and multi-dimensional. Issues of stigma and negative attitudes may play more prominent roles in social isolation.

Social stigma refers to the process by which individuals are categorized into groups based on socially defined attributes, and groups seen as deviant from the norm are negatively judged based on those attributes (Goffman, 1963). People with disabilities experience social stigmatization regularly in United States (U.S.) American culture (DeMello, 2014). This social stigma represents an important barrier in the physical and/or social segregation of people with disabilities. The presence of such stigma may inform and shape attitudes, creating attitudinal barriers to social interaction (McNaughton, Light, & Gulla, 2003). Measures of self-reported attitudes among typically developing adolescents toward their peers with intellectual disability reveal a general respect for overall human rights (Al-Kandari, 2015; Sheridan & Scior, 2013), but demonstrate a desire to avoid interaction, with avoidance increasing as the intimacy of the interaction increases (Siperstein et al. 2007, Siperstein et al 2011; Townsend & Hassall 2007, Brown et al., 2011). That is, typically developing peers may feel comfortable waving to a student with a disability in the hallway, but are much less likely to feel comfortable sitting next to that

same student on the bus, or inviting them over to their house to hang out. Limited qualitative data reveal a similar ambivalence from typically developing students toward their peers with intellectual disability (Brown et al, 2011).

Statement of the Problem

Research shows that social experiences and opportunities of children with intellectual disability are significantly lacking compared to their same aged, typically developing peers (Atkins, 2016; Carter, Hughes, Guth, & Copeland, 2005; Chung, Carter, & Sisco, 2012; Cutts & Sigafoos, 2001). Investigation into attitudes demonstrates typically developing students' respect for their peers' general human rights, but a substantial hesitation to engage in social interaction and/or friendship-like behaviors (Horner-Johnson et al., 2002; Sheridan & Scior, 2013; Siperstein et al., 2007; Siperstein et al., 2013; Townsend & Hassall, 2007). Very little research exists examining the experience of typically developing students interacting with their peers with intellectual disability. In order to improve interaction frequency and quality, it is critical that we understand interaction from the perspective of both typically developing students and students with intellectual disability. The focus of this study will be on gaining a greater understanding of the attitudes and experiences of typically developing students' interactions (or lack thereof) with their peers with intellectual disability.

Purpose of the Study

The purpose of this qualitative, phenomenological study was to describe the attitudes and experiences of adolescents in the general education setting interacting with their peers with intellectual disability in a small rural community in Central Kentucky. At this stage in the research "interaction" is defined as a reciprocal exchange between at least

two people using any of the four modalities of language (writing, reading, listening, and speaking, including multi-modality expressive communication such as AAC) in addition to non-verbal gestures such as waving.

Research Questions

This study sought to gain an understanding of the following central question: *What is the lived experience of adolescent students in the general education setting interacting with their peers with intellectual disability at a rural central Kentucky high school?* Additional sub-questions included (1) *what are some facilitators to these two groups communicating? What are some barriers?* (2) *What types of interactions are more/less prevalent between these two groups?* (3) *Do participants view communication with a peer with intellectual disability differently than with a peer without intellectual disability? If so, how?*

Significance of the Study

This study used qualitative methods to acquire an in-depth understanding of the experiences and attitudes of typically developing adolescents interacting with their peers with intellectual disability. While there have been numerous studies examining attitudes of typically developing children or adolescents, few have taken an in-depth look at the experiences with social interaction. In order to better understand social interaction, its inner workings, its barriers and facilitators, it is necessary to speak to the adolescents themselves and attempt to achieve an understanding from their perspective. This study contributes a new perspective on social interaction between typically developing students and their peers with intellectual disability, allowing these students to have an active voice in the research, and to have some control of the conversation. Amado, Stancliffe,

McCarron, and McCallion (2013) emphasized the importance of using research to focus on the community, stating the following:

Past research efforts about inclusion could be seen to be restricted by historical approaches and understandings; a new “lens” is needed. A fundamental and useful redefinition would emphasize community members’ perspectives and experiences rather than focus only on the degree of inclusion of the individual with IDD. If truly inclusive communities are to exist, the role of the community itself must be emphasized. (p. 368)

This study sought to achieve the objective of placing greater focus on the community by interviewing typically developing adolescent students. It is only through a greater understanding of all parties involved in interaction that we may begin to intervene and make available more equitable opportunities for social interaction for all students.

Limitations of the Study

Limitations Related to Study Sample

Another weakness of this study is the lack of racial diversity in the sample. As of 2018, the school’s racial makeup reflected the following: 85.2% White, 4.5% Hispanic, 6.9% Black, 2.6% multiracial, 0.5% Asian, 0.3% American Indian or Alaskan Native, and 0.3% Native Hawaiian or other Pacific Islander (KDE, 2018). The sample in this study consisted of 95% White with 5% identifying as multi-racial, making the sample non-representative of the population in terms of racial diversity.

Limitations Related to Study Setting

Conducting interviews in the school setting was useful in that it expanded access to a variety of students, allowing more students to participate without the hardship of scheduling interviews and finding transportation. However, because of the nature of the school setting, it was necessary to limit the length of interviews to avoid missing excessive

class time, and to allow students time to transition to/from other classes or activities such as lunch.

Assumptions of the Researcher

Inherent to this study were the researcher's assumptions of the following: (1) students will exhibit a willingness to participate; (2) participants will put forth a good faith effort to provide honest and thoughtful responses; (3) participants, due to their shared status as students in the same school and grade, will exhibit some degree of shared experience related to social interaction; (4) participants have at least a minimal level of self-awareness and self-reflection allowing them the ability to reflect on and share their own experiences.

The researcher examined and identified her own background and life experiences as well, reflecting on how those experiences could color the research process. This process, commonly known as bracketing in qualitative research, is described in detail in Chapter 4: Methods. The researcher's life experiences related to this study include: having family members with intellectual and developmental disabilities; working as a speech-language pathologist, including in the school setting; and working closely with people with various disabilities and their families.

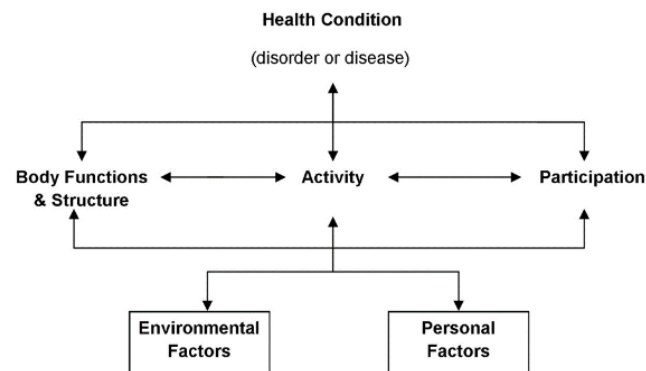
Theoretical Framework

The basis for the following study is informed by the World Health Organization's International Classification of Functioning, Disability, & Health (ICF) (Figure 1.1). The WHO-ICF, seen in figure 1.1., is a widely accepted conceptual model of disability, used to inform practice and goal-setting for many healthcare providers, including speech-language pathologists as recognized by the American Speech-Language-Hearing Association

(ASHA, n.d.). The model expands the definition of disability beyond a traditional medical diagnosis. It accounts for social and environmental factors, and necessitates an examination of the confluence of body function, activity, and participation, recognizing that each of these is dynamic depending on personal and environmental factors (WHO, 2001).

Figure 1.1

International Classification of Functioning, Disability, & Health (WHO, 2001)



This study examines particularly the experiences and attitudes of general education students interacting with their peers with intellectual disability. The ICF framework specifically highlights the importance of social interaction as an aspect of participation. It describes the importance of basic interpersonal interactions such as recognizing and responding to affection, as well as complex interpersonal interactions such as friendship development. In addition to being an important aspect of participation, the ICF recognizes social relationships as important environmental factors, ranging from close friends and family, to strangers with whom one may share only a brief encounter (WHO, 2001). In fact, the World Health Organization specifies that the ICF model may be used at the social/societal level, “for environmental assessment for universal design, implementation of mandated accessibility, identification of environmental facilitators and barriers, and

changes to social policy: How can we make the social and built environment more accessible for all persons, those with and those without disabilities? Can we assess and measure improvement?” (WHO, 2002, p. 6)

The ICF also describes the importance of attitudes as an environmental factor, describing their importance at an individual level, as well as at a wider societal level. Specifically, peer attitudes are defined as “General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbours and community members about the person or about other matters, (e.g. social, political and economic issues), that influence individual behaviour and actions” (WHO, 2001, e425).

While the importance of social interaction is *identified* and articulated invariably within the ICF model and social inclusion is critical; additional theories are needed to help *explain* and *understand* the importance of social interaction, or lack thereof. Chapter Two reviews the state of the literature related to social interaction, language development, and disability. Two prominent theories are used and detailed within this chapter. The first, Lev Vygotsky’s Sociocultural Theory of Language Acquisition describes the importance of social interaction within language development (Wertsch, 2008). The second, Erving Goffman’s Stigma theory (Goffman, 1963), contextualizes the myriad sociocultural barriers to interaction between people with varying identities.

Key Terms

- Attitude: “General or specific opinions and beliefs of acquaintances, peers, colleagues, neighbours and community members about the person or about other matters, (e.g. social, political and economic issues), that influence individual behaviour and actions” (WHO, 2001, e425)

- Barriers to interaction: qualities, structures, and processes that discourage or impede social interaction.
- Beginner’s Mind: A mindfulness strategy is designed to help cleanse the mind of clutter, biases, and ideas in order to approach the world with clarity and openness. (Suzuki, 2002)
- Bracketing: the process of identifying and defining the thoughts, presumptions, and biases the researcher may have, and approaching research with intentionality, removing them from the research process. (Tufford & Newman, 2012)
- Conviviality: encounters that arise when strangers engage in a shared activity with a common purpose or intent, providing people an opportunity to step outside a fixed identity. For example, to shift from a person with intellectual disability to a more transient identification as a library user or a gardener. In such encounters, people construct temporary shared identities. (Bigby & Wiesel, 2011)
- Eidetic reduction: The process of identifying and attempting to understand the essence, or essential nature of a phenomenon. (Schutz, 1945)
- Facilitators of interaction: qualities, structures, and processes that facilitate social interaction.
- Intellectual disability: “a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18” (AAIDD, 2019)

- Member checking: a strategy for increasing credibility wherein the researcher solicits confirmation from the participant that her understanding and/or interpretation of the participants' response is accurate. (Shenton, 2004)
- Phenomenology: A type of qualitative research methodology that systematically investigates phenomena through in depth one on one interviews in an effort to distill the phenomenon down to its essential parts. (Wilding & Whiteford, 2005)
- Social interaction: meaningful exchange between two or more people using any of the four domains of language: reading, writing, listening, and speaking.
- Social Isolation: The consistent, systematic, and involuntary separation of a person from a social space
- Social phenomenology: Concept introduced by Alfred Schutz, combining the principles of phenomenology, which was traditionally focused on the individual, with sociological principles of the group / society.
- Stigma: the process by which individuals are categorized into groups based on socially defined attributes, and groups seen as deviant from the norm are negatively judged based on those attributes
- Solitude: periodic time spent alone that is healthful.

Chapter Two: Literature Review

Social interaction is necessary for child development, impacting language, cognition, and health. However, research shows that children with disabilities are unlikely to experience equitable opportunities for social interaction. The following section describes the importance of social interaction to human development, and details the state of the research regarding social interaction opportunities for children and adolescents with intellectual disabilities, focusing specifically on both facilitators of and barriers to interaction at the individual, interpersonal, community, and societal level.

Social Interaction & Child Development

Carter and Hughes (2005) described the importance of social interaction for children with intellectual disabilities, stating, “Interaction with general education peers may play a role in academic, functional, and social skill development, as well as contribute to increased social competence, attainment of educational goals, friendship development and enhanced quality of life” (p. 179). It is well demonstrated that social interaction is critical for development, not only for children with intellectual disability, but for all children. Among children as young as 18 months, peer interaction helps facilitate environmental exploration, improving cognitive development (Gunnar, Senior, & Hartup, 1984). As children age, peer interaction continues to be an important aspect of cognitive, linguistic, and behavioral development (Canevello & Crocker, 2010; Karelina & DeVries, 2011). Peer relationships and social interaction may be particularly important to adolescents as they begin to place greater emphasis on the formation of peer groups and group identity (Newman & Newman, 1976). Feldman, Carter, Asmus, and Brock (2016) described peer relationships as “a vital part of the high school experience because of their

contributions to the development of social and communication skills, supportive relationships, increased quality of life, a sense of belonging, and the potential for future success” (p. 193). The following section describes the importance of social interaction for language and cognitive development through the lens of prominent theorist, Lev Vygotsky, and will then detail the importance of social interaction for both psychological and physical health.

Social Interaction, Language Development, & Cognition

Psychologist Lev Vygotsky (1896-1934) theorized that cultural and social interaction are critical components in the development and mediation of both language and cognition (McLeod, 2014). In describing this “Sociocultural Model” of language acquisition, Vygotsky separated psychological functions into two broad categories – lower and higher. Lower is made up of inherent, often biological or primitive functions such as nervous system regulation, or basic memory and attention; the higher functions consist of more complex cognitive processes such as abstract thought and language. In order to achieve higher level functions, a child must develop and transform lower functions through the process of *social interaction* (Gindis, 1995). Vygotsky described this process as a movement from “interpsychological” to “intrapsychological.” That is, higher level cognitive processes appear first in the interpersonal context of social interaction (interpsychological) and are then internalized as thought processes (intrapsychological) (Wertsch, 2008), tying social interaction to both linguistic and cognitive development.

The foundation of inner thought is grounded in consistent social interaction. This is a cornerstone not only of Vygotsky’s theories on cognition, but also his description of language development. Language begins as an innate function—crying when the child is

out of equilibrium, for example. Social interaction then begins to shape these primitive cries into more graduated communicative functions, with varied cries and vocalizations carrying different meanings. Continued social interaction eventually shapes these primitive communications into speech, first social speech, then private speech, and finally – inner thought (Vygotsky, Rieber, & Hall, 1997). This is referred to as Vygotsky’s three stages of language development: social language - developing around age 2, private speech – developing around age 3, and silent inner speech – developing around age 7 (Farr, 2014). Vygotsky emphasized the importance of private speech in cognitive and linguistic development. Private speech is spoken word a child directs only toward the child him or herself. This speech serves the purpose of self-regulation, as well as some higher order cognitive tasks such as problem solving (McLeod, 2014). According to Vygotsky, private speech is crucial to the development of abstract thought, as it transforms, with maturation, into silent and internalized inner thought.

Looking at older children, scholars and theorists have detailed the importance of social interaction to psychological development specifically of adolescents. Research demonstrates that adolescence is an important time of discovery, allowing teens to distance themselves from their parents and develop independence, increasing the importance of social interaction and peer groups (Shanahan, McHale, Osgood, & Crouter, 2007). Increasing interaction with individuals outside of one’s own family allows a teen to explore new roles, relationships, and identities of their own (Office of Adolescent Health, 2018). Language development and language use are critical in this process. Adolescents must use language for academic and social purpose. When establishing peer groups, adolescents often assess one another based on how and what type of language is used during social

interaction (Eckert, 2003). Furthermore, adolescents experience a great deal of growth in language and linguistic complexity in all domains of language – including social language, syntax, and semantics, which must be varied based on social situation (Nippold, M. A., 2000)

Through a Vygotskian lens, social interaction is crucial to the development of both language and cognition. As children develop, language and cognition become inextricably linked. Language is a process of learning through dynamic social and cultural interaction. This dynamic process of linguistic and cognitive growth, mediated by social interaction, leads to the development of higher order psychological functioning. As children grow into adolescence, they begin to fill new social roles and rely more on friendships for identity development. The impact of social interaction on cognitive and linguistic development, as well as identity exploration further demonstrates the importance of ensuring social opportunities for all children, including those with disabilities, including intellectual disabilities.

Social interaction & Psychological / Physical Health.

Social interaction and community belonging are additionally important to both physical and mental health. Caspi, Harrington, Moffitt, Milne, and Poulton (2006) found that social isolation in childhood and/or adolescence was a predictor for poor health outcomes in adulthood, including risk factors for cardiovascular disease, such as weight, cholesterol, and blood pressure. The study found that this relationship persisted even when controlling for other risk factors such as socioeconomic status, childhood weight and IQ, and health damaging behaviors. Furthermore, this study found that “social isolation during multiple developmental periods (in childhood, adolescence, and adulthood) had a

cumulative, dose-response relationship to poor adult health.” (Caspi et al, 2006, p. 810). Karelina and DeVries (2011) completed a literature review on the relationship between social isolation and health outcomes and found that social support improves a range of health outcomes and health behaviors, and isolation increases adverse health outcomes. For example, several animal studies demonstrated that social isolation may increase anxiety and neuropathic pain, slow wound healing, and reduce resiliency after injury (Karelina & DeVries, 2011).

Both psychological and physical health are each heavily influenced by social interaction and inclusion. In his 2014 book, *The Body Keeps Score: Brain, Mind, and Body in the Healing of Trauma*, Dutch Psychiatrist Bessel Van Der Kolk underlined the importance of social inclusion and belonging to psychological health, “Being able to feel safe with other people is probably the single most important aspect of mental health...social support is the most powerful protection against become overwhelmed by stress and trauma” (p. 81). Hay, Payne, and Chadwick (2004) performed a literature review and described a developmental model for peer relationships throughout childhood. They examined the concept of loneliness and solitude - stating that loneliness is not always inherently negative, and in fact, intermediate amounts of time spent in solitude can positively impact emotional state in adolescents. However, the authors differentiated between the concepts of time spent alone (which can be positive), and peer exclusion, which can increase depressive symptomatology later in life (Hay, Payne, & Chadwick, 2004). In fact, social inclusion is a critical aspect of quality of life (QOL) and is included as a marker in many QOL measures (Amado, Stancliffe, McCarron, & McCallion, 2013; Kraemer, McIntyre, & Blacher, 2003; McIntyre, 2004). Among students with disabilities,

inclusion can improve social competence and the ability to cope with negative situations (Fisher & Meyer, 2002).

Social Interaction Opportunities for Adolescents & Children with Intellectual Disability

Recent studies on social interaction between adolescents and children with and without disabilities demonstrate that interaction opportunities tend to be lacking in both frequency and quality. This can negatively impact students with intellectual disability in a variety of ways, including from a developmental and psychosocial perspective. Barriers to and facilitators of interaction appear to exist at the individual, interpersonal, community, and societal levels and can be physical and/or cultural and attitudinal. The following section describes the current research on the frequency and quality of interaction for children and adolescents with disabilities, and facilitators and barriers to interaction.

Frequency and Quality of Interaction

Efforts to improve inclusion of students with disabilities have been written and codified into education policy both nationally and internationally through agreements such as The United Nations (UN) Convention on the Rights of Persons with Disability. Inclusive education practices seek to engage students with and without disabilities in an effort to provide equitable education opportunities and meaningful participation in society. One of the important tenets of inclusive education is not only the provision of equitable access to academic material, but also access to meaningful social inclusion and community participation. Article 24 of the UN Convention on the Rights of Persons with Disabilities highlights the importance of providing the support and environment necessary to maximize social inclusion and participation, describing the necessity of providing “effective

individualized support measures...in environments that maximize academic and social development consistent with the goal of full inclusion” (UN, 2006).

Despite legislation and efforts to increase inclusion, students with disabilities continue to experience marginalization and limited opportunities for social interaction. In her qualitative narrative analysis of inclusive educational practices, Liz Atkins (2016) described that inclusive practices, however well intentioned, may do little to decrease social exclusion, “ some practices which are intended to be inclusive have the potential for an exclusionary impact on young people...this is something which can inhibit full participation in mainstream education” (p. 18). One example of the failure of inclusive practices in this study is the fact that inclusion was focused on the classroom, rather than other “in-between” times where many typically developing students interact, such as class transitions and lunch. Atkins stated “Failure to see beyond the classroom in terms of inclusion will result in exclusionary practices...and have the potential to engender greater, rather than less, social exclusion for other young people with disabilities during their educational careers” (p. 13).

Several studies confirm that, even in an age of increased practices of inclusivity, patterns of and opportunities for interaction vary greatly between students with and without disabilities. Students with disabilities interact with their typically developing peers very infrequently (Carter et al., 2005). Students with intellectual disabilities are more likely to engage with school staff or other students with disabilities (Carter et al., 2005; Cutts & Sigafos, 2001).

Chung, Carter, and Sisco (2012) completed an observational study of the interaction patterns of elementary and middle school students with complex communication needs

who used Augmentative & Alternative Communication modalities (AAC). The study found that an average of 57% of interactions with the children were initiated by paraprofessionals, versus an average of 5.7% initiated by peers. This suggests more passive communication and participation rather than active, with students being talked *at* rather than talked *with*. The study also found that social interaction was observed with greater frequency in elementary settings compared to middle school.

Frequency and quality of interaction for people with disabilities continue to suffer. It is crucial that researchers develop a more comprehensive understanding of interaction between students with and without disabilities in an effort to improve these measures. This study sought to achieve the goal of increasing our understanding of interaction by interviewing and gaining insight into the perspectives of students in the general education setting.

Barriers to and Facilitators of Social Interaction

The reasons why students with disabilities, including those with intellectual disability experience fewer opportunities for social interaction are myriad, complex, and at times nebulous. Some barriers may be obvious, such as physical segregation of students with and without disabilities. However, even when students with and without disabilities share the same space, interactions remain sparse without intentional efforts to encourage social communication (Carter et al., 2005). Communication deficits of people with disabilities can be considered an important barrier to interaction (Carter & Hughes, 2005), however, further investigation reveals that individuals can and do experience meaningful and equitable social inclusion even in the presence of social communication deficits. The biopsychosocial ICF requires an expansion of focus beyond individual deficits into

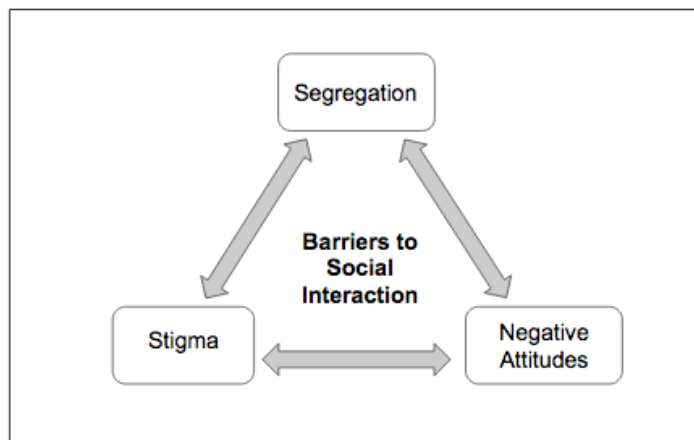
contextual variables such as sociocultural barriers to and facilitators of communication. This section does not focus on the individual medically defined social deficits of adolescents with intellectual disability, but rather highlights the presence of sociocultural barriers and facilitators to communication. Barriers discussed include segregation, negative peer attitudes, and social stigma. Facilitators of interaction discussed include peer-based and community-based interventions.

Sociocultural Barriers

Despite the effort to improve inclusion through legislation and policy, significant barriers to meaningful social inclusion and participation still exist in the school setting for students with disabilities. These barriers can be described as an interactive combination of physical separation, negative individual attitudes, and cultural stigma (figure 2.1). Separation allows people to categorize and create meaningful and differential labels of people with disabilities, providing a basis for stigma, which increases negative attitudes. Each of these three components influence one another in a cyclical and self-propelling manner.

Figure 2.1

Barriers to Social Interaction



Segregation as a Barrier.

Physical segregation of students with disabilities is a significant barrier not simply because physical separation precludes social inclusion, but also because this separation perpetuates stigma and negative attitudes. A report completed by Special Olympics, titled *Multinational Study of Attitudes Toward Individuals with Intellectual Disabilities* (2003) stated, “Inclusion in society is harmful to no one. Indeed, segregation is often more detrimental because it limits a person’s quality of life and potential to contribute to society, and perpetuates stereotypes” (p. 6). According to the Individuals with Disabilities in Education Act’s (IDEA) Least Restrictive Environment (LRE) mandate, students with disabilities are to be placed in a general education setting except for when their necessary accommodations are unable to be provided in that setting (34 C.F.R. § 300.114[a][2][ii]). This means that some children may spend greater than 80% of their time in a general education setting, while others may spend little to none. According to the National Center for Education Statistics, as of fall 2017, among the 7 million students served under IDEA nationwide, just over 50% spent greater than 80% of their day in a general education setting (figure 2.2). This indicates that many students have little to no opportunity to interact with their general education peers in a natural setting simply due to a physical separation and exclusion from the general education setting.

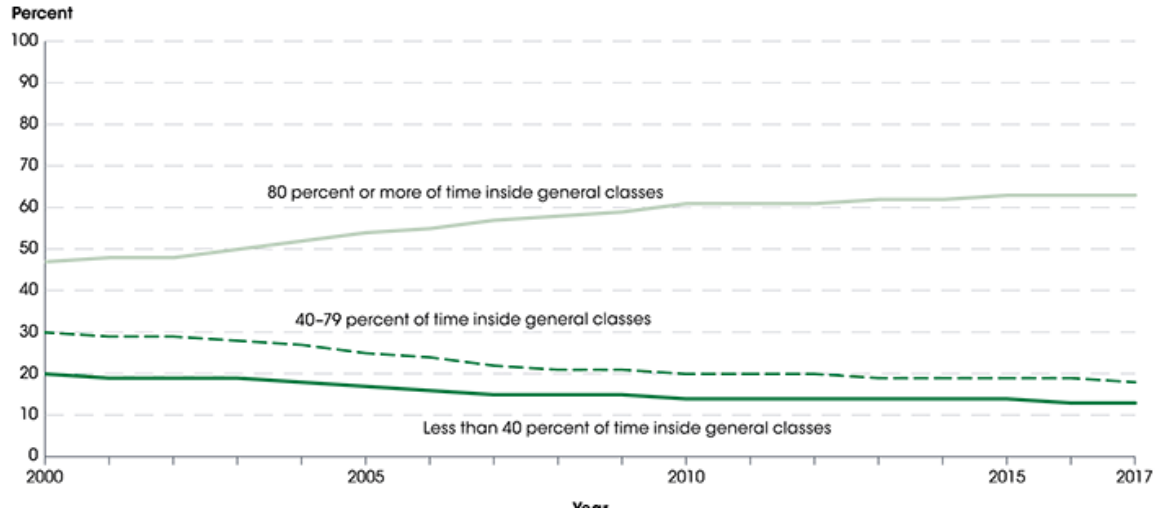
Even when students are present in a general education setting, they often remain physically separated within the classroom, and frequently arrive late for class and leave early, missing crucial opportunities for interaction (Feldman, Carter, Asmus, & Brock, 2016). Some studies find that social interaction is more likely to occur with a general education peer in a less integrated setting, for example if a peer buddy visits a special

education classroom (Carter et al., 2005). Reasons for reduced communication in integrated settings remain elusive, although some argue that the mere presence of people with disabilities in integrated settings is insufficient for encouraging communication, rather, an attitudinal shift in communities is necessary. Bigby and Wiesel (2011) suggested an ideological differentiation between the concepts of “community presence” and “community participation.” They used the concept of “conviviality” to illustrate how simple presence may lead to participation through more normalized and everyday interactions.

“Conviviality” describes encounters which are neither free mingling in public spaces, nor interactions based on long-term relationships. Convivial encounters occur when strangers engage in a shared activity with a common purpose or intent. A convivial encounter provides people an opportunity to step outside a fixed identity; for example, to shift from a person with intellectual disability to a more transient identification as a library user or a gardener. In such encounters, people construct temporary shared identifications (e.g., as gardeners in a community garden), but which do not repress the differences between them. Such an encounter between strangers may lead to friendship and a long term relationship, and in this sense can be understood as a bridge between community presence and community participation.” (p. 261)

Figure 2.2

“Among students ages 6–21 served under the Individuals with Disabilities Education Act (IDEA), percentage who spent various amounts of time inside general classes: Fall 2000 through fall 2017.”



(NCES.ed.gov, 2019)

Strategies to encourage convivial interactions may help encourage social inclusion and participation, however, when children with disabilities are frequently isolated from the general education setting, this prospect becomes increasingly elusive.

Stigma as a Barrier.

Stigma is a term dating back to the ancient Greeks, but more recently popularized by sociologist Erving Goffman in his notable 1963 work *Stigma: Notes on the management of a spoiled identity*. Goffman describes stigma as “an attribute that is deeply discrediting.” (Goffman 1963, p. 12). He explains that humans divide one another into categories based on attributes that are socially defined. Normative groups, such as white middle class males, may be assigned many positive attributes such as trustworthy, competent, or reliable. Groups that are seen as deviating from the norm are often assigned negative attributes, such as dangerous, incompetent, or unintelligent. When we make negative judgments about

people based on assumed negative attributes, we are engaging in stigmatization (Goffman 1963). Stigmatized groups include, but are not limited to racial minorities, gender minorities, people with mental illness, those with HIV diagnoses, and individuals with disabilities (Cook et al., 2014).

Social stigma toward disability is prevalent across cultures (Ali et al., 2012). Demello (2014) stated that disability stigma can be quite severe, often resulting in a total denial of personhood for the individual with disabilities. Instead of being identified based on personality, people with disabilities often are defined solely as their disability. She described that people with (visible) disabilities often become “socially invisible” with people able to completely ignore them (Demello, 2014, p. 29). Demello’s argument is further supported by the language used to describe individuals with disability. Link and Phelan (2001) discussed the importance of language used to refer to people with disabilities. They described that many people refer to persons with disabilities as only an entity of their disability. For example, a person with epilepsy may be described as ‘an epileptic’. (Link & Phelan, 2001). This type of language perpetuates the stigma that people with disabilities are not human, not full, not worthy. This language is being resisted by current efforts to adopt “person first” language which requires that a disability be used as a descriptor after the person, not as a defining word: *a person with epilepsy*.

Given the negative attitudes toward people with disabilities, it is not surprising that social exclusion and isolation are common experiences among this population. Isolation is repeatedly cited as a more common experience for individuals with disabilities compared to their able-bodied, neurotypical peers (Ali et al., 2012; McConkey, 2007). Ali et al. (2012) completed a systematic review on stigma and intellectual disabilities. They found

that people with intellectual disabilities are more likely to experience stigma across settings, including the workplace, school, and public.

In their seminal work, “Conceptualizing Stigma”, Link and Phelan (2001) described stigma as a process involving four parts:

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics—to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of “us” from “them.” In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. (p. 367)

Harma, Gombert, and Roussey (2013) described this first step of stigmatization in which differences are distinguished and labeled, stating that disability is still seen by society as a defining characteristic, and therefore a basis for othering, “...even though they may be socially, economically, and politically integrated, people with disabilities nonetheless continue to be assigned the identity of otherness, insofar as disability is one of the criteria used to classify individuals” (p. 314). This difference is further ingrained and given meaning in the school setting by the persistent physical separation of people with disabilities. They went on to describe Morvan’s five types of social representations of disability (1) medical semiological (based on diagnoses and deficits), (2) secondary image (related to products of the disability such as care providers or medical equipment, (3) childish image (infantilizing the person with a disability), (4) affective image (stereotypical assumptions about personality traits related to specific disabilities), and (5) relational image (related to the feelings they elicit from an onlooker or observer) (Harma et al, 2013). Each of these types of representation illustrate an othering, or the “us and them” separation characteristic of stigmatization, and representative of larger cultural attitudes - as described in Link and Phelan’s step 2.

Link and Phelan's (2001) step 3 refers to a distinct categorization using an "us" and "them" mentality. Bigler and Liben (2007) used a concept known as "Developmental Intergroup Theory" to describe how children learn to perceive differences. They argued that, given the extensive amount of differences among people, children are not simply hardwired to categorize all things - rather, they rely on social cues to indicate to them *which* differences are meaningful and salient. They describe that both implicit and explicit cultural norms and practices are essential for creating these meanings,

the psychological salience of grouping criteria (e.g., gender, color, reading ability): increases when adults label groups or group members, either as a matter of routine (e.g., beginning the day by stating 'Good morning girls and boys')... or in the service of organizing the environment (e.g., assigning different desks or bulletin boards to each group). This outcome holds even when groups are distinguished in a completely neutral (as opposed to stereotypic) manner (e.g., asking children to sit alternately by gender). (p. 164).

According to Developmental Intergroup Theory, the perceptual salience of categories is directly correlated to the behaviors and environments that surround the children. In the case of disabilities, the perpetual segregation of students with disabilities may serve as a pervasive indicator of "us and them" as described in Link and Phelan's (2001) step 3.

The cultural contingency of disability is illustrated in Kim E. Nielsen's "A Disability History of the United States" (2012) describes that, prior to European colonization, many North American Indigenous cultures simply did not see "disability" as defined in modern U.S. American Society as a means for categorization. "Though individuals might experience impairment, disability would come only if or when a person was removed from or was unable to participate in community reciprocity" (p. 3). This reciprocity was achieved according to each person's skills and the needs of the community, and may be as simple as providing companionship. However, with the arrival of European

cultures, norms of separation, stigma, and discrimination became increasingly normative (Nielsen, 2012).

The final step in Link and Phelan's conceptualization references the experience of status loss, inequality, and discrimination. People with disabilities are more likely to experience discrimination, including physical threats, humiliation, financial abuse, physical abuse, sexual abuse, and employment and educational discrimination (Dammeyer & Chapman, 2018). Negative attitudes may also serve as a basis for inequality, segregation, othering, and discrimination.

Attitudes of Typically Developing Adolescents toward Peers with Disabilities.

Attitudes of typically developing students toward their peers with disabilities may represent the above described othering, and present an important barrier to full inclusion and social participation of students with disabilities. Attitudes are typically described in terms of three major components, affective (feelings), cognitive (knowledge), and behavioral (actions) (Eagly & Chaiken, 1993). A meta-analysis completed by Nowicki and Sandieson (2002) looking at all three components of attitude described that typically developing students may have negative attitudes toward their peers with disabilities, even within the context of inclusive education settings. Results of negative attitudes may include social isolation and bullying. Students with disabilities tend to experience fewer friendships and lower acceptance from typically developing peers (Pijl, Frostad, & Annlaud, 2008) and may additionally be at an increased risk for bullying (Conti-Ramsden & Botting, 2004; Humphrey & Symes, 2010; Rose, Simpson, & Moss, 2015). In one study, 36% of children with specific language impairment indicated the feeling of being at risk for bullying, compared to 12% of their typically developing peers (Conti-Ramsden &

Botting, 2004). In contrast, social support from classmates was inversely related with bullying incidents (Humphrey & Symes, 2010), indicating that attitudes may also have a positive impact.

Attitudes of typically developing students toward their peers with disabilities may vary significantly depending on type of disability, with students with intellectual disability being at a particularly increased risk of stigmatization (Cooney, Jahoda, Gumley, & Knott, 2006), bullying (Rose, Simpson, & Moss, 2015), and negative attitudes in general (de Boer, Pijl, Minnaert, 2012; DeLaat, Freriksen, & Vervloed, 2013; Nowicki & Sandieson, 2002).

An examination of several independently conducted survey-based measures of adolescent attitudes indicates that general attitudes can be summarized as overall neutral to positive (Al-Kandari, 2015; Horner-Johnson et al., 2002; Sheridan & Scior, 2013). At face value, it is tempting to interpret these data as generally positive, but these results should be interpreted with caution. Specific item analysis reveals that, while overall attitudes may be generally neutral to positive – significant attitudinal barriers continue to be present. Behavioral intentions and attitudes toward inclusion reflect a surface level acceptance with a deeper ambivalence toward peers with intellectual disability. Participants in the examined studies generally felt positively about community integration (Al-Kandari, 2015) and negatively about exclusionary practices (Sheridan & Scior, 2013). However, participants expressed dissonance with issues of educational inclusion, and tended to prefer social interactions that maintained social distance (Siperstein et al., 2007, Siperstein et al., 2011, Townsend & Hassall, 2007, Brown et al., 2011). These phenomena are detailed below.

Participants were opposed to general statements regarding exclusionary practices (Sheridan & Scior, 2013, Horner-Johnson et al., 2002) and social distance (Al-Kandari 2015, Krajewski & Hyde, 2000). However, more nuanced item-by-item analysis reveals that discomfort and negative attitudes may still exist for certain inclusionary practices and social interactions. For example, inclusive education practices were seen as partly beneficial and partly challenging. Siperstein et al. (2007) found that 77% of participants believed inclusion would “teach students that being different is okay” and 74% agreed that it would improve acceptance of others. However, 63% of students expressed concern that teachers would necessarily focus more attention on the student with intellectual disability than on the rest of the class, and 59% agreed that the presence of a student with intellectual disability would make it difficult for typically developing students to concentrate. Greater than 80% of participants expressed support for inclusion of students with intellectual disability in non-academic classes such as art, however fewer than 40% shared that same support for academic classes such as math (Siperstein et al., 2007). Similarly, Siperstein et al. (2011) found greater support for inclusion in non-academic environments compared to academic ones.

Behavioral intentions of participants reflected a similar divide as inclusion – with some settings or circumstances for interaction being seen as more acceptable than others. Townsend and Hassall (2007) found that secondary students, aged 16-17 demonstrated much more positive attitudes about less personal interaction than more personal with regard to unified sports. Measured on a scale of 1-6, with higher scores representing more positive attitudes, students scored 5.14 in talking/playing with a student with an intellectual disability if they came to school, but scored only 4.57 in playing on a sports team together,

and 4.10 in playing sports together after school or on weekends. The qualitative component of this study provided further insight, revealing a pervasive theme of conflicted attitudes, with one participant stating “It is hard because as sad as it is, I wish that it wouldn’t be that embarrassing, but it is really embarrassing” (p. 270).

Table 2.1

Behavioral Intentions of Adolescents toward Peers with Intellectual Disability

Behavioral Intentions Scale item	Percent of participants in agreement:		
	Brown et al. 2011	Siperstein et al, 2007	Siperstein et al, 2011
(wording varied for each study, Siperstein et al, (2007) wording represented below):			
Lend a student with MR a pencil or pen	93.4	91	95
Stand next to a student with MR while waiting in line	89.3	86	<i>not included</i>
Go up to the student with MR and say hello	90.9	81	87
Talk to the student with MR during free time or lunch	66.8	60	78
Choose a student with MR to be on your team in gym class	62.7	53	61
Work together with a student with MR on a project in class	60.8	51	44
Sit next to student with MR on the bus for a field trip	48.3	53	60
Spend time with a student with MR outside of school	47.3	41	63
Invite a student with MR to go out with you and your friends	40.1	36	56
Invite a student with MR to your home	43.6	35	53
Go to the movie with a student with MR	42.9	32	<i>not included</i>
Talk about personal things with a student with MR	38.6	27	59

Behavioral intentions outside of the sports setting follow a similar pattern, with greater support for interactions that require less closeness. Participants expressed much more willingness to participate in interaction such as saying hello to a student with

intellectual disability, compared to more personal interactions such as inviting them out with friends. Findings were consistent across three studies (Brown et al., 2011, Siperstein et al., 2007, Siperstein et al., 2011) and are summarized in Table 2.1. Fewer than 45% of participants in Brown et al. (2011) and Siperstein et al. (2007) were willing to share in activities such as inviting a student to your home or out with friends, going to a movie together, or talking about personal things together.

Qualitative data supported that, even though students may experience guilt over their feelings, they do not feel that they are able to engage in friendship with a person with a disability in general, including intellectual disability. One participant noted “I still feel uncomfortable either way. I know this may sound mean, but basically I don’t think I could ever feel comfortable enough to be friends with a disabled person” (Brown et al., 2011, p. 326). In general, these measures reflect a surface level acceptance of individuals with intellectual disability, but continued barriers with deeper levels of interaction and engagement.

In addition to general attitudes, these examined studies examined which demographic variables may be statistically significant predictors of attitudes. The primary significant variable across studies was gender (Al-Kandari, 2015; Krajewski et al., 2002; Sheridan & Scior, 2013; Siperstein et al, 2007; Townsend & Hassall, 2007). Additional variables included contact (Al-Kandari, 2015; Sheridan & Scior, 2013; Horner-Johnson et al., 2011) and age (Al-Kandari, 2015; Townsend & Hassall, 2007).

Overall, gender appears to be significantly related with attitudes. Studies from the USA, the U.K., and New Zealand report consistently more positive attitudes from females with regard to social distance and subtle derogatory beliefs subscales ($p < 0.05$) (Krajewski

et al., 2002), attitude toward unified sports ($p < 0.001$) (Townsend & Hassall, 2007), and private rights subscale ($p < 0.05$) (Krajewski et al., 2002). Females reported higher perceived capabilities of individuals with intellectual disability and more positive attitudes related to impact of inclusion, non-academic inclusion, and behavioral intention ($p < 0.001$) (Siperstein et al., 2007). Additionally, females expressed greater feelings of similarity, more positive attitudes toward empowerment of people with intellectual disability, and greater opposition to exclusion of people with intellectual disability ($p < 0.01$) (Sheridan & Scior, 2013). Conversely, Horner-Johnson et al. (2002) found no significant relationship between gender and attitude among Japanese students. Al-Kandari (2015) found opposite results among Kuwaiti students – with males reporting significantly more positive attitude measures than females. The significant variation among western and non-western cultures warrants supposition about the role of culture in gender-related attitudes.

In addition to gender, two studies reported a significant relationship between age and attitude. Al-Kandari (2015) found that, when compared to adults (18+), adolescents aged 15-17 expressed more agreement with subtle derogatory beliefs, but were more likely to oppose the private rights of individuals to exclude those with intellectual disability. Townsend and Hassall (2007) reported more positive attitudes toward unified sports among primary school students, aged 10 years compared to secondary students, aged 16-17 years ($p < 0.01$).

Additional variables that may improve attitudes include knowing or being in contact with a person with an intellectual disability (Al-Kandari, 2015; Horner-Johnson et al. 2002; Sheridan & Scior, 2013), majoring in mental health studies, and career interest in working with intellectual disability (Horner-Johnson et al 2002).

Typically developing students exhibit a surface level acceptance and understanding of their peers with intellectual disability. This is represented by the willingness to engage in superficial interactions such as saying hello and sharing space in non-academic classes. However, typically developing peers continue to express a level of discomfort with actions and experiences that would be more deeply accepting and present equitable social opportunities for peers with intellectual disabilities. This is illustrated by reticence to play on organized sports teams together, apprehension about sharing academic classes, and resistance to non-organized friendship activities such as sitting together on the bus, going to the movies, or going out with friends.

On the surface level – neutral to positive attitudes may seem to be favorable. However, when a child with intellectual disability sits on the bus, and half of the students who pass her do not feel comfortable sitting with her simply because of her disability – this is a barrier to participation and social inclusion. Future research should continue to examine the relationship between attitudes and behaviors, and how those attitudes and behaviors may represent barriers or facilitators to social inclusion. Perhaps it is not useful to view attitudes in terms of general positivity, negativity, or neutrality. Rather than looking at overall attitudes, a more useful model may be to parse out relevant behaviors and ideas, and identify the presence of attitudinal facilitators and barriers. Qualitative inquiry should be utilized to gain more depth of insight into the mediators of attitudes and behaviors, as well as social pressures, norms, and cultural attitudes among adolescent peer groups. Future researchers should make an effort to consider the impact of demographic and cultural elements such as race, ethnicity, socioeconomic status, and geography. Severity of disability should also be considered as a potential mediator of attitudes and should be

further investigated. The studies presented in this review should not be seen as an end in themselves, but rather as a foundation of information and a place from which to draw future research questions. The present study seeks to do this by exploring the attitudes and experiences of students themselves.

Facilitators of Social Interaction

The frequency and quality of social interaction between students with and without disabilities can improve with intervention at the individual, interpersonal, and community levels. A systematic review completed by Carter and Hughes (2005) looked at effective interventions for increasing social interaction between adolescents with and without disabilities. A total of 26 studies were analyzed, including individual skill-based interventions, interpersonal peer-based interventions, and teacher/professional in-class support interventions. They found that interventions at each level were effective, but concluded that comprehensive interventions involving teacher supports, peers, and individual skill-based instruction would yield the greatest increase in interaction. More recently, Asmus et al. (2017) completed a randomized controlled trial in which 192 peers without disabilities were trained to participate in a “peer network” program with organized opportunities for interaction. The trainings took place across one semester and resulted in an increase in social contacts and friendships for students with disabilities. However, few of these friendships were shown to extend beyond the school setting.

Conclusion

Students with disabilities are unlikely to be afforded equitable social opportunities, the reasons are complex and multifaceted. Barriers are multi-level, from societal to individual, and must be examined as such. It is crucial to understand barriers more deeply

in order to implement effective interventions to improve inclusion and opportunities for social interaction. We know that improving inclusion is more complicated than just physical presence, although that is important. It is likely that societal norms, stigmas, and attitudes play a role, but there is little to no insight into the thoughts and experiences of typically developing students who are interacting with peers with intellectual disability. Before we can engage fully in any meaningful interventions or further research to understand sociocultural barriers and facilitators, such as attitudes and social norms- it is critical to develop greater insight into the perspectives of the students involved, in this case - typically developing students.

Chapter Three: Research Methods

Research Design

This qualitative phenomenological study sought to gain greater insight into the phenomenon of social interaction between adolescent students with and without disabilities from the perspective of typically developing high school freshman. According to Wilding and Whiteford (2005), “phenomenology is a method of inquiry that offers a way of systematically studying and learning about phenomena that are typically difficult to observe or measure” (p. 99). In particular, the phenomenon of social interaction may be well suited to phenomenological methods, as it allows the researcher to not simply observe the participant, but to more fully understand their thoughts and mindsets surrounding a particular phenomenon. Given that the barriers to social interaction include cultural and perceptual concepts such as stigma and attitude, the individual ideas and perceptions of the participants are crucial to gaining a deep understanding. Through open ended, semi-structured interviewing, the researcher was able to give the participant control of the conversation, allowing themes and ideas to emerge that may never have even occurred to the researcher. This structure made phenomenological methodology uniquely suited to this research question, which sought to better understand the experience of social interaction from the participants’ perspective.

Phenomenology was popularized by philosopher Edmund Husserl (1889-1938) and involved an examination of phenomenon from the first person point of view (van Manen, 2017). He emphasized the importance of eidetic reduction as opposed to empirical measurement - that is, the idea that, in some cases, empirical measurement is an inappropriate and/or insufficient means of examination, and a phenomenon must rather be

examined to achieve an understanding of its essence, or its meaning to the individual (Schutz, 1945). Husserl primarily viewed consciousness as individual, intrapsychological (Kim & Berard, 2009). Philosopher and social theorist Alfred Schutz (1899-1959) later combined Husserl's theories with sociological concepts of social groups, institutions, and society, indicating the importance of bridging the two practices by recognizing the mind as both individual and cultural (Schutz, 1945). Where Husserl fell short of recognizing the importance of social institutions and community, Schutz believed social scientists fell short of recognizing the importance of eidetic reduction and subjective meaning. He described the need for combining these ideas,

But how does it happen that mutual understanding and communication are possible at all? How is it possible that man accomplishes meaningful acts, purposively or habitually, that he is guided by ends to be attained and motivated by certain experiences? Do not the concepts of meaning, of motives, of ends, of acts, refer to a certain structure of consciousness, a certain arrangement of all the experiences in inner time, a certain type of sedimentation? And does not interpretation of the other's meaning and of the meaning of his acts and the results of these acts presuppose a self-interpretation of the observer or Partner? (p. 96).

This study used the concept of phenomenology and eidetic reduction to deeply examine the experiences of individuals as social beings in a social context. This study specifically looked to understand the *essence* of engagement between adolescents with and without disabilities - their experiences, feelings, and attitudes surrounding interaction. In order to achieve this, the author engaged in one-on-one interviews with twenty adolescent, high school freshman students at a high school in Central Kentucky. The semi-structured nature of the interviews allowed students to have agency and control over the interview process, following a general conversational flow directed by the participants' responses.

Participants & Recruitment

The study sample was drawn from three freshman English classes at a high school in a small, rural town in Central Kentucky. These freshman students were in a unique position to provide insight into the high school experience while also being closer in age and experience to middle grades. A focus on high school students across grades may have revealed varying themes and would be worth investigation, but was beyond the scope of this study. Initial contact with students was made via their English instructor. The author was introduced to students in class by the English instructor and given the opportunity to describe to the students the purpose of the study and what participation would look like. Students were then invited to ask questions. Informed consent documents were then sent home with all students in all three classes. Following a period of about two weeks, 24 informed consent forms were returned, ten male and 14 female. Of these students, all ten male students were chosen to participate, and ten female students were chosen randomly from the pool of 14 to make for an even number of male and female participants. Each participant was asked for their assent individually prior to beginning their interview.

The author sought to achieve a sample of 20 students to ensure that the sample was demographically representative of the racial and gender makeup within the school community. While this was achieved with respect to gender, the sample remained majority White American (95%) with (5%) identifying as multiracial. As of the 2016-2017 school year, racial demographics of this Central Kentucky High School reflected a student body that was 85.2% white, 4.5% Hispanic, 6.9% Black, 2.6% multiracial, 0.5% Asian, 0.3% American Indian or Alaskan Native, and 0.3% Native Hawaiian or other Pacific Islander (KDE, 2018). Data on socioeconomic status was not individually collected on participants.

However, 54% of the overall student population qualified for free or reduced lunch (KDE, 2018). As a result, this school was identified as eligible for Title I financial assistance program which assists local educational institutions with high representations of students from low income families (USDE, 2018).

An important aspect of phenomenological studies is ensuring that saturation of the data has been reached. Data saturation does not have a strict or consistent definition, but generally refers to the idea that, as the researcher continues to collect new data, they are seeing repetition of existing themes and ideas, and are no longer seeing the development of new themes (Fusch & Ness, 2015). Making decisions about data collection based on data saturation allows the researcher to collect enough data to gain a rich understanding of the phenomenon, but also prevents the researcher from wasting time and resources collecting unnecessary data (Varpio et al, 2017). After initially recruiting twenty participants, the author took notes throughout and following interviews on overall topics and ideas addressed. Throughout each of the twenty interviews, the same overall topics, attitudes, and ideas were brought up and discussed by the participants. The consistency in the data throughout the process allowed the author to conclude that data saturation had been reached. Since this was the case, a second round of participant recruitment was deemed unnecessary.

Setting

Each of the twenty interviews was conducted in a one on one setting with the interviewer (author) and research subject. Interview setting was provided according to availability as determined by the English teacher with whom the author was working. In this case, the teacher's lounge was provided as an interview setting. It was located one door

down from the classroom and allowed for little time to be spent in transit. The setting was semi-private with a closed door and window. Periodically teachers unrelated to the study did come into and out of the lounge during interviews, however, no students were present other than the research subject during each interview.

Data Collection

Interviews were completed using an interview guide (Appendix A) written by the first author that served as a guide and rough outline. The guide consisted of nine general, open-ended questions related to social interaction, disability, and interaction in the school setting. These questions were informed by the literature review and the interviewer's clinical expertise and experience in working with adolescents. The guide consisted of questions to build rapport and help understand the participant's social habits, to gauge their knowledge of and experience with peers with intellectual disability, and to describe the nature of interaction habits between peers with and without intellectual disability. The questions and their aims can be found in table 3.1.

While the guides were used to initiate conversation, the interviews were guided by the participants and followed a conversational flow, allowing each participant to discuss the topics or ideas that were most salient or important to them. All interviews were completed by the author, a licensed speech-language pathologist with 5 years' experience working with children and adolescents. All interviews were audio recorded on a password protected laptop. Interviews lasted an average of 19 minutes 58 seconds, with a range from 9:05 to 35:23. Interviews were shorter in length than a typical phenomenological study in order to minimize class time missed. While these interviews were shorter in length, the participants were typically eager to share and provided a great deal of information during

their interviews. At the end of each interview, participants were given the opportunity to share additional thoughts or ideas, and interviews were not concluded until the participant indicated they felt they had spoken all they could on the topic.

Table 3.1

Interview Questions & Aims

Aims	Questions
Build rapport, obtain an idea of overall social habits	<ul style="list-style-type: none"> ● Tell me a little bit about yourself – What kinds of things do you like to do, what’s your favorite stuff? ● Tell me a little bit about the people you talk to or hang out with at school – what do you guys like to do? Talk about?
Gauge knowledge of and experience with peers with intellectual disability	<ul style="list-style-type: none"> ● What do you think of when you hear the term “intellectual disability”?* ● Now that you know a little bit about what intellectual disability means, can you tell me about a time when you met or talked to a person with an intellectual disability? ● Do students with intellectual disability go to your school? If so, can you tell me a little bit about when or where you see them? ● When you see a student with an intellectual disability at school, do you talk to them? Why or why not? Can you tell me a little bit about that? What kinds of things do you talk about?
Describe and elaborate on the nature of interaction between peers with and without intellectual disability.	<ul style="list-style-type: none"> ● How does it feel talking to students with intellectual disability? ● How does it feel talking to students without intellectual disability? What kinds of things do you talk about? ● Do your friends or other kids talk to students with intellectual disability? Why or why not? Tell me what you think about that?

Note. * Definition of Intellectual Disability provided for students:

When someone has an intellectual disability, their brain might work a little bit differently. Their IQ may be lower than some other people you know, and school work and learning might be a bit more difficult for them. Sometimes people with intellectual disability might also have trouble with certain everyday tasks like counting money or reading. Some people with intellectual disability may have trouble talking or speaking. Intellectual disability can be mild to the point where you might not know that someone even has an intellectual disability. It can also be severe to the point where someone might be in a special classroom or need some extra help doing things like eating, dressing, or other basic tasks.

Data Analysis

Data analysis was completed according to Colaizzi's method of qualitative data analysis as described by Sanders (2003), which involved (1) gathering a sense of the transcripts, (2) identifying significant statements, (3) developing formulated meanings of significant statements, (4) grouping formulated meanings into categories, and (5) combining ideas and meanings into "an exhaustive description of the phenomenon" (Sanders, 2003, p. 299). These steps are broken down below and all supporting documents are available in the audit trail (Appendix B)

Gathering a Sense of the Transcripts.

In order to gain a deep understanding and sense of the transcripts, the author conducted and transcribed all interviews herself, allowing multiple opportunities to interact with and digest the content. Journaling was used throughout this process to continuously identify the author's potential biases and preconceptions. The author used this opportunity to deeply explore the perspectives of the participants through their own lens, rather than through the lens of the author. For example, the author engaged in journaling about the use of person-first language, which, was normative to her as a healthcare professional, and was a sign of respect. However, journaling provided an opportunity to acknowledge that the participants' education and life experiences were not the same as the author's, which has an impact on the language they used. Journaling and bracketing in this way on a variety of topics allowed the author to explore and understand the participants' statements without judgment.

Identifying Significant Statements & Developing Formulated Meanings.

Following the transcription period, the author closely read through each transcript at least twice, searching for statements which showed particular meaning and significance to the topic of social interaction and attitudes between peers with and without intellectual disability. From twenty interviews, 533 significant statements were extracted and placed into a table, with the statement in one column, and the essential interpreted meaning in the other column. These significant statements can be found in the complete audit trail (Appendix B). A sample of the significant statement chart is provided in Table 3.2

Table 3.2

Significant Statements and Essential Interpreted Meanings

Significant Statement	Interpreted Meaning
like I try to talk to the girl and stuff but some of the other kids you know it's hard, it's hard to communicate with them sometimes when they have a disability	Sometimes people with disabilities are hard to communicate with.
I had um this girl who went to my church and she had uh, she had down syndrome and I would talk to her all the time but sometimes it's hard to understand what she's saying and I don't want to give the wrong response and make her think oh I'm saying something and I like didn't mean it like that or I didn't know what she was saying so I didn't know how to respond sum, so it, it's kinda harder for me to talk to them 'cause I don't want to mess up. And I don't want them to see me as one of those kids when that's not what I'm trying to be	Intelligibility is a barrier. Worried I will give a wrong response and look disrespectful. Nervous.

Grouping Formulated Meanings into Categories.

Formulated meanings from all interviews were then categorized into ten overall groups reflecting the topical content discussed in the interviews. These groups included: (1) what my friends and I do/talk about, (2) describing people with intellectual disability, (3), describing interaction with people with intellectual disability, (4) where we see and

how we know people with intellectual disability, (5) friendship and hanging out, (6) facilitators of interaction, (7) barriers to interaction, (8) attitudes on disability, integration, and inclusion, (9) bullying, (10) high school politics.

Table 3.3

Categories of Data, Subdivided

Category	Subcategories
Describing people with intellectual disability,	- Infantilized/sweet/cute
	- Just different
	- Medical/logistical/intelligence
	- Inappropriate or negative attributes
Describing interaction with people with intellectual disability	- Talk about what they want to talk about
	- Small talk / Being nice
	- Have to adjust my speech / Making accommodations
	- We talk about different things
	- Disability characteristics as barriers
	- How others treat/talk to students with intellectual disability
Where we see and how we know people with intellectual disability	- Worried about being offensive
	- Nowhere
	- Outside of school
	- Class
	- Non class spaces: Halls/morning/lunch/bus
	- Through family/siblings
	- Friends or family members
- Extracurriculars	
Friendship and hanging out	- I could hang out with limitations
	- Need to make accommodations
	- Could be or are friends
Facilitators of interaction	- Location; Structure
	- Personal connections
Barriers to interaction	- Never see them
	- Teachers/adults as barriers
	- A lot going on/busy/no time
	- Nervous, don't know how to talk to them
Attitudes on disability, integration, and inclusion	- It depends
	- Negative / Neutral /Positive
	- Make Adjustments/get used to it
Bullying	- Physical bullying / verbal bullying / manipulation
	- Use disability terms pejoratively
	- Standing up to bullies
	- Bullied for associating with people with intellectual disability

After all formulated meanings were categorized into topical categories, each category was examined in depth for recurring thoughts, ideas, and themes. The categories “what my friends and I do/talk about” and “high school politics” were sparse and

statements did not contribute to the topic of social interaction between people with and without intellectual disability. As a result, these two categories were eliminated and the remaining eight categories were divided into subcategories and further analyzed in an effort to capture the essence, or essential meanings conveyed from the participants' interviews. Categories and subcategories can be found in table 3.3 and also in the complete audit trail (Appendix B)

Combining Ideas and Meanings into Overarching Themes.

After developing the final categories and subcategories of data reflected in table 3.2, the author once again reviewed in depth this categorized information, looking for common concepts and ideas that reflected the essence of the student participants' experiences interacting with their peers with intellectual disability.

Table 3.4

Themes & Subthemes

Title Quote	Descriptive Title and Sub themes
THEME 1: "Our paths don't even cross"	Teens just don't have many opportunities to interact with peers with intellectual disability in the school setting because they are separated from each other both by school structure and by adult interference.
THEME 2: "They almost talk to her like she's not a person"	Teens feel that people with intellectual disabilities are different, and that feels complicated and can result in bullying and negative attitudes. <ul style="list-style-type: none"> - 2.1 - Some teens feel negatively toward peers with ID because of their differences/ deficits and that can lead to bullying. - 2.2 "<i>The nicest people you will ever meet</i>": Teens may treat peers with ID as caricatures of happiness, innocence, or the "perpetual child"
Theme 3: "It'd be like a small adjustment"	Teens feel that peers with and without intellectual disabilities should be integrated in school, and that can be positive, but some worry it could be burdensome
Theme 4: "You have to have a little more patience" -	Teens feel they have to make accommodations for peers with ID. <ul style="list-style-type: none"> - 4.1 - Teens identify the importance of making accommodations for peers with ID during conversation, such as slowing or simplifying speech, and letting the peer with ID choose the topic of conversation. - 4.2 - Some teens expressed that hanging out with a peer with ID would require accommodating their needs, such as adjusting activities, planning, or environment. - 4.3 - Teens express that talking with a peer with ID is different, and feel they don't always know how to talk to someone with an ID or how to make accommodations for them.

Through this further analysis, four main themes emerged. Each theme was represented by a title quote reflecting the essence in the participants' own words, followed by a descriptive title. Additionally, each theme included 2-3 subthemes. Title quotes, descriptive titles, and subthemes of each theme are reflected in Table 3.3 and are reviewed in detail in Chapter 4: Results.

After developing themes, the author reviewed transcripts once more to identify possible additional themes or topics initially missed. No additional information or themes were extracted in this process.

Validity & Reliability

A variety of methods common to qualitative research were employed to increase validity and reliability of this study including bracketing (Tufford & Newman, 2012), member checking (Shenton, 2004) solicitation of feedback (Morse, 2015), and a robust audit trail (Carcary, 2009), each of which is described below.

Bracketing

During each stage of the study, from conception through interviews and data analysis, the author engaged in journaling and bracketing to identify potential researcher biases that, without proper awareness, could color the interview process and analysis (Tufford & Newman, 2012). Schutz (1945) described the process of bracketing as such:

I, the human being, am also, as a psycho-physiological unit, an element of this world that has to be bracketed, and so is my body and my mind or my soul or whatever name you prefer to give to the scheme of reference to which we relate our experiences of the world. In performing the phenomenological reduction I have to suspend belief also in my mundane existence as a human being within the world (p. 83).

In this case, as clinical speech-language pathologist with experience working in both the school and outpatient setting, it was necessary that the author examine her clinical and personal experiences and observations, particularly preconceived notions about the nature of social interaction between students with and without disabilities.

“Beginner’s Mind” as a Strategy in Bracketing.

Throughout the research process, the author engaged in bracketing by employing the concept of “Beginner’s Mind.” This mindfulness strategy is designed to help cleanse the mind of clutter, biases, and ideas in order to approach the world with clarity and openness. While this practice has not specifically been documented as a tool in qualitative research, it has been documented as a tool across health care professions and settings. For example, Beginner’s Mind may be useful in psychotherapy (Reed, 2014), and medicine (Epstein, 2003; Younie, 2017). Beginner’s mind is a Zen Buddhist concept which describes clearing the mind of preconceptions, biases, and value judgements. “The mind of the beginner is empty, free of the habits of the expert, ready to accept, to doubt, and open to all the possibilities” (Suzuki, 2002, p. 13-14). Given the need for objectivity and attentive listening in qualitative research, Beginner’s Mind can serve as a beneficial complement to and component of journaling, bracketing, and interviewing.

Zen Master, Shunryu Suzuki (1905-1971) discussed specifically how the concept of beginner’s mind relates to communication and listening. In his seminal work “Zen Mind, Beginner’s Mind” (2002) he described

When you listen to someone, you should give up all your preconceived ideas and your subjective opinions; you should just listen to him, just observe the way he is. We put very little emphasis on right and wrong or good and bad. We just see things as they are with him, and accept them. This is how we communicate with each other. Usually when you listen to some statement, you hear it as a kind of echo of yourself. You are actually listening to your own opinion. If it agrees with

your opinion, you may accept it, but if it does not, you will reject it or you may not even really hear it. That is one danger when you listen to someone. The other danger is to be caught by the statement. If you do not understand your master's statement in its true sense, you will easily be caught by something which is involved in your subjective opinion, or by some particular way the statement is expressed. You will take what he says as only a statement without understanding the spirit behind the words. This kind of danger is always there. (p. 87-88).

Listening for the “echo of yourself” is a threat to the validity of qualitative research - picking and choosing feedback that confirms one's own ideas. By engaging in introspection about the author was able to examine how her mind and opinions had been shaped by background research, by her own clients and their experiences, by her role as a sibling of a person with an intellectual disability, and by her past experience as an adolescent in Central Kentucky. For example, on one side, the author had past experiences working with children with disabilities who had experienced trauma and neglect, on the other side, she also had experiences of seeing and experiencing positive relationship building between people with and without disabilities. Both of those types of experiences can result in strong, emotional memories. In remembering these experiences, it would be easy to identify certain traits and characteristics of individuals who were “accepting” or “not accepting.” It would be easy to rush to judgment, either positive or negative, based on what the author had seen in her own life. However, layering these beliefs and experiences over the participants would have influenced the author's view and would have prevented her from engaging in open minded and productive interviews and data analysis. By recognizing the personal impact of these experiences and meditating on the concept of Beginner's Mind, the author was able to acknowledge and empty her mind of these preconceptions and approach the interviews with openness and objectivity.

Interviewing Techniques

The author employed several strategies to elicit information during interviews, including verbal summaries and strategies to reduce social desirability bias. Throughout the interviews themselves, the author provided verbal summaries of participants' responses throughout and asked for verbal confirmation that these summaries were accurate. Many times, this process led the participant to confirm the basic content, but then to expand on specific aspects of complex topics such as attitudes and bullying.

Social desirability bias refers to a respondent's tendency to increase reporting of "socially desirable behavior" and decrease reporting of less socially desirable behaviors (Kwak, Holtkamp, & Kim, 2019). In the case of this study, a participant may be more likely to describe that they are nice, kind, and helpful to people with disabilities, but may be less likely to report feeling nervous, or negatively toward people with disabilities. One established strategy for combating social desirability bias is through indirect questioning, where the participant is prompted to answer a question from another person's perspective. Fisher (1993) found that indirect questioning in survey research can effectively reduce social desirability bias by allowing the participant to project their thoughts and feelings onto a third party. These principles were applied to the interview process, asking students questions such as "how would you feel if someone with intellectual disability wanted to join the soccer team with you?" and then later asking "how do you think your teammates would feel?" This form of indirect questioning allowed the participants an opportunity to more comfortably voice opinions that they may see as socially undesirable.

Additional Measures to Increase Validity and Reliability

During data analysis, the author continued journaling, bracketing, and beginner's mind mindfulness exercises. Credibility was additionally addressed by expert review of transcription and data analysis by a mentor health science researcher with extensive expertise in qualitative research. Peer review and feedback were solicited and considered following data analysis. Such solicitation of peer feedback helped to provide outsider perspective in the continual conceptualization of study data (Morse, 2015). Additionally, a comprehensive audit trail was kept throughout the data analysis process and can be found in Appendix B.

Chapter Four: Results

This study aimed to gain a deeper understanding into the lived experiences of adolescent students in the general education setting interacting with their peers with intellectual disability. Through one on one interviews, the author sought to: (1) identify facilitators of / barriers to communication, (2) gain greater knowledge of what types of interactions were prevalent between these two groups, and (3) explore how those interactions were similar to or different from other types of interactions. Throughout all twenty interviews, the participants broached a variety of topics including interaction, attitudes, bullying, school structures, high school politics, their own past traumas and difficulties, their hopes for their futures, their favorite video games, sports, and much more.

As is characteristic of qualitative research, the data were analyzed, with several readings of transcripts and exhaustive analysis of significant statements. After this extensive and deep immersion within the data, a consistent feeling emerged - the essence of the teens' experiences. The participants seemed conflicted, throughout each conversation, throughout all themes extracted from the data, participants were pulled between ideas; ideas of what *should* be, and what *is*, ideas of striving for equality, but discomfort with social closeness. The participants described a landscape of disability inequality that provided the foundation for their teen experience. This landscape is characterized by barriers to equality and social inclusion, including: separation, segregation, variable attitudes, and bullying. Participants recognized that separation, negative attitudes, and bullying were wrong or unjust. They discussed the need to counteract negativity by standing up to bullies or increasing classroom inclusion. However, while many participants felt that separation was inherently unequal and

problematic, some found a level of comfort in the familiarity of separation. For some participants, the potential need for burdensome accommodations led to fear and discomfort with increased levels of integration. Similarly, participants acknowledged the importance of increased friendship between students with and without disabilities, and recognized the potential positive impact friendship could have on improving equality and attitudes. However, they also worried that people with disabilities may act as a burden to their class or friend group. They wanted to be kind, but not close friends. They want to interact more, but had concerns they did not know how to do so.

This essential experience of the participants recognized the barriers to communication, and the conflict of wanting to break those barriers but also being hesitant to do so. Four major themes emerged related to this essential experience (1) the first theme reflects on the structural and institutional barriers present at the school. (2) The second describes attitudes and understanding of intellectual disability, how the participants' viewed their peers with intellectual disability, and how they perceived others viewing them as well. (3) The third theme explored participants' level of comfort with integration in classroom settings or friendship groups. (4) Finally, in the fourth theme the participants described what they saw as a big logistical difference in communicating with people with intellectual disabilities - the need to make accommodations.

Theme 1

“Our paths don’t even cross” - Teens just don’t have many opportunities to interact with peers with intellectual disability in the school setting because they are separated from each other both by school structure and by adult interference.

When asked to explain their experience of social interaction with peers with intellectual disabilities, many participants began by sharing the fact that in school, they simply don’t interact with one another. One oft cited reason they are unlikely to interact is that students with and without disabilities are located in almost completely separate quarters of the school. While some peers with mild intellectual disability attended class in a mainstream general education setting, students with moderate to severe disabilities were rarely seen or heard from. Table 4.1 includes just a few examples of several statements describing the barrier of physical separation.

Table 4.1

Participant statements on physical separation

Participant	Statement
ALEXA	They just talk to each other on there, nobody really talks to them cause they’re on a whole other half of the bus and everyone else is on the other side
CHRISTINA	I only see them in the mornings like when they’re going to class ‘cause they don’t really, we don’t really get to interact with them at all outside of their classes we don’t get to see ‘em
LAYLA	They’re kind of isolated off. Like I said, I don’t even know where the classroom is...very isolated, I mean, like I don’t get that, like yeah they need more attention in the classroom, but like they can still attend class like everybody else does... The school has ‘em very isolated. Nobody talks to ‘em. Nobody.
BRENTON	...they just go straight to like, they all walk together and they, they go to the class and you usually don’t see them throughout the day.
CARL	I’ve seen like a few of ‘em in the hallway, but they’re the ones that are like in the [SELF-CONTAINED] classes, so I don’t really ever like talk to them or anything.
FRANK	... almost no interaction, they’re kind of all by themselves... they have their own class and their own schedule and it’s not the same as everyone else’s...they have their own table [AT LUNCH]
WINSTON	I don’t know if it’s on purpose, but I find they’re pretty isolated... I usually get here like right when the bell rings, but when I’m here a little earlier I see them walk from the cafeteria to their classroom, other than that I never really see them other than art class.

From the perspectives of the participants, this physical separation was a pervasive barrier to interaction - they could not talk or interact because they simply did not occupy the same space at the same time.

Many participants described physical separation as a direct reason for lack of communication between the two groups. Christina explicitly related how physical separation precluded interaction for her, *“I only see them in the mornings like when they’re going to class ‘cause they don’t really, we don’t really get to interact with them at all outside of their classes we don’t get to see ‘em”*. Like Christina, many participants also mentioned that one of the few times they encountered peers with disabilities was in the morning, in common areas within the school before classes began. However, even when students with and without disabilities shared the same common space - there was a marked difference between them, delineated by how they were instructed to behave by teachers, and how teachers or other adults behaved around them.

Participants described that students with disabilities moved throughout the school differently - they traveled at different times, and in different manners. These differences in movement registered as significant and odd to participants. Brenton, for example, described how students with disabilities walked together *“...they all walk together and they, they go to the class and you usually don’t see them throughout the day.”* The concept of “walking together” as a class was much different than the experience of teens in the general education setting. This difference made it logistically harder to see and interact with peers with disabilities, as described by David, *“When we have to change classes I’m pretty sure they do that before the bell rings, so like it’s impossible to see them.”* However this difference in movement didn’t only provide a logistical challenge to interaction, for some

participants, it represented an unspoken signal that students with and without disabilities were *supposed* to be separate, as illustrated by Winston's description: "*I mean, I know that they do cause it's necessary but like when you see them walking, you know they have to walk in a straight line and they're just in their group and you feel like 'okay they have somewhere to be, don't bother them.'*" These unspoken signals seemed to contribute to separation, even when students were occupying the same physical space.

Many participants explained that students with and without disabilities remained separate within common settings as well, such as within inclusive classrooms or the cafeteria. Students were either isolated in special tables, or isolated by teacher behavior. Layla explained that during class, "*they're usually at their own table with the teachers, isolated off.*" Frank stated that students with disabilities were similarly isolated at their own table at lunch. Layla expanded on this, explaining that peers with disabilities were at a separate table at lunch, but also had an additional barrier of being constantly surrounded by adults.

They're just away from everybody surrounded by teachers...they usually sit at the first table by themselves with the teachers surrounded. Like I've walked past and I've like smiled, waved and everything, whatever, but I feel like it's very, teachers being like birds over top of them hovering. ... my friends are like 'hey let's go talk to 'em', and then we see teachers and we're like 'oh never mind, maybe not.'

While Layla's illustration does not describe a specific effort to ward off peers - she clearly stated that the close proximity of adults served as a barrier, whether that was an active effort or not.

Participants described that separation was often encouraged, knowingly or unknowingly, by adults. Alexa described that sometimes she shared a bus with students with disabilities, but was discouraged from interacting with them by supervising adults.

The bus monitor and bus driver are like [STUDENTS WITH DISABILITIES ARE] up here, you're back there, that's, that's it. I don't think, like they would have a problem with us talking to them it's just like a feel like everybody thinks we're supposed to like stay away.

This idea that students in the general education setting were *supposed* to stay away from peers with disabilities recurred throughout multiple interviews. For example, Alice explained that when she shared gym time with peers with disabilities, they were intentionally separated,

Well, actually, in gym, um, this year actually, um, there would be some special needs kids who would come into the gym but I did notice that like, we'd stay on like one side and they'd be separate from us, they'd separate us from them and keep them on the other side...we were separate; they would keep them from us.

The language that Alice used to describe this connoted intentionality - that she perceived adults were actively keeping students with and without disabilities apart.

Separation was additionally described as not only a physical problem, but a mental-emotional one as well characterized by an “out of sight, out of mind” mentality. Some participants described that they, or their peers typically just do not think about, acknowledge, or concern themselves over the lives of students with disabilities, seemingly just out of habit. Kristen described this phenomenon, “*It's, it's a very like [TYPICALLY DEVELOPING PEERS] don't think about [PEERS WITH DISABILITIES], they don't really talk about 'em, they're just kinda pushed to the side kinda deal.*” This type of language described that sometimes, the simple existence of peers with disabilities was irrelevant in the lives of peers in a general education setting. .

Physical separation serves as the first and most obvious barrier to interaction. When students shared the same space, they might engage in social interaction or they might not. The reasons for this were varied. Frank described,

We don't really interact with [STUDENTS WITH DISABILITIES] that much 'cause we don't see them that much, sometimes we do, like usually, uh with me in second period I do interact with Brian all the time. Most of my friends probably don't interact with them that often 'cause they don't usually get the chance or maybe they don't even want to.

Students may not be interacting because they are physically separated, but as Frank stated, they may also avoid interacting simply because they don't want to. Participants talked frequently about attitudes toward disability and interaction as potential contributing factors to the treatment of peers with disabilities. Participants discussed the impact of positive attitudes and negative attitudes on interaction. Attitudes and bullying are explained at length in theme 2.

Theme 2

"They almost talk to her like she's not a person." Teens feel that people with intellectual disabilities are different, and that feels complicated and can result in bullying and negative attitudes.

Theme one explored how participants experienced physical separation between themselves and their peers with disabilities. Some of the students explained how this separation was not only physical, but could also be mental or emotional, leading to an "out of sight out of mind" type of attitude or mentality. Overall, participants' discussion of attitudes toward their peers with intellectual disability was characterized by the persistent presence of socially relevant differences. Participants consistently described peers with disabilities as different - different in their personal characteristics, but also different in the ways they were treated by others. Throughout the interviews, a variety of participants expressed a relationship between differences and treatment. The differences exhibited by peers with intellectual disabilities were sometimes characterized these differences as odd,

or “off,” and could lead to differences in treatment by other peers. This varied treatment could include verbal bullying, manipulation, talking down to or treating the peer like a child. However, many students recognized these differences in treatment and, at least implicitly, expressed a desire to correct for negative treatment by making an effort to treat peers with intellectual disability better.

Perceived Differences

Participants varied in their description of the “difference” between peers with and without disabilities, sometimes describing it in medical terms, and other times describing it informally in terms of learning skills. One participant, Brenton, described that he had studied intellectual disability in AP Psychology, “*Well, I’m in AP Psychology, so [WHEN I THINK OF ID] I just think of like 80 IQ and below, I think, or is it like 75...like it’s harder for that person to learn...social skills can be a struggle.*” Brenton’s definition reflected a common text-book based definition of intellectual disability. Other participants focused more informally on specific characteristics of the disability, primarily focusing on learning ability. For example, Christina stated “*I feel like I think of it like they’re, they don’t grasp stuff as well, kind of like concen-, well, not concentrate, but like pick up things and it’s harder for them to learn*”. Similarly, Kristen described intellectual disability in terms of learning, “*How I perceive [INTELLECTUAL DISABILITY] is somebody who intellectually can’t like do as well like with their grades or with school work or something like that, they can’t think as well.*” These descriptions of differences tended to focus on a deficit-based model, describing what the peer with intellectual disability *cannot* do. However, many participants, while they tried to provide some type of description or

definition, also readily admitted that they didn't know exactly what intellectual disability meant.

Many participants had never heard of the term "intellectual disability", but still expressed a knowledge that disability frequently equated to perpetually salient difference. Jack stated that his peers with disabilities have some differences in social interaction, "*well their response wasn't as fast to some things or they just didn't talk as much.*" Another participant, Nathan, described disability with the words "off," and "special", "*There's one kid, Mike, he's a little off, which is how I entered him in that column special.*" When asked to further describe what "off" meant, Nathan expanded, "*he's like slow to respond to a lot of things and he doesn't, he's not very self-aware, like himself, or like what goes on around him a lot.*" Both Jack and Nathan associated intellectual disability with a difference, particularly related to characteristics of social interaction. While Jack's statement did not place a value on that "difference," Nathan's description of the peer being "off" indicated that the differences were negative. George explicitly described the relationship between attitudes and perceived differences, stating

People just think they're weird...like how like differently they act, or how they appear in some instances there might be a few that are like deformed in some way, they find that super weird and it's not, like they think it's not normal.

George's quote illustrates that there are differences - and whatever those differences are, whether physical or behavioral, they are a *deviation* from the norm.

Participants, even when describing differences, were quick to explain that they had a desire to be welcoming and think and speak positively about peers with disabilities.

Laura described that there was a difference between peers with and without disabilities, but that the difference was not bad,

it feels different, but it doesn't feel bad different, it's just like you can tell they like, have a harder time, like I don't know like, underst-, not understanding, just, I don't understand it a whole lot. You can just tell it's different but I don't know how to describe how it's different.

Layla similarly described that, while she didn't completely understand intellectual disability, that her first impulse was to be accepting of the disability, "*I don't know what intellectual means, but usually a disability, um, it's like, oh, okay, it's usually like my first response is 'oh, okay, they're disabled, it's cool!'*" Layla relayed the message that disability is something one notices, but also something that should be accepted, although it is unclear what acceptance or being "cool" with a disability would truly look like.

The explicit description of the need for acceptance was accompanied by subtle indications that acceptance was not necessarily the assumed or default position for how people with disabilities were treated. Kristen stated,

I just want them to be treated like a person. I know how it feels to feel invisible, I know how it feels for nobody to be wanting to talk to you, nobody wants to be your friend, I'm not going to do that to somebody no matter what kind of disability they have.

Kristen's explanation that she would not ignore or disregard a person 'no matter what kind of disability they have' implies that disability may sometimes be seen as a characteristic that leads to being ignored or disregarded. Similarly, Alice described, some teens believed that because peers with intellectual disability were different, they were, "*not worthy of like, the attention and like, um, they don't deserve to have like friends like us or something.*" Alice directly drew the relationship between perceived difference, attitudes, and treatment. She indicated that teens perceived a difference, and then developed the attitude that, because of that difference, peers with intellectual disability deserved to be treated with less

- less attention, fewer friends. This relationship between attitude and treatment was another frequently discussed topic among participants, as described in sub theme 2.1

Subtheme 2.1

Some teens feel negatively toward peers with ID because of their differences/deficits and that can lead to bullying.

Many of the participants described that, while they themselves made efforts to be accepting of people with disabilities, the larger school and teen population did not always do so, and frequently demonstrated negative attitudes that led to bullying. Participants described that negative attitudes were common, and were related to how people viewed disability. Carl described what he saw as common attitudes about or reactions toward disability,

Well, some people they'll see, if somebody's got like really bad [DISABILITY] and they'll see like kinda how they're actin', they'll like kinda look upon 'em like it's almost like a disgrace, 'cause they have [THE DISABILITY] and they'll kinda be like almost disgusted about it or something, or like, they'll like just stare at 'em and be almost makin', I guess almost make the person who has it like uncomfortable like feel bad about themselves 'cause they're people always starin' at 'em, so I feel like that's somethin' they would do...but then other people they kinda just I guess, wonder, like what's goin' on with 'em and they kinda look but then they'll turn and like whisper to their little friend group about 'em. And then every now and then you get like, that one person or somethin' sees someone who's got it really bad and they do somethin' that they couldn't help and they'll kinda like laugh about it.

Carl's description reflected a variety of reactions toward people with disabilities. These reactions were visceral (disgusted, disgrace), or curious (wonder what's going on), or mocking (laugh about it). Being disgusted by a person's existence reflects the existence of a dehumanizing attitude toward disability specifically - that the disability itself warranted such negative reactions.

The idea that attitudes or reaction to disability could be negative to the point of dehumanization was discussed by a few participants. George explained a time when this perspective was taken to its most extreme during a discussion he had with a peer one day at lunch,

...basically what he said was that like if you can't function on your own, like if you are completely dependent, you shouldn't be, like you shouldn't be allowed to live...one section of it like he basically considered a mass genocide... we were all in shock we were angered, like enraged, not angered. Like, and of course like it stuck with us for a while... that kind of rage, it's dangerous

George recognized that this perspective was dangerous and problematic, and while dehumanization may not frequently be taken to this extreme - participants were quick to explain that negative attitudes and associated bullying were not uncommon.

Bullying.

The participants described that negative attitudes frequently led to bullying. While types of bullying varied, each type described reflected the assumption that people with disabilities were somehow less valuable or less human. Bullying actions included using disability related words such as “retarded” or “autistic” as pejorative terms; verbally making fun of and/or mocking people with disabilities; manipulating people with disabilities to unknowingly perform actions for others’ entertainment; and in rare cases, overt physical bullying.

Using Disability Words Pejoratively.

Many students described that both terms “retarded” and “autistic” were used against typically developing teens as an insult when they did something that was perceived to be unintelligent or incompetent. Laura described, “*some people always make jokes about like autism because I hear it a lot of times here...like kids like if someone says something stupid,*

they're like, 'you're autistic' or something." Brenton similarly defined the phrase, *"If someone says something stupid, they'll be like 'you're retarded,' or like, um, I know one of my teammates whenever you mess up on the field, says 'are you autistic or something?'"* Participants were clear in explaining that, at least as slang terms, 'autistic' and 'retarded' were synonymous with 'stupid' or 'incompetent'.

Greg described the pejorative use of the word, 'autistic' but also qualified that he was not comfortable with its use in this manner,

I think some kids like to joke about the word autistic, like they'll use it in a word and replace it with like stupid or something like that just to make it I guess to try and make somebody laugh... but I don't personally use it, I don't talk like that...like, callin em special or something, or jokes or whatever

Greg recognized a synonymous relationship between disability related words (autistic, 'special') and lack of intelligence or competence. However, while he recognized this as commonplace, he also saw it as problematic. While this type of name calling is related to disability, the 'insults' were typically directed at peers who were non-disabled. Although these forms of bullying were not directed specifically toward people with disabilities - the relationship between disability-related terms and negative characteristics is stigmatizing.

Disability as a Target for Bullying.

Some participants described that students with disabilities were generally teased and bullied in a variety of ways frequently related to characteristics surrounding their disability. Tyler described that, in one of his classes, this looked like treating their peer as less than human, invisible. He explained that they talked to her:

like an object...they see her as, she's just sitting in a chair minding her own business. They see her as if like a chair was up on the desk, that's how they'd see her. Nobody talks to her, she doesn't bother anybody...she's just kinda there. Takin' up space, she doesn't contribute to any conversations unless she absolutely like just freakin' out to and then we let her, but other than that, nobody really talks to her.

This type of treatment illustrated an isolation which precludes social interaction and could perpetuate objectifying and dehumanizing attitudes, where a peer is seen as an object occupying space rather than a human. Frank described a similar form of dehumanization,

They almost talk to her like she's not a person...the way some of my friends are with me how they'll talk to me isn't as equal as to her, like they'll talk to her in a joking way...like, like making fun of her and she gets mad.

In Frank's description, dehumanization took the form of verbal bullying rather than strict ignoring or avoidance of the peer with a disability.

The participants reported that negative or dehumanizing attitudes sometimes led into more overt verbal bullying of peers with ID as Alice explained, "*They talk badly about [STUDENTS WITH INTELLECTUAL DISABILITY] in all honesty, most of them do, you know, they pick on them. Call them mean names...stupid, dumb, stuff.*" This teasing and mocking was typically described by participants as being related to characteristics of the disability. Nathan provided the following example:

[THE KID WITH A DISABILITY] would do something that nobody else would do, like they had something that they liked or like, like this poof ball, like they had stuff like that that they would be like "whoa why do you have that" this and that, they'd think their backpack was not like Nike backpack, like Adidas backpack, just like make fun of 'em, like teasin' 'em, but they'd never apologize, never say I'm sorry, never. They'd claim that they did, but they didn't... it wasn't the same [AS JOKING AROUND WITH FRIENDS]. It wasn't they were friends, it was just like they're makin' fun of em for no reason.

Some students described that teasing extended to physical and behavioral differences as well, including making fun of hand positioning or hand flapping that was perceived to be

characteristic of people with disabilities. Isabel explained, “*They do like this hand thing where they go like that [MAKES GESTURE] which is like making fun of them and I can’t, I also hate that, but I’ve seen people do that more than I’ve seen anything*” Kara described viewing similar bullying, “*I know some people like do stuff with their hands so they’ll mock them for that and they’ll mock like how they talk and all that*”. Additionally, Isabel said that one girl was made fun of because of her vocal volume, “*She has like a hearing aid and they’ll like make fun of her like laugh at her because she’s loud and she doesn’t realize she’s being loud and so they’ll laugh at her.*” These examples of bullying are each targeted toward a feature of a peer’s disability or diagnosis.

Bullying Through Interaction.

Participants described that, sometimes, when they interact with their peers with disabilities, those interactions can be bullying in nature as well. For example, many participants described that people without disabilities will manipulate their peers with intellectual disability to say or do inappropriate things for the amusement of others. Alexa recounted this happening to a peer with intellectual disability in her middle school gym class,

...people were telling him to do the bad thing and I was like ‘do not do that’... people were telling him to say like bad words and stuff in gym when they were in 7th grade and we were in 8th grade and I was like don’t do that, don’t listen to them, and then he would do it because so many people would tell him to do that...I don’t know if he knew that it was the wrong thing to do or not, they just told him to do it so he did.

Laura similarly recounted that she had witnessed this same form of bullying experienced by her friend’s brother who has an intellectual disability,

There’s this one time, um, a bunch of our friends it was just like the guys, like the guys were making fun of her brother and I don’t remember what they said, they were just like trying to get him to say stuff ‘cause like he didn’t know what it

meant and I think it was inappropriate stuff and I don't know I just don't feel like they [PEOPLE WITH INTELLECTUAL DISABILITY] really understand...he didn't even know like that it was bad and [THEY WERE] trying to get him in trouble I guess.

Isabel explained that, for one child, this type of bullying became so severe that his mom pulled him out of school,

There was this kid he's like moved away now but he was special needs and people used to teach him all this bad stuff and his mom pulled him out of school...I think she realized that the only reason people were talking to him is because of the whole like, getting him to say stuff that they didn't want to, and he didn't really have any friends besides those people and I wouldn't call them friends to him.

Participants explained that these types of interactions were commonplace - indicating that when social interaction does occur, it can at times be manipulative.

Overt Physical Bullying.

In rare cases, participants encountered physical bullying and abuse. However, participants expressed that these encounters were less likely to be tolerated by bystanders. Kristen witnessed a peer with disabilities being physically abused by one of his teachers and explained that after that incident she felt she needed to take responsibility for looking out for him,

There was a situation about a month ago where [PEER WITH ID] had been put into a headlock by one of the teachers because he had taken a minute too long in the bathroom. He was yelled at, cussed out, put in a headlock once he came out, and dragged down the hallway. And um, so now I'm really on the lookout for him, I want to make sure that nothing like that ever happens again...I'm pretty sure it was a special education teacher, I don't know for sure, he moved schools.

Kristen went on to describe that this event was disturbing for her and other bystanders, and that it made her feel like she needed to watch out for her peers with disabilities and their safety. Other participants expressed similar reactions to witnessing physical bullying and/or abuse. George described a viral video dealing with this topic,

There was one time over social media, this was not like in this county but it did go

viral, this one kid beat up a special needs kid with like a terrible case of autism, he could, it was hard for him to function, he beat him up. But the thing was, the kid who beat up the special needs kid, he got so much hate, so much flack for what he did, a bunch of people were sticking up for him, so I definitely think there are people who care about them, the majority of people care about them, kids like that.

George and Kristen's accounts provide examples of some instances where people are unwilling to tolerate overt abuse. In some cases, people are even willing to actively resist that abuse.

Standing up to Abuse.

Many participants described the importance of standing up to bullying and intolerance, with a few explaining that students with greater popularity should have an obligation to set a good example. Tyler referred to taking students with autism "*under my wing*". Nathan describes ableist bullying in the following way:

It's like almost like racism, or like any type or any form of discrimination, like there's always gonna be that group of people that are gonna think that way, and then like the rest of us normal people aren't douchebags [LAUGHS] totally not tolerate that kind of stuff.

The participants' responses reflect a recognition of difference, bullying, and discrimination, but also a desire to become more tolerant and accepting. Many students, in their effort to speak positively about their peers with intellectual disability, fell into another form of othering: treating their peers as cute, child-like, angelic creatures.

Subtheme 2.2

"The nicest people you will ever meet": Teens may treat peers with ID as caricatures of happiness, innocence, or the "perpetual child". While many students insisted that they felt positively toward their peers with disabilities - these positive emotions were often marked by infantilized or caricatured descriptions of people with

disabilities as ‘cute,’ ‘sweet,’ ‘innocent,’ and ‘harmless.’ For example, Alexa described one of her peers with disabilities, *“he’s the sweetest thing ever, he talks about the same stuff over and over.”* She went on to describe his innocence, equating it with a lack of agency and independence, *“he wouldn’t talk about the same thing as me and my friends would. He’s more of like innocent, and he’s never done anything wrong it seems like, he just does what he’s told, like he, I don’t know, he doesn’t really control what he does, like it’s just always been like such an innocent...”* Alexa spoke about her peer using positive words, but her overall message was that this peer was child-like, harmless, and not in control of himself or his actions, denying him agency. Alice and Ashley characterized peers with intellectual disability as perpetually happy. Alice explained that having people with intellectual disability on the sports team would *“bring a lot of happiness or joy to the team...they just think differently”*. Ashley described her peers with intellectual disability as *“some of the nicest people, like they’re so like bubbly.”* These attitudes, while they are perceived as being positive, still represent a highlighting of difference that serves as grounds for ‘othering.’

Christina explicitly stated how infantilizing attitudes can translate into othering and behaviors that increase social distance,

some people will try to like, they know they’re diff - they try to treat ‘em different, but not like in a bad way, just like kinda like a little kid like how you would treat someone, like simple, like be more simple about it, and like people do that instead of just how they would talk to like a regular friend.

Christina’s description implicitly indicates that the peer, in their state of perpetual immaturity, is an “other”, and is, in fact, not a ‘regular friend.’

While Christina described this behavior as “not bad”, other participants recognized that these behaviors can lead to exclusion and isolation from age appropriate activities.

Brenton explained that sometimes people

talk down to [PEOPLE WITH ID] like they're talking to a young child or they'll not value their opinions or they'll just dismiss their comments or they'll change conversation topics, 'cause they don't believe that that person should be there for that topic...like politics or stuff about violence, they don't really include them in that conversation.

Brenton implied that people feel as though their peers with intellectual disability cannot handle, or are incapable of discussing mature topics, and that this attitude limited their access to age appropriate conversations.

Treating a peer with disabilities as a perpetual child may also translate into areas beyond social interaction. For example, infantilizing attitudes may cause people with disabilities to be taken less seriously as an athlete or performer. Isabel described her perspective of watching a performance team that included students with disabilities:

There's a [PERFORMANCE GROUP] that has disabled people...they come and compete and it's like really sweet, I don't know if it would happen with our studio, but I know there's already one and it's really cool to watch and like, they'll just, they can do a little bit they can't do like much of it, but it's just really sweet to watch it.

Kara spoke similarly about watching a cheerleading team that included members with disabilities,

...it's really sweet 'cause I've seen a cheer team that's all star and it's like full of like disabled people and it's like the sweetest thing ever, so I feel like people would think like oh yeah, that's cute, but then some people I don't know I guess it just depends on the person again like some people would be like oh, she doesn't need to be on there, but I know some people would be like that's really cute.

Kara set up a dichotomy between negative (she doesn't need to be on there) and positive (that's really cute). However, both perspectives demonstrate an ‘othering’ perspective.

Kara's description of social interactions with people with disabilities also reflected an infantilization. She related this to differences in social interaction when she is speaking with a friend versus when she is speaking with a peer with a disability. She implicitly described that viewing peers with intellectual disability in this light provided increased difference, distance, and barriers to interaction compared with typically developing peers,

I think talking to them I love talking to them 'cause they're always like the nicest people you will ever meet...and they're the sweetest people I think I've ever met and I've met a lot of guys, and then I guess like with my friends, I mean, I don't, I don't really care... It feels a lot more natural because my friends like aren't, aren't afraid to like call me out and I'm not afraid to like call them out on stuff.

Kara's description of the difference between interacting with friends and interacting peers with intellectual disability was a common theme among participants. Most participants expressed that interactions with peers with intellectual disability were frequently different and required some type of accommodation.

Theme 3

"It'd be like a small adjustment." Teens feel that peers with and without intellectual disabilities should be integrated in school, and that can be positive, but some worry it could be burdensome.

When discussing the topic of integration and increased interaction in classes, teens were conflicted - many of them recognized the value that integration could yield, but they also were hesitant to fully embrace complete classroom integration. Most frequently, students described that inclusion would be beneficial but recognized that integration at any level would require a "small adjustment".

Perceived Benefits of School Integration

Overall, many participants described the importance of including people with disabilities across the school as a matter of equal treatment. To many students, a lack of integration was simply unfair, leaving peers with disabilities ‘left out’ of mainstream school experiences. Alice stated, “...*they shouldn’t be left out, you know, ‘cause, you know they’re human just like we are.*” However, the call for integration among participants was not just a moral issue. Many participants also felt that integration could be beneficial not only to peers with intellectual disability, but also to typically developing peers. Kristen talked about welcoming a new friend into an extracurricular program,

We have decided to make her like a part of the [EXTRACURRICULAR] program, like she’s in the program, she has her uniform, she can do after school stuff, but when we used to do fundraising for basketball games, she would be a part of our team and help us clean up and stuff and we would always make sure she would, ya know, help us out and she felt a part of what we were doing and things like that...I think she brought a really special part to it, um, in my opinion, she added like this little, this little difference that made us change the way we thought about people like that and how to really interact with them and love them and things like that. I think it’s great

Kristen’s experience working closely with her peer with disabilities was positive, per her description, and also prompted her and the rest of the group to learn about how to interact and work with people who may act or communicate differently. Winston also highlighted how increased integration could lead to a greater comfort and ease of communication.

I wouldn’t say different like in the sense of better or worse, just like maybe liberating...with the whole isolation and you know we don’t really get to talk to them and then to have never met them before and go in and just sit down and say you know here I am, and then they talk to you comfortably, like for me, it just feels good to know that I can you know present myself in a way that they feel comfortable talking to me knowing you know I’m not going to go out and talk about them... and I would imagine for them it feels good too where they don’t usually get to talk to anyone outside of you know whatever room they’re in.

From Winston's perspective, the liberation that could come with increased time spent together would be mutually beneficial.

Hesitation toward School Integration

While many participants recognized the importance and value of equal treatment through integration, some expressed that classroom integration would require accommodation. Some students feared this accommodation would be too burdensome, but others believed it would just require some adjustment.

For some participants, one primary problem they had with integrating classes more fully was that this could lead to slowing the pace of the class or changing the way the class is run too drastically. Some participants were more accepting of integration with students needed a lower level of support, but were more hesitant about including students who required a high level of support. Carl described how this could look different depending on a student's disability,

I'd say it's be, [INTEGRATION] might be like a small change just 'cause it depends like how severe it is with 'em, 'cause uh, the kid that's got Tourette's' and the kid that's got the autism, they have just normal classes with everybody and they, everybody usually gets along with them but then the kids that are like in their own little classroom I'd say it'd be like a small adjustment cause you'd have to do maybe a little more one on one

While Carl recognized that different students might need different levels of support, he did not indicate that one level of support would be more problematic than another - simply that one might require more adjustment. Frank felt similarly, describing the need for adjustment

Greater school integration would "probably be hard at first, 'cause we're so used to being separated but overtime, it'd probably become normal and I think more kids would learn how to interact with someone with disabilities and how to communicate and make it easy.

From Frank's perspective, classroom integration would take some getting used to - but he recognized that, after an adjustment period, integration could lead to some very important benefits.

Some participants indicated that accommodating students with significant needs would be too problematic or burdensome, slowing down the pace of classes and hindering the learning of typically developing students. David explained,

...if it affects their education in a way that makes it more difficult to teach them, or, like severely, or makes it where um, like I said like it'll slow the other classmates down and just like make everything sluggish, then [I WOULD] probably not [SUPPORT INTEGRATION].

David's fears of slowing the pace of class were echoed by George, however, he explained that he had seen accommodations made throughout classrooms that helped peers with disabilities, but were minimally disruptive to students without disabilities:

It doesn't bother me. Like the only thing that I could see like being a problem if we're in the advanced classes and the teacher might have to slow down, but I doubt that, I doubt that will happen 'cause they usually have like a secondary teacher that comes in with them to help them out... this one teacher, [NAME] usually follows them around, so, usually helps them out with like tests and work. SO yeah, I don't see the problem with like kids with special needs being integrated in a class with kids with no special needs.

Being able to witness an example of non-intrusive accommodations helped George to see integration as a potentially positive experience with realistic solutions to meet the needs of all students.

Overall participants were open to the idea of classroom integration. They recognized the benefits of integration including improved attitudes and increased comfort with social interaction. Their main concern was with the potential need for excessive accommodations. Accommodation was a topic that came up frequently throughout the

interviews as a potential barrier not only to classroom integration, but also to friendship and social interaction.

Theme 4

“You have to have a little more patience.” Teens feel they have to make accommodations for peers with ID.

Many participants, when discussing peers with intellectual or other disabilities, frequently discussed topics related to accommodations - accommodations in conversation, in friendship and hanging out, in sports and extracurriculars, and in the classroom. Participants frequently communicated the idea that accommodations are a persistent requirement for interaction with peers with disabilities across settings, often differing depending on type of disability and setting. Accommodations were discussed frequently in relation to social interaction and hanging out or friendship. Additionally, several participants expressed a feeling that, while they knew accommodation was needed to interact with their peers with disabilities, they didn't quite understand *how* to make accommodations appropriately.

Subtheme 4.1

Teens identify the importance of making accommodations for peers with ID during conversation, such as slowing or simplifying speech, and letting the peer with ID choose the topic of conversation.

Many students described accommodations as necessary when interacting with a peer with a disability. For peers with intellectual disability, the accommodations were often related to difficulties they might have comprehending conversational speech at the same level as other teens. Christina explained, for example, that some topics may be much

more difficult to discuss when speaking with a peer with an intellectual disability, “...there’s some things that you can’t really talk about cause they don’t, if they don’t understand it or it’s just harder to talk about some things.” Many participants similarly expressed that there could be difficulty with conversational comprehension. Most participants described some level of slowing or simplifying their speech to accommodate this. For example, Alexa stated, “I try to like, get on a lower level to talk to them, I feel like I need to say easier things for them to know what I’m talking about.” Simplifying speech in this way was one example of conversational accommodation cited by the participants.

In addition to simplifying speech, another type of accommodation many participants used was allowing peer control over the conversational topic. Kara explained that she accomplishes this by allowing her peer to take the conversational lead, “I just kinda like let him like start the conversation and then we’ll talk and if he like wants to go into a different subject then we might start a new one.” By giving her peer the power to control the conversation, Kara could be sure they were discussing a topic that both parties could understand. Carl also described the importance of choosing a topic that was familiar to his peer, which may be based on his previous knowledge of that peer,

we’ll usually talk about the same stuff, but you can’t like get I guess basically get on like, talk like super fast with him and things, or maybe get into like a harder subject ‘cause, he might not like understand like what it’s about...he knows like fishin and stuff you can talk to him about that and he’ll be perfectly fine... as long as he knows like what it is you can usually talk about it.

Carl’s attempts to make accommodations during conversation combined both skills of choosing a familiar topic and also slowing and simplifying his speech.

Accommodations that include simplifying speech or limiting topics can make conversations with peers with intellectual disability much different than conversation

participants described with other peers. Kristen highlighted that interactions were often different when your communication partner had an intellectual disability. She explained that, because conversations could be different, it was important to make an effort to still treat her peers as humans and to not infantilize them,

try to keep it as normal as possible because I don't want them to feel less than. I don't want to baby or anything, I want to make them feel like they're a part of everybody else...I feel like they kinda see that they're different, that kids at school are different and they resent that so that's why I try to be a little bit more welcome because even one smile can change a person's day.

By exploring how different types of conversation could feel, Kara demonstrated an effort to converse in a way that was validating, rather than othering.

Some participants struggled with reconciling the need to make accommodations with the desire to treat everyone 'normally.' Kameryn explained, "*Sometimes you have to have a little more patience with some people but like, I don't think of them any differently, I just talk to them like a normal person, that they are.*" Layla indicated that there could potentially be a negative connotation to some of these accommodations, "*I'm a very fast talker so I slowed down and tried to be very um, like I don't want to sound mean about it, but like I used smaller words I wasn't like trying to be over the top about it, like I just kept it simple.*" By qualifying her statement with "I don't want to sound mean", Layla implied that the need for these accommodations could hold a negative connotation.

Participants also described that, while accommodations must often be made, they are not necessarily imposing and after a while, one may grow accustomed to conversing using those accommodations. For example, Kristen explained, "*I've adapted to it, I kinda know how to say things, how to do things to where they can kind of understand it as well, but it is, it is a little different than just talking to your friend in class*" Frank said of speaking

to peers with disabilities, that it was difficult to interact, because “*they obviously can’t communicate the same way as me, they have a different view of it...it’s almost like they don’t know what to say. Or they don’t, they’re like confused.*” However, Frank also spoke about a friend of his who has a disability, describing that while he did have to make accommodations, it was worth it because he saw value in speaking with this friend.

It does take a lot of work to talk to like my friend with the disability but it’s worth it really ‘cause he’s very smart and he knows a lot of stuff, but I mean, if he’ll be talking about history or something he goes on and on and on and on about it and won’t stop and sometimes I have to say okay okay that’s enough.

Tyler mentioned that he sometimes made accommodations for his brother who stutters and sometimes has difficulty with communication, but because they have things in common, they were still able to easily communicate and it didn’t really feel different.

my brother’s slow, he has like, he’s not like autistic or anything, he just, he stutters and he can’t really talk that well, so I’m used to it. But my brother’s six four and plays basketball so he’s like, good... I mean I have to like not use some big words but I just do that for some people, I don’t really feel like it’s different at all.

Overall, most teens recognized that interacting with peers with intellectual disability was different and required a degree of accommodation, but that that was not necessarily a bad or difficult thing once they got used to it.

Subtheme 4.2

Some teens expressed that hanging out with a peer with ID would require accommodating their needs, such as adjusting activities, planning, or environment.

Many participants expressed hesitation about accepting peers with intellectual disability into their friend group because of the potential need for accommodation. Alice explained this concept,

I feel like their disability would come into play with making plans especially I feel like they can’t, I don’t know, I feel like the parents even like... don’t want, not like

don't want them to, but It's harder for them to like do that stuff, I mean, obviously, like even just like a regular person, just like, it would still be hard for us to like, invite them to stuff especially if we like even if we like if we even knew them for a long time, I don't know, it's just like personality differences too. Like everyone has their own personality and us three [MY CLOSE FRIENDS AND I], we all have about the same one. So, I mean, yeah

For Alice, it was difficult to place exactly why it would be harder hang out with someone with a disability, but overall she described the possibility that the peer would just simply not be able to do the same things she and her friends did.

While Alice expressed concern that a peer with intellectual disability may not be able to do the same things, Isabel explained she would be concerned they may just not *know how* to hang out with friends,

They might not be able to go to all the stuff that we go to and it would, and if we would have like a sleepover with just the person with the disability and like one of them, it would be hard for them to have like a good time I guess because they, she, they, none of them would know what to do, I don't think.

Participants were concerned that peers with intellectual disability may not be able to participate in the same activities, and even if they could, it may not be as enjoyable to participate in those activities with them. Greg talked about one of his favorite hobbies - playing basketball. When asked if he thought it could be fun playing ball with a friend with intellectual disability, he was unsure,

It could, or it could not be because maybe I, they don't know how to play or something I could be teaching them how to do it, more than I am playing, so it wouldn't be as fun for me I guess but, I'm okay with that.

Greg expressed that he would be willing to make an accommodation for a peer with intellectual disability - he would be willing to teach them to play basketball and that would be okay. However, then the activity may not be as fun for him.

In addition to Greg, other students also recognized that accommodations would be necessary but indicated that they would not be bothered. Kara mentioned,

I might like try and hang out with them a little more just to like make sure that they're feeling welcome so they're not like the only one or like the oddball out, I'd probably like hangout with them more and make sure that they're more welcomed in.

Kristen explained that accommodations would depend on the peer, and she stated practically, *"I think it would be a little different as far as who's, where we're going, what we're doing, if like loud noises affected them, if they had fears about certain things that other kids maybe wouldn't, that would be different."* Kristen's description demonstrates a cursory knowledge of disability - that some people may have varying sensory needs, for example. However, not all students demonstrated knowledge of disability, and where knowledge lacked, often anxiety or fear about acting inappropriately arose as described in subtheme 4.3.

Subtheme 4.3

Teens express that talking with a peer with ID is different, and feel they don't always know how to talk to someone with an ID or how to make accommodations for them.

The participants in this study discussed many aspects of interacting with their peers with disabilities - one of the most frequently discussed aspects was the concept of understanding that interaction was different and that peers with intellectual disability needed accommodation, but feeling inexperienced, unqualified, or lacking in the appropriate knowledge to provide that accommodation. Alexa explained that, interaction in elementary school was marked by curiosity and a freedom to ask questions, and middle school was structured with students being told what to do, but the lack of structure in high school left some students feeling unsure of themselves:

Elementary school it was like you didn't know what was going, what was wrong with them or what happened to them, you'd ask questions and then elementary, I mean middle school it was like people were like do this do that, and then this year it's kinda been like hey how're you, um, what do you like to do, like, when you have to talk to them in class...and you help them with like their work... [SOME PEOPLE] just like tense up, they don't really say anything or they would like whisper to their friends about it.

This lack of structure may present more of a problem because many participants described that they'd never really been taught how to appropriately interact with someone with a disability. Alice, for example, described the feeling of not knowing how to interact:

People, we might not know like how to talk to disability kids because like you know people don't teach and like it's not something that you can like be taught or something but like you don't know how we should talk to them... we don't know If we should talk normal or like something different

For many participants, their hesitation with interacting with peers with disabilities was rooted in a fear of being offensive or saying the wrong thing. Brenton described that some students fear their actions could be interpreted as offensive and could upset others, including the teachers that work with students with disabilities, *"I think some people are like kinda scared to upset people, you know like they think if they say the wrong thing they're going to upset them or upset the teachers that they're with."* For some participants, this fear actually led to anxiety about interactions. Isabel recounted that she felt this way sometimes when interacting with a peer at church:

I had this girl who went to my church and she had uh, she had down syndrome and I would talk to her all the time but sometimes it's hard to understand what she's saying and I don't want to give the wrong response or make her think oh I'm saying something like I didn't mean it like that or I didn't know what she was saying so I didn't know how to respond um, so it, it's kinda harder for me to talk to them 'cause I don't want to mess up. And I don't want them to see me as one of those kids when that's not what I'm trying to be...I don't want to say something and then them be upset with me and think I'm one of those kids that makes fun of them.

As Isabel described it, she was concerned that her actions could be interpreted as offensive, and because she didn't want to be hurtful, the act of speaking to this peer at church caused her anxiety.

Chapter Five: Discussion

This study initially set out to gain a greater understanding of the experiences of adolescents in the general education setting interacting with their peers with intellectual disability. The themes described in this study provide insight not only into the logistics of conversation, but also the structural and attitudinal factors that influence interaction, such as movement in the school, and the role of adults. They also highlight the cognitive dissonance some teens feel of recognizing injustice and inequality, but also not quite understanding how to change it, or perhaps even being slightly uncomfortable with change. The themes extracted in this study illustrate conflicting ideas and messages within the participants' minds, experiences, and environments. Each theme reflects a different aspect of the participants' experiences, and each experience is colored by conflicting messages or ambivalent thoughts. The ideas and contributions of each participant varied slightly, but the participants consistently spoke on each of the four themes discussed. The consistency of their descriptions of attitudes, barriers, bullying, classroom inclusion, conversational experiences, were consistent and demonstrated that data saturation had been reached.

Theme 1

In the first theme, participants described that they were separated by physical space, but more importantly, they felt that adults and school structures conveyed consistent messages encouraging separation. According to Developmental Intergroup Theory (Bigler & Liben, 2007) described in Chapter 2, children use social cues to determine which differences are salient and which are not. There are so many differences throughout the natural world that children rely on adults and social structures to tell them which

differences are meaningful, and which differences serve as a basis for shaping attitudes or informing treatment of and ideas about people.

The students in this study expressed that they consistently received the message that disability was a meaningful category, and that this category was a basis for separation. This was powerfully illustrated by the message participants felt they received from adults - that even when they were in the same physical location as peers with disabilities, they were not *supposed* to talk with them. Some literature indicates that students with disabilities, particularly those with complex communication needs, are more likely to interact with adults than same-aged peers (Chung, Carter, & Sisco, 2012). The concept of the adult as a deterrent to social interaction should be further researched.

The assumption that students with and without disabilities should be separate was further ingrained by perpetual physical separation and differences in how the two groups moved throughout the school. Multiple participants discussed the nature of movement throughout the school - that students with disabilities moved at different times and in different ways throughout the school. A study by Liz Atkins (2016) similarly describes that “in between” times are neglected when considering inclusive education practices. Atkins goes on to describe that failure to extend inclusive practices in this way can lead to even further mental or attitudinal separation. This was validated by the participants, who expressed that the separation of students with disabilities even led to the development of a mental invisibility for students in the general education setting - that is, for many participants, their peers with disabilities were simply “out of sight, out of mind”.

Theme 2

The second theme examined the participants' own attitudes and their perception of teen attitudes overall. These attitudes continued to highlight disability as a meaningful social difference - one that provided a basis for developing attitudes and determining treatment. Many participants talked about how these identified differences were targets for maltreatment and bullying. For example, bullying included using disability terms pejoratively, making fun of a disability, or being disgusted by disability. The information shared by participants at times mirrored the process of stigmatization as described by Link and Phelan (2001) and detailed in Chapter 2:

In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics—to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of “us” from “them.” In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. (Link & Phelan, 2001, p. 367)

The participants acknowledged that the differences between them and their peers with disabilities were relevant (the first step of stigmatization). Many of the participants described how disability was seen negatively as an insult, such as using the words “retarded” or “autistic” to mean stupid or incompetent - this aligns with the second step of stigmatization. The third step refers to ‘us and them’ separation, which the participants described as occurring both physically and mentally / emotionally. The fourth step refers to status loss, discrimination, and unequal outcomes. Examples of each of these were expressed by participants, who explained that peers with disabilities were sometimes viewed as less-than, or less deserving, and experienced bullying in various forms on a regular basis.

The process of stigmatization can also be viewed through different types of representation that similarly result in an “othering.” Harma, Gombert, and Roussey (2013) describe Morvan’s five types of disability representation, described in Chapter Two- (1) medical semiological (based on diagnoses and deficits), (2) secondary image (related to products of the disability such as care providers or medical equipment), (3) childish image (infantilizing the person with a disability), (4) affective image (stereotypical assumptions about personality traits related to specific disabilities), and (5) relational image (related to the feelings they elicit from an onlooker or observer). Each of these five representations highlights differences that can be the basis for othering. In this study in particular, many students spoke about disability using the “childish image.” For example, participants described peers with intellectual disability using infantilizing terminology such as, “cute,” or “sweet.” These statements, while seemingly made with a positive intent, continued to perpetuate the “us and them” mentality that provides the basis for stigmatization.

It is worth noting, that throughout this theme, there were some gender differences noted. Only female participants discussed peers with disabilities using infantilizing language. Some male participants described infantilizing language as problematic, and did not use the language themselves. However, typically, when participants described incidents of bullying, the perpetrators of bullying behavior such as mocking, teasing, and physical bullying were almost exclusively male. No other gender differences were noted beyond these.

Attitudinal research has shown that adolescents express a desire to respect the general human rights of peers with disabilities, but are hesitant to engage in behaviors requiring increasing degrees of social closeness (Siperstein et al., 2007, Siperstein et al.,

2011, Townsend & Hassall, 2007, Brown et al., 2011).). Similarly, participants recognized that bullying was wrong, and they expressed some thoughts that separation and segregation were probably problematic. The qualitative methodology in this study allowed for a more nuanced description of the ambivalence toward social closeness observed in the students' responses. Theme three described this ambivalence in detail as it related to classroom inclusion.

Theme 3

In Theme 3 participants described the possible benefits of becoming more integrated with their peers with disabilities' They expressed that they could learn more about their peers, feel freer and more comfortable talking with them, and develop a greater sense of community. However, they were also very concerned. For many participants, the idea of integration elicited a sense of hesitation or discomfort that integration could have a negative effect on their own classroom experience. They feared that accommodations that people with disabilities required might slow them down impede their learning. However, one participant had seen integrated classrooms with successful and minimally intrusive accommodations. Seeing integration in a working capacity helped that participant to imagine the possibility of a functional integrated classroom.

Theme 4

In Theme 4, the participants continued to address the issue of accommodation. They described that accommodations were necessary in social interaction and in hanging out. Much of the time, the accommodations that participants described made interactions more focused on the peer with a disability - talking about what they wanted, speaking on what the participant perceived to be the peer's cognitive level, following the peer's lead.

The participants were happy to do this some of the time, but some were concerned that this may not be that fun and therefore they couldn't necessarily see themselves bonding with peers with intellectual disability as close friends. Similarly, previous attitudinal research demonstrated that peers with and without disabilities are unlikely to engage in friendship-like behaviors such as going to the movies or to one another's houses (Brown et al, 2011, Siperstein et al, 2007, Siperstein et al, 2011). Participants were worried that their peers with intellectual disability may not understand how to hang out or may not be able to access the same activities. So, while participants recognized accommodations as a way to facilitate interaction, it was also simultaneously a barrier.

Conceptualizing Participants' Responses

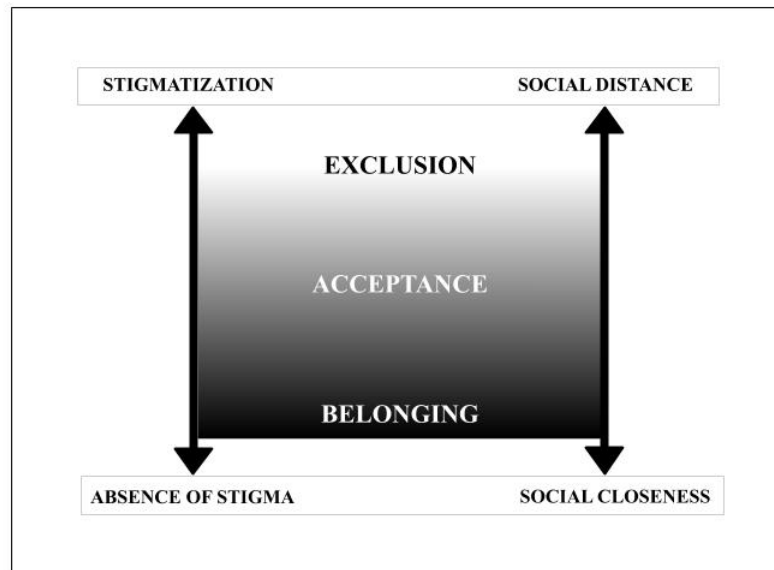
The participants in this study provided a rich description of their experiences interacting with peers with intellectual disability. The nature of this study does not allow for generalization beyond the adolescent population at this small Kentucky high school. However, the themes that participants explored share some consistencies with broad theories related to social interaction. As described in the previous section, the experiences shared by participants were consistent with the stigmatizing processes developed by Link and Phelan (2001). The Developmental Intergroup Theory described by Bigler and Liben (2007) provides insight into how adult actions and social structures may hold power and influence over the way people with disabilities are perceived and treated.

Participants were clear in their belief that discrimination and bullying were wrong, but they also recognized that these things happened regularly. They understood that peers with disabilities experienced isolation, and were happy to interact, but could not necessarily see themselves being close friends. The conflicting nature of these ideas and experiences

can be explained using a visual model. Figure 5.1 depicts a theoretical model of the relationship between stigma, social closeness, and belonging.

Figure 5.1

A Theoretical Model of Stigma, Social Distance, & Belonging



The model depicts a box whose two sides are made up of vertical, bidirectional arrows. On the right side, the top end of the arrow represents social distance while the bottom is social closeness. On the left arrow, the top represents stigmatization while the bottom is the absence of stigma. These arrows serve as the pillars that hold the box together. The bidirectional points of the arrows indicate the dynamic nature of both stigma and social closeness. As society inches upward toward stigmatization and social distance, there is greater exclusion, as represented in the top middle of the box. Exclusion as seen in this model could apply to any stigmatized group, but in this case, applies specifically to young people with intellectual disabilities. As society moves downward toward an absence of stigma and increased social closeness, it reaches a state of belonging. However, between pure exclusion and pure belonging lies a state of acceptance. For the purposes of this paper,

exclusion is defined as complete separation of a stigmatized group from the larger society with no contact. Belonging is defined as complete integration of groups within the community. However, integration should not be confused with assimilation. Belonging should describe a community where differences exist, and are acknowledged and celebrated, but are not cause for social distance, isolation, or bullying. Acceptance, is situated between exclusion and belonging. Acceptance describes a state in which a stigmatized group is partially accepted or tolerated, but is not fully integrated or appreciated as an important member of the community. Some bullying or exclusion may persist with varying levels of severity.

The author created this model as a way to make visual sense of the participants' conflicting feelings and the possible structures which inform those feelings - such as stigma. Participants seemed to find themselves in a state of *acceptance* of their peers with disabilities. They recognized the persistent existence of separation, negative attitudes, and bullying. They were ready to interact at a surface level, but didn't quite feel comfortable with friendship. They were open to the idea of including peers with disabilities in the classroom, but felt nervous or hesitant about what that would look like. While this study focused on social interaction in particular, it is critical that interaction frequency, patterns, and styles be examined in a social context.

This model, while useful in contextualizing the results of the study, is additionally useful in informing the direction of future research. Future research should be focused on implementing interventions that reduce stigma and increase social closeness, moving communities closer to a state of belonging. This may include direct education on disability, stigma reduction efforts, and intentional efforts to increase social interaction through

shared experiences and activities. Clinical implications, possible interventions, and future research directions are detailed below.

Clinical Implications and Possible Interventions

This study provides unique insight into the experience of social interaction between adolescents with and without intellectual disability. Speech language pathologists and educators may use this information to implement practical changes with the intent of facilitating social interaction. These changes may include providing direct instruction on disability within the curriculum, modifying school structures and movement patterns to facilitate interactions, and implementing peer-based interventions to encourage and facilitate social interactions.

The participants in this study expressed that they sometimes just don't know how to interact with their peers with disabilities. This information can help professionals to prioritize exposure to disability within the general curriculum. Educators can provide direct instruction on disability – not only what it is, but the sociocultural history of disability and disability rights. Speech-language pathologists can provide direct instruction to typically developing students on the use of augmentative and alternative communication modalities and ways to interact with peers who may communicate differently. Education sessions can facilitate open dialogue about disability so that it is better understood.

Differences in movement throughout the school and persistent physical separation were cited as barriers by almost every participant. While disability education is important, it should also be paired with increased exposure and opportunities to interact. Educators, speech-language pathologists, and school administrators should collaborate on ways to increase times throughout the school day when students with and without disabilities share

space in a meaningful way. The concept of conviviality, introduced in Chapter Two, describes the phenomenon of two strangers connecting over a shared activity or interest (Bigby & Wiesel, 2011). Opportunities for increased exposure should mean more than just being in the same room – there should be opportunities for conviviality – for social connection through shared activities or interests. This could include sports, creative projects, music, and much more.

Peer based interventions have been shown to effectively increase social interaction between adolescents with and without disabilities (Carter et al, 2005; Laghi, F., Lonigro, A., Pallinni, S., & Baiocco, R. 2018). Peer based interventions and peer training may be particularly valuable in their own right, but also in combination with the above listed interventions, such as increasing time in shared spaces, and working to achieve more naturalistic movement throughout the school. For example, peer buddies may facilitate movement throughout the school hallways and lunch room in some cases rather than teachers or paraeducators, who may act as a deterrent to social interaction.

Limitations

This study was very limited in scope, but raised interesting questions moving forward. It provided deep and rich insight into the experiences of these participants at this school and in these demographics. One major limitation of the study is the lack of racial diversity in the sample. The sample was not racially representative of the overall population of the school, meaning that the results and the data are primarily descriptive of the experience of White American students at the school. Additional research should be done to examine what similarities or differences may exist in the perspectives of other

groups of students – groups that are more racially diverse, for example, or groups of seniors rather than freshman.

An additional limitation was the length of the interviews. While participants were eager to share and provided rich and valuable information, interviews were typically under 30 minutes. While this was necessary due to school restrictions and the desire to avoid interruption of class time – it should still be considered a limitation.

Observational data, while beyond the ability of the current study, would have provided additional data to strengthen the themes and conclusions drawn from interviews. A lack of observational data is a limitation for this study.

Given additional time and resources, this study could have been expanded to span grades and look for possible variations in responses between them. It could have expanded interviewing to adults and support staff as well, to gain an additional perspective on social interaction and what they observe throughout the school and between the students. Another aspect that would have been beneficial to include in this study would have been systematic observation of settings across the school, including hallways, cafeteria, elective classes such as art and gym, and academic classes with and without inclusion of students with disabilities.

Future Research Directions

Future research on social interaction needs to examine the forces that propel groups and communities backward toward exclusion, or forward toward belonging. What forces increase social distance or stigma? What forces lessen them? Which forces can affect social change to increase meaningful interaction and belonging?

This study raised interesting questions which warrant further investigation across disciplines. For example, human geographers may choose to examine the nature of student movement throughout school - how do movements vary between students with and without disability? How can movements, space, and the way space is used impact interaction and attitudes? Educators may continue work looking at models of integration and inclusion not only for their impact on learning, but also for their impact on student attitudes and conceptualizations of disability. Sociologists may continue to analyze the ways to combat disability stigma or understand social structures inform the stigmatization process. Psychologists may analyze how adult behavior impacts influences student attitudes and patterns of interaction. Perhaps most importantly, researchers should prioritize the perspectives of individuals with intellectual disabilities - what does belonging mean or feel like? What does social interaction look or feel like? Is there a desire to interact more with peers without disabilities, or is that not a priority? What makes social interaction meaningful and rewarding?

Conclusion

Social interaction is critical to psychological development, language development, and quality of life. The effort to increase social interaction is important and warrants continued research. However, social interaction is heavily influenced by so many factors: societal structures, social norms, individual attitudes and perceptions, and structural organization to name a few. Moving forward, the effort to increase social interaction must necessarily overlap with interdisciplinary efforts to create a generally more equitable society where tacit acceptance is not the end game, but is rather a river to wade through on the journey to a more comprehensive culture of belonging.

Appendices

Appendices available as additional files

[Appendix A: Interview Guide].....[PDF 37 KB]

[Appendix B: Audit Trail].....[PDF 10,491 KB]

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Vita

Kathryne “Katie” Goldey

EDUCATION

Years	Institution	Degree	Specialty/Major
2014	University of Kentucky	M.S.	Communication Sciences & Disorders
2010	University of Kentucky	B.A.	International Studies - International Relations & Latin America

PROFESSIONAL & CLINICAL EXPERIENCES

Years	Institution	Role
2016 -2020	University of Kentucky Communication Disorders Outpatient Clinic	Speech-Language Pathologist
2018 - 2020	University of Kentucky College of Health Sciences	Teaching Assistant
2017 - 2018	University of Kentucky Department of Communication Sciences & Disorders	Adjunct Instructor
2016 - 2017	University of Kentucky Human Development Institute	Research Assistant
2016 - 2017	Core4 Therapy Group, Lexington, KY	Speech-Language Pathologist
2014 -2016	Fayette County Public Schools, Lexington, KY	Speech-Language Pathologist

SCHOLASTIC & PROFESSIONAL HONORS / APPOINTMENTS

Years	Institution	Role
2019 - 2020	University of Kentucky Graduate Student Congress	Student-Parent advocate
2018 - 2020	University of Kentucky Graduate Student Congress	Rehabilitation Sciences Representative