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Closing the Gender Gap: Understanding How Adolescent Girls with Autism Spectrum Disorder
Perceive and Interpret Their Social and Emotional Experiences

by

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Abstract

Relatively little is known about the social-emotional profile of females with autism spectrum disorder (ASD), a population that has historically been overlooked in research and applied contexts. In an effort to advance current knowledge, this qualitative study explored the social and emotional experiences of four adolescent girls (ages 16–18) with ASD through semi-structured in-depth interviews, using an Interpretive Phenomenological framework. Interview questions generated discussion regarding friendships, romantic relations, peer interactions, and social-emotional experiences. Six superordinate themes emerged: 1) the effort of social interaction; 2) the sensory nature of relationships; 3) the cyclical impact of social-emotional experiences and social-emotional functioning; 4) a need for acceptance; 5) the impact of disability; and 6) the role of adults. The present study takes a first step towards closing a persisting gender gap in the ASD literature, advancing current understandings of girls with ASD and guiding the directions of future research.

Keywords: autism spectrum disorders, females, adolescence, social experiences, emotional experiences

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Dedication

This thesis is dedicated to the four girls who offered their voice to this research.

*Words mean more than what is set down on paper.
It takes the human voice to infuse them with the shades of deeper meaning.*
— Maya Angelou

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Chapter 1: Background

Autism Spectrum Disorder (ASD) has been the focus of extensive research within the last few decades and has risen to the attention of the general population through wide spread media coverage and a growing incidence rate that impacts many individuals worldwide. ASD is a neurodevelopmental disorder characterized by deficits in social interaction and communication and the presence of repetitive behaviour patterns and interests (American Psychiatric Association [APA], 2013). Current estimates suggest that ASD can be found in nearly 1% of the population (APA, 2013), a rate that has risen over time due to a variety of possible reasons including diagnostic practices, increased awareness, and actual increased frequency (APA, 2013; Tsai, 2014). While research has made great gains in increasing understanding of the causes, developmental course, and outcomes for individuals with ASD, there are still many questions that remain unanswered and several gaps that require further exploration.

The Gender Gap

One of the largest gaps in the ASD literature exists within the context of gender, where females with ASD are largely underrepresented. This shortfall can be explained by the well-established 4:1 male to female gender ratio in those diagnosed (Fombonne, 2003); however, current research suggests that this ratio likely reflects an underestimate for females in particular, with actual rates more likely approximating 2:1 once undiagnosed females have also been accounted for (Skuse & Mandy, 2015). This assertion is supported by Dworzynski, Ronald, Bolton, and Happé (2012), who compared boys and girls meeting diagnostic criteria for ASD to children who demonstrated high Childhood Autism Spectrum Test scores, yet failed to meet

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diagnostic criteria for ASD. These comparisons were based on information provided by the Development and Well-Being Assessment or by previous clinical diagnostic decisions. Specifically, they found that for children demonstrating similar levels of autistic-like traits, girls were less likely to meet diagnostic criteria for ASD than boys when intellectual and/or behavioural difficulties were not present. The researchers concluded that only girls demonstrating additional cognitive and behavioural difficulties tend to exceed the diagnostic threshold. This finding suggests that females with ASD who have average or higher IQ and few evident behavior problems may present differently than males, limiting timely and accurate diagnosis. Accordingly, some research supports that diagnosis of girls with ASD typically occurs at a later age than for boys (Begeer et al., 2013; Shattuck et al., 2009), which is not unexpected given that most early-onset disorders tend to demonstrate a male preponderance (Zahn-Waxler, Shirtcliff, & Marceau, 2008). Other findings have conflicted with this assertion, finding no diagnostic age differences across genders (e.g., Fountain, King, & Bearman, 2011; Giarelli et al., 2010). These research discrepancies likely result from sample differences in terms of ASD symptom severity; individuals with more classic, 'lower-functioning' forms of autism are more likely to be identified early, given impairment severity.

In an effort to understand evident gender discrepancies, researchers within the field have proposed several different explanations for the delayed or missed diagnosis of females with ASD. Some researchers have suggested that this ratio is the result of actual genetic or biological differences between genders (See Rivet & Matson, 2011). Other explanations have primarily centered on differing symptom presentation. For example, females who have been diagnosed with ASD are more likely to have an intellectual disability, leaving some researchers to suggest that girls without intellectual disability may be receiving alternate diagnoses, such as Pervasive

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Developmental Disorder, Not Otherwise Specified (APA, 2013; Mandy et al., 2012; See Rivet & Matson, 2011). Other researchers speculate that females are better able to compensate for their deficits (Attwood, 2007; Mandy et al., 2012; Skuse, 2007), particularly given that girls (in general) demonstrate better early language development which may mask symptoms (Wallentin, 2009). Alternatively, ASD related challenges might be more likely to go unrecognized because females generally exhibit milder repetitive stereotyped behaviour, externalizing difficulties, and interpersonal problems (APA, 2013; Mandy et al., 2012; Rivet & Matson, 2011). Finally, some suggest that the diagnostic criteria are inherently biased because they have been developed and mainly tested on males with ASD (Rivet & Matson, 2011). This further complicates accurate and timely diagnosis for girls, as diagnostic tests are commonly designed to map onto existing diagnostic criteria (American Educational Research Association, American Psychological Association, National Council on Measurement in Education, 2014). Essentially, the male bias in diagnostic criteria may perpetuate early diagnostic challenges for girls, as unique female symptoms potentially are not reflected. Overall, the research in this area has been largely inconsistent and it remains unclear how much of this diagnostic discrepancy can be attributed to social, systemic, or actual biological differences (Rivet & Matson, 2011). Regardless of the reason behind the current gender ratio, decades of research have established a significant discrepancy in diagnostic rates across genders. This may, at first, seem inconsequential; however, this finding has considerable implications for timely identification and intervention for females on the autism spectrum.

The ultimate consequence is likely circular, where male-focused research perpetuates the gender ratio—as diagnostic criteria continue to be founded on work with male populations—and the gender ratio perpetuates male-focused research, as researchers may find it easier recruit and

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generalize findings with predominantly male samples. Indeed, most studies in the area of ASD have included samples composed either predominantly or completely of males (Hsiao, Tseng, Huang, Gau, 2013; Van Wijngaarden-Cremers et al., 2014). The historical neglect of the female voice in the autism literature is complicated by several additional factors. Much of the research has focused on parental or teacher perspectives, rather than directly examining the perspectives of people with ASD (e.g., Diener, Anderson, Wright, & Dunn, 2015; Mandy et al., 2012; Orsmond, Mailick Seltzer, Greenberg, & Wyngaarden Krauss, 2006; Orsmond, Wyngaarden Krauss, & Mailick Seltzer, 2004), despite the importance of understanding ASD from the perspective of the individual with the condition. Quantitative methods may also create uneven perspectives, as these approaches typically preclude first-person accounts, limiting opportunities for rich information to emerge. Consequently, qualitative approaches may be particularly well suited to generate a rich understanding of the experiences and perspectives of girls with ASD, particularly in light of limited pre-existing research. To address this gap and advance current understandings of ASD, the present study incorporated an interpretive phenomenological framework to facilitate insight into the unique perspectives of adolescent females with ASD, as expressed through the girls' individual voices. More specifically, through information rich qualitative interviews, I explored the social and emotional experiences of adolescent girls, as social communication deficits are central to the diagnosis of ASD and these experiences hold great importance in shaping the future health and development of these girls as they transition through adolescence.

Adolescence and the Social-Emotional Context

Adolescence has often been described as a time of “storm and stress,” characterized by relationship conflicts, rapid mood fluctuations, and risk-taking behaviours (Arnett, 1999; Hall,

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1904). While not all researchers agree with this characterization of adolescence, cautioning that this stereotype fails to paint the full picture (Buchanan & Hughes, 2009; Hollenstein & Lougheed, 2013), there is general agreement that adolescence is a time of substantial change, where a number of biological, psychological, and environmental factors interact as individuals transition out of childhood (Casey et al., 2010; Hollenstein & Lougheed, 2013). In particular, family and peer relationships evolve in response to rapidly changing expectations and development. During this time, youth often place greater emphasis on their peer relationships, while the value they attribute to parental support either remains constant or lessens (Helsen, Vollebergh, & Meeus, 2000; Hombrados-Mendieta, Gomez-Jacinto, Dominguez-Fuentes, Garcia-Leiva, & Castro-Trave, 2012). Within the parent-adolescent relationship, there is generally an increase in problematic behaviours, such as arguing and bickering, that coincides with a decrease in reported closeness and a decline in time spent together (Steinberg, 2001). Accordingly, adolescents begin to spend far more time with their peers and these relationships become not only more important, but also more complex, as mutual support, intimacy, communication, and self-disclosure become central features of friendship (Parker, Rubin, Erath, Wojslawowicz, & Buskirk, 2006; Steinberg, 2001). Romantic relationships also often emerge and evolve at this age, progressing from shorter “flings” in early adolescence to longer committed relationships by late adolescence (Parker et al., 2006). Overall, peer experiences, both with friends and romantic partners, are incredibly influential in shaping adolescent growth and development and creating a foundation for how they interact with others as well as how they see themselves.

In addition to changes in the nature and importance of peer and familial relationships, adolescence corresponds with extensive social and emotional growth. To ensure the successful

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formation of strong peer relationships, adolescents must develop a range of behavioural, cognitive, and emotional competencies. In particular, research has highlighted the importance of attaining the ability to encode, comprehend, and reason about/with social and emotional information, which has collectively been termed social-emotional learning (SEL; Crick & Dodge, 1994; Lipton & Nowicki, 2009; McKown, Gumbiner, Russo, & Lipton, 2009). Simply put, SEL involves establishing meaningful relationships through effectively identifying and managing emotions and problem solving with this information (Zins & Elias, 2006). As outlined by the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2012), key competencies within SEL include: *self-awareness*, or recognizing one's own emotions and thoughts; *self-management* through regulation of emotions, thoughts, and behaviours; *social awareness* through perspective taking and understanding social norms; *relationship skills*, such as the use of communication, listening, and negotiating to maintain meaningful relationships; and lastly, *responsible decision making* based on considerations of morals, norms, consequences, and the well-being of both oneself and others. Research has also emphasized the importance of theory of mind, or one's ability to interpret the intentions of others, as well as an ability to decipher nonverbal social cues (Lipton & Nowicki, 2009; McKown et al., 2009) for successful social-emotional experiences.

While many adolescents easily acquire strong SEL skills and successfully adapt to new conceptualizations of friendship and emerging romantic interests, others demonstrate significant social and emotional deficits that limit their ability to establish and maintain meaningful relationships with peers. In fact, difficulties developing and maintaining peer relationships have been noted as common reasons for referral to mental health professionals (Parker et al., 2006). This finding is troubling, given that adolescents who struggle in their relationships are at an

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increased risk for a variety of maladaptive outcomes including loneliness, depression, anxiety, social isolation, delinquency, low self-esteem, and poor adjustment in adulthood (Benner, 2011; Bowker, Adams, Fredstrom, & Gilman, 2014; Deater-Deckard, 2001; Espalage, Low, & Rue, 2012; Hawker & Bolton, 2000; Parker et al., 2006). Alternatively, adaptive social and emotional skills have not only been linked with improved social competence and mental health outcomes (CASEL, 2012; McKown et al., 2009), but also stronger academic achievement and improved classroom behaviours (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Gentry & Campbell, 2002). Furthermore, the establishment of meaningful relationships promotes greater self-worth, self-image, and self-esteem (See Gentry & Campbell, 2002). Thus, it is clear that while adolescence is an important period for growth, for many teenagers, this can also be an emotionally difficult time as peer expectations change and become more demanding.

The changing expectations and environments for adolescents occur in the context of rapid development across various brain regions. For example, the development of the limbic system during adolescence can provide biological insights to understanding why this particular time is so stressful. Among other functions, the limbic system is largely responsible for initial emotional responses to stimuli, including fear and rage responses (Rajmohan & Mahondas, 2007). While the limbic circuitry is rapidly developing during adolescence, growth in the circuitry of the prefrontal cortex—an area of the brain responsible for planning, problem-solving, decision-making, and regulating emotion and behaviour (Siddiqui, Chatterjee, Kumar, Siddiqui, & Goyal, 2008)—is progressing at a much slower pace; thus creating a circumstance in which the underdeveloped prefrontal cortex is less able to down-regulate the heightened social-emotional activity of the limbic system (Powers & Casey, 2015; Steinberg, 2007). Individuals who are more prone to engage in risk-taking behaviours are at an even greater risk during this period of

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development as these neural regions are undergoing extensive maturation (Galvan, Hare, Voss, Glover, & Casey, 2007). Furthermore, development in executive functioning—which occurs primarily in the prefrontal cortex and includes planning, impulse control, sustained attention, working memory, and cognitive flexibility—does not fully peak until approximately age 25 (Johnson, Blum, & Giedd, 2009); and so, while there is consistent growth in these abilities, adolescents do not demonstrate the same level of sophistication as adults.

Evidently, adolescence can be a challenging, stressful time for teenagers, as they experience extensive and complex physical and psychological development, combined with changing demands and expectations. Nevertheless, this growth is critical, as it provides a foundation for the development of adaptive SEL skills, which have continually been established as key predictors of mental health outcomes, social competence, and relationship success (CASEL, 2012; McKown et al., 2009). For those individuals who experience additional social and emotional challenges, such as individuals with ASD, this developmental period can be especially difficult. Consequently, research elucidating the social and emotional experiences of teens with ASD is critical to improve understanding of the outcomes and support needs for individuals within this population.

Social and Emotional Functioning and ASD

While social and emotional problems are experienced by teens across all cultures, ethnicities, genders, and backgrounds, the autism population presents a heightened and well-documented risk for experiencing social and emotional difficulties and poor peer relationships. Research has repeatedly established that individuals on the autism spectrum struggle to develop and maintain meaningful peer relationships, a finding that is not surprising given that social deficits are inherent to the diagnosis of ASD (APA, 2013; Chamberlain, Kasari, & Rotheram-

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Fuller, 2007; Mazurek & Kanne, 2010; Orsmond et al., 2004). Further, research suggests that those with ASD who establish friendships tend to place less value on these relationships, which typically involve lower levels of support, empathy, and closeness (Baron-Cohen & Wheelwright, 2003; Head, McGillivray, & Stokes, 2014). Accordingly, researchers have found that many individuals with ASD hold a different understanding of friendship, placing less emphasis on companionship, affection, and intimacy (Bauminger & Kasari, 2000). Instead, research supports that individuals—namely males—on the spectrum highly stress the importance of shared interests and mutual activities in developing and maintaining friendships, with less focus assigned to interaction (Carrington, Templeton, & Papinczak, 2003; Daniel & Billingsley, 2010). While the literature suggests that adolescents with ASD view friendship through a unique lens, the assumption that they prefer to be left alone is erroneous. In fact, studies have found that individuals with ASD are often lonely and that they too desire friendship and social interaction (Bauminger & Kasari, 2000; Muller, Schuler, & Yates, 2008; Whitehouse, Durkin, Jaquet, & Ziatas, 2009).

In addition to the unique manner in which individuals with ASD understand and navigate friendships and relationships, efforts to connect with peers may be further complicated by numerous social and emotional deficits that are characteristic of this population. Individuals with ASD struggle with accurately identifying, describing, and regulating emotions (See Mazefsky et al., 2013; Samson, Huber, & Gross, 2012); empathizing (Baron-Cohen & Wheelwright, 2004); interpreting social cues (Attwood, 2000; Koning & Magill-Evans, 2001); and following appropriate social conventions (APA, 2013; Tantum, 1991; Williams, 1995). They also demonstrate heightened negative emotions, fewer positive emotions, and impairments in trait emotional intelligence, specifically reflecting poorer self-perceptions of their emotional

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competencies and behavioural dispositions (Boily, 2015; Montgomery, McCrimmon, Schwean, & Saklofske, 2010; Petrides & Furnam, 2001; Petrides, Hudry, Michalaria, Swami, & Sevdalis, 2011; Samson et al., 2012). In addition to hindering the development of meaningful peer relations, social deficits demonstrated by individuals with ASD have also been associated with poor academic performance, behavioural difficulties at school, and negative attitudes towards school and teachers (Hsiao et al., 2013). Further, adolescents with ASD report greater levels of bullying victimization and lower levels of social support from classmates, friends, and parents (Humphrey & Symes, 2010a; Wainscot, Naylor, Sutcliffe, Tantam, & Williams, 2008).

Evidently, the social and emotional challenges that are pervasive in adolescence are exacerbated for teenagers with ASD, placing them at an even greater risk for maladaptive academic, social, and emotional outcomes. However, it should be noted that this research has primarily explored these perceptions and experiences within male populations, thus, signifying a need for further exploration of the distinctly female perspective.

ASD and the Female Profile

While social and emotional research examining the functioning of adolescents with ASD is extensive and growing, relatively little is known about the social-emotional profile of females with ASD specifically, given the documented male bias in existing research (Hsiao, Tseng, Huang, Gau, 2013; Rivet & Matson, 2011; Van Wijngaarden-Cremers et al., 2014). This is an unsettling reality, considering that socialization deficits represent the hallmark feature of individuals with ASD and that social-emotional competence is central to the promotion of optimal development and adaptive outcomes within family and peer relationships. While interest in the female profile has increased in recent years, studies have mainly focused on uncovering differences in symptom presentation between the sexes, instead of spotlighting the unique

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experiences of females with ASD in comparison to girls without ASD (Koenig, 2010). The results of these studies have been largely inconsistent, which is likely a reflection of research samples with extensive variability in age, autism symptom severity, and concurrent diagnoses (e.g., intellectual disability) across and within studies.

Some research indicates that females on the spectrum demonstrate more appropriate social and imaginative play (Knickmeyer, Wheelwright, & Baron-Cohen, 2008; McLennan, Lord, & Schopler, 1993), and higher scores on the Friendship Questionnaire, a measure of friendship, sociability, and emotionality (Baron-Cohen & Wheelwright, 2003; Head et al., 2014). In contrast, other research has found that females with ASD demonstrate poorer quality social interactions (Billstedt, Gillberg, & Gillberg, 2007) and greater social communication impairments (Hartley & Sikora, 2009) when compared to males. Interestingly, McLennan et al. (1993) found that retrospectively, as children, girls with ASD demonstrated superior socio-communicative skills to males. However, as older children, adolescents, and adults, these same females demonstrated more severe social deficits than males, with none maintaining reciprocal friendships after age 10. In contrast, Lai et al. (2011) did not find significant gender differences retrospectively in childhood, but discovered that females demonstrated significantly stronger socio-communicative skills in adulthood. Still others have found no gender differences in social variables (Mandy et al., 2012; Solomon, Miller, Taylor, Hinshaw, & Carter, 2012; Van Wijngaarden-Cremers et al., 2014). Similarly, results appear inconsistent regarding gender differences in co-existing psychopathology, with some studies supporting that females demonstrate greater internalizing problems (Hartley & Sikora, 2009; Mandy et al., 2012; Solomon et al., 2012) and others indicating that gender differences in internalizing symptoms are unsupported (Lai et al., 2011). Evidently, the research is inconclusive regarding the existence of

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gender differences across social and emotional functioning, which is not surprising, given poor representation of females in research and the cascading impact on diagnostic considerations.

In addition to social and emotional impairments, females with ASD may face the added challenge of being compared to typically developing (TD) female peers, who tend to demonstrate numerous social and emotional strengths relative to TD males. Specifically, TD females are better able to identify and interpret nonverbal emotional expressions (McClure, 2000) and score higher on measures of empathy (Baron-Cohen & Wheelwright, 2004). Furthermore, a review of the literature by Zahn-Waxler et al. (2008) highlights that TD adolescent girls demonstrate stronger social skills, emotional regulation, and overall social and emotional sensitivity than TD adolescent boys. In contrast to their male counterparts, TD females tend to develop friendships that involve greater intimacy, empathy, reciprocity, and emotional support; their relationships are often grounded in talking, rather than doing (Baron-Cohen & Wheelwright, 2003; Bell, Foster, & Mash, 2005; Galambos, 2004). Moreover, females are more likely to engage in relational aggression than physical aggression, a trend that is reversed in males (Crick & Zahn-Waxler, 2003). Consequently, females on the spectrum may encounter additional challenges establishing same-sex friendships with their peers, as these relationships are likely to require greater social, communication, and emotional strengths in order to develop connections and to understand and cope with instances of relational aggression. These social standards sharply contrast with the relationships typically found in ASD populations, which emphasize shared interests and mutual activities (Carrington et al., 2003; Daniel & Billingsley, 2010). Further, girls with ASD may struggle to develop same-sex friendships due to the systemic challenges that they face as a minority within a minority; they are often placed in classrooms and programs that are predominantly composed of males on the spectrum, thus presenting them with fewer

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opportunities to interact with females, both on and off the spectrum (Cridland, Jones, Caputi, & Magee, 2014; McLennan et al., 1993). Through the combined challenges that they face as individuals with ASD, as teenagers confronting rapid physical and psychological growth, and as females immersed within a male dominated environment, it is clear that adolescent girls with ASD are likely to encounter unique social and emotional experiences that will greatly impact their developmental outcomes.

Given that research suggests that teen girls with ASD encounter daily barriers that are distinct from the experiences of boys with ASD as well as from those of TD girls, it is surprising that only one known qualitative study to date has focused exclusively on the individual experiences of adolescent girls on the spectrum. Cridland et al. (2014) explored the experiences of girls with ASD (aged 12 -17) through semi-structured interviews with three mother-daughter pairs as well as two additional mothers whose daughters were unavailable for interview. Through these conversations, they collected rich information relating to perceptions of social, emotional, physical, and sexual experiences. While a number of key themes emerged, a particularly interesting discussion was generated around the social and emotional experiences of adolescent girls with ASD. Specifically, participants in this study consistently reported difficulties establishing and maintaining friendships with TD peers. This is a common experience for all individuals on the spectrum, but the experiences of females were seen as distinct as they specifically highlighted challenges resulting from being a female in a male-dominated environment. For example, one mother indicated that she feels her daughter is “different from the students in mainstream but being a girl makes her different from the kids in the Autism Unit too, she doesn’t fit in anywhere” (pp. 1265). While this has been challenging for some who highlighted that their interests differ from their male peers with ASD, several girls noted that

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they “get along better with boys than girls” because of similar interests. Further, all five mothers highlighted the difficulty that their daughters experienced establishing and maintaining meaningful friendships with female TD peers, with one mother stating that her daughter feels more secure when she is with male peers “because when she has been around girls they have really bullied her” (p. 1265). These findings suggest that relationships with male peers may pose fewer challenges than those with females, which aligns with findings that female relationships may be more socially complex, involving greater communication, intimacy, and instances of relational aggression (Baron-Cohen & Wheelwright, 2003; Bell, Foster, & Mash, 2005; Crick & Zahn-Waxler, 2003; Galambos, 2004). Accordingly, a recurrent topic emerged around experiences of relational aggression and the complexity of female friendships. Several mothers suggested that females with ASD face greater challenges developing relationships with TD peers than males on the spectrum because boys with ASD can connect through shared interests in stereotypically male hobbies such as video games and sports. All of the mothers, however, discussed their daughters’ disinterest in fashion and preference for practical clothing. This perspective mirrors research conducted with males and females with ASD (Galic, 2014); however, it may create a greater barrier to same-sex friendships for girls on the spectrum, as TD female fashion trends have been found to emphasize femininity over function (Murnen, Greenfield, Younger, & Boyd, 2015). When taken collectively, these findings support the existence of a unique reality for adolescent girls with ASD, thus highlighting the necessity of specifically investigating the individual lived experience of females with ASD separately from that of males. This is particularly salient given the paucity of research specific to adolescent girls with ASD and the ongoing barriers created by the male bias in existing research.

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While Cridland and colleagues' research offers important contributions to current understandings of the experiences of adolescent girls on the spectrum, some limitations should be addressed and far more exploration must be undertaken. First, this study incorporates the perspectives of both mothers and daughters, and while it is incredibly valuable to explore varied perspectives, the mothers' voices appear to gain more attention and greater discussion within the article than the voices of their adolescent daughters. For example, when discussing the emerging theme of the *complexity of adolescent female relationships*, only one of ten direct quotations provided in the article was voiced by one of the girls. Unfortunately, despite the clear benefit of directly involving individuals with ASD to elucidate perspectives and experiences, there is an over-reliance on parent perspective in the ASD literature, with numerous qualitative studies exploring parental perspectives of ASD instead of directly exploring the thoughts and experiences of adolescents with ASD themselves (e.g., Diener et al., 2015; Fletcher, Markoulakis, & Bryden, 2012; Glass, 2001; Nealy, O'Hare, Powers, & Swick, 2012). While this research provides valuable insight into parental experiences and perceptions, it is absolutely critical to ensure that people with disabilities have the opportunity to actively contribute to research within their area (Finkelstein, 1992). Exploring ASD directly through the voices of adolescent females on the spectrum is paramount to understanding their experiences and perspectives, as only those who live with ASD can offer insight into the internal reality that they face. Further, in terms of participant characteristics, Cridland and colleagues included participants ranging from 12 to 17 years of age. Given that there is likely a difference in the demands and goals of 17-year-olds versus 12-year-olds, the authors recommended that future research incorporate more homogenous participant samples by looking at narrower age ranges (i.e., young, mid, or late adolescence), a suggestion that aligns with the goals of Interpretive

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Phenomenological Analysis (IPA), a qualitative theoretical framework that guided data collection and analysis in their study as well as the present study.

The Present Study

The primary goal of this study was to explore the social and emotional experiences of adolescent girls with ASD and the meanings that they assign to these experiences. Another central goal was to provide a platform through which these girls could voice their experiences, perspectives, strengths, desires, concerns, and needs. These objectives align with IPA, the theoretical framework aptly chosen to guide methodological and analytical decisions in the present study. In accordance with IPA, the primary research question was designed to be open, broad, context specific, and directed towards acquiring meaning of individual lived experiences (Smith et al., 2009):

How do adolescent girls with ASD perceive and interpret their social and emotional experiences in the context of:

- Peer relations?
- Friendships?
- Romantic relationships?

These questions were addressed through semi-structured interview questions (see Appendix A), developed with input from advisory members (see procedures). Through these interviews, the girls had the opportunity to offer rich information about their friendships, relationships, social interactions, and emotional experiences. With the information provided, key themes emerged from the collective data. This process allowed me to highlight the important patterns that arose and to identify the events, meanings, and ideas that appeared most important to these girls. Given that the literature in this area has been scarce and that little is known about the social and

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emotional perspectives of girls with ASD, the primary goal of this study was not to generate theories or confirm hypotheses, but to explore, describe, and interpret the lived experiences of adolescent girls with ASD. As such, the methodology and goals of this study are exploratory in nature and no hypotheses were generated in advance.

The present study builds upon Cridland et al.'s (2014) work in several ways. This study included a more homogeneous sample in terms of age, involving participants between ages 16 and 18. Late adolescence was chosen as the target age group in light of research suggesting that diagnosis is often delayed for girls on the spectrum (Begeer et al., 2013; Shattuck et al., 2009). Consequently, females within this age group are more likely to have received a diagnosis of ASD by this point. Further, late adolescence represents a key period for social and emotional development and intervention, where peer relations are of heightened importance and appropriate social and emotional functioning is key to successful outcomes. Consequently, knowing more about these issues can have important implications for future intervention efforts. SEL frameworks offer opportunities to explore these issues within the context of adolescence, and may be particularly useful for understanding the unique experiences of girls with autism.

As such, the research questions within the present study were more focused than those of Cridland et al. (2014), specifically targeting the social and emotional experiences of adolescent girls with ASD to promote greater understanding of this particular phenomenon instead of a broader exploration of their experiences across varied contexts. Further, the interview questions were shaped by the perspectives of individuals within the ASD community to ensure that this study meets the knowledge needs of those who will be most closely affected by the findings. Finally, this study focused solely on the perspectives of adolescent girls with ASD. While the representation of only one perspective could be seen as a limitation to this study, it is also a

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major strength, as this approach ensured that the attention was centered on the individual perspectives and lived experience of each girl. Most importantly, it ensured that these girls had the opportunity to speak for themselves, in their own words, and be heard.

Chapter 2: Method

Interpretive Phenomenological Analysis

IPA guided the collection and analysis of data within the present study. IPA is a qualitative approach to exploring the lived experiences of individuals and the meaning that they attribute to their experiences (Smith, Flower, & Larkin, 2009). IPA is a fairly new approach to qualitative research, making its first appearance in the mid-1990s, at which point Jonathan Smith (1996) opened a discussion on the need for a qualitative experiential approach grounded in psychology, recognizing that experiential and experimental research can and should coexist within this discipline. Since its establishment, IPA has been adopted by researchers in the areas of health, clinical, counselling, social, and educational psychology as well as by researchers across various other social and health science disciplines (Smith et al., 2009). While the history of IPA itself is relatively short, this qualitative approach has been founded on key theoretical principles drawn from phenomenology, hermeneutics, and idiography.

Phenomenology represents a philosophical perspective underlying several different qualitative methodologies aiming to explore human phenomena through the study of subjective human experience (Eatough & Smith, 2008). Pioneered by Edmond Husserl in the early 1900's, phenomenology emphasized the need to focus on the fundamental structures that make up human experience (Moran, 2000; Smith et al., 2009). For Husserl, the focus should be placed on one's conscious perceptions and experience of phenomena, instead of attending to the objects or activities themselves. The goal of this philosophical approach, later termed *transcendental*

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phenomenology, is to uncover the nature of human experience by *bracketing*, or setting aside our assumptions that the world holds an objective reality in order to focus on our experience and perceptions of the world; within phenomenology, this process has been termed *reduction*. Husserl's successors—Heidegger, among others—furthered his work on the importance of studying subjective experience while also leading the phenomenological movement in a new direction; one in which *hermeneutics*, the theory and art of interpretation, is emphasized as a key component of phenomenology (Moran, 2000). Unlike Husserl, Heidegger placed greater emphasis on understanding and interpreting, rather than describing (Adams & van Manen, 2008). The focus became ontological, where importance was placed on the nature of existence and being. Within this perspective, humans are inseparably involved in the world and in making sense of their experiences and thus it is essential to interpret the meanings people personally place on their experiences, within the context of situational and historical influences (Moran, 2000; Smith et al., 2009).

Overall, IPA draws on phenomenology through its emphasis on understanding phenomena by exploring the personal experience of individuals in detail, instead of attempting to produce objective summarizing statements of the phenomena itself (Smith & Osborne, 2008). IPA also reflects hermeneutic theory and hermeneutic phenomenology by understanding that the goal is for the researcher to place themselves as closely as possible to the personal world of the participant, however, this can never be accomplished in entirety, as researchers bring their own existing knowledge and conceptions to this process (Smith & Osborne, 2008). Consequently, interpretation on the part of the researcher is a necessary component of IPA; as the participant attempts to make sense of their experiences, the researcher is also attempting to make sense of the participants' efforts to draw meaning from their experiences, a process that has been termed

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double hermeneutics.

Finally, IPA is grounded in *idiography* in that IPA is oriented towards studying personal experience at the level of the individual (Smith et al., 2009). A focus on the particular experience sharply contrasts with the *nomothetic* approach that guides the bulk of psychological empirical research, which emphasizes the universal and seeks to draw generalizations across a group of people or particular phenomenon. Through an idiographic orientation, IPA is able to provide a voice to individuals, highlight their unique experiences, and uncover the meanings that individuals place on their own experiences by commencing in-depth exploration of each individual case prior to drawing on general themes that present themselves across the data.

IPA and the Present Study

An IPA framework guided my approach to generating questions, interviewing participants, analyzing data, and discussing findings. IPA was selected for this study, not only because it is an approach that is grounded in psychology, but also because it closely aligned with research goals, and particularly, the questions of interest. First and foremost, my primary objective was to advance current understandings of adolescent girls with ASD by exploring their own perceptions of their social and emotional experiences, an ambition that parallels the outlined intentions of IPA.

Another central goal of this research was to provide a platform through which these girls can voice their own unique perspectives, as they have been largely ignored within the literature. Moreover, their experiences are often represented through the voices of others, including parental figures, researchers, and teachers; they represent a population that is often researched *on* instead of *with* (Humphrey & Lewis, 2008). The idiographic nature of IPA has allowed me to accomplish this task by assigning equal importance and attention to each individual's experience,

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giving each girl an outlet to voice her thoughts and concerns and be heard in her own words. Given the need for research that attends to the firsthand accounts of those with ASD and the importance of considering the meaning that such experiences hold for these individuals, it is not surprising that IPA has been implemented in numerous ASD research studies (e.g., Cridland et al., 2014; Humphrey & Lewis, 2008; Huws & Jones, 2008). The successful application of IPA with adolescents with ASD, both male and female, across numerous studies provides further support for the feasibility of its implementation within the present study, as greater confidence can be held in its ability to address the needs of this particular population.

In addition to meeting the needs of this population, several methodological aspects of IPA lend themselves to the present study. IPA requires purposively drawn, small, homogenous samples and is recommended for use with data that has been derived from one-to-one interviews. Both of these requirements align with the procedure that was implemented within this study. Finally, the exploratory foundation of IPA is ideal for this study because of an absence of research addressing this topic to date. With little known about the unique lived experiences of girls with ASD, exploration, description, and interpretation were fitting objectives—more so than hypothesis testing and theory confirmation. The findings of this process contribute to current understandings of girls on the spectrum, which may in turn influence the direction of future explanatory research.

Participants

Participants were recruited through advocacy groups, service agencies, social media, and the Social Cognition Lab database. Four adolescent girls with ASD and their mothers participated in the present study. Individuals who held a previous diagnosis of any disorder or condition that would hinder their ability to openly share information—such as selective mutism

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or traumatic brain injury—were considered ineligible to participate; however, no participants were excluded for this reason. Overall, the sample composition within the present study aligns with the recommendations of leading IPA researchers, who recommend small homogenous sample sizes of three to six participants to allow for the collection of rich meaningful data that can be analyzed more rigorously (Smith et al., 2009).

Participants were between 16 and 18 years of age ($M = 16.75$) and had all been previously diagnosed with ASD by a medical doctor or qualified psychologist. More specifically, all participants reported receiving a diagnosis of Asperger's syndrome. Three participants identified as White while the fourth participant identified as White/Chinese. In terms of socioeconomic status, the reported annual household income ranged from 0 – 40 thousand for two girls, from 40 – 60 thousand for one girl, and from 90 – 125 thousand for one girl. Additional demographic and relationship information for each participant has been summarized in Table 1. While the nature of qualitative research complicates efforts to maintain complete confidentiality, each participant was assigned a pseudonym at the onset of the study to assist in securing confidentiality.

Procedures

Preliminary interview preparation. Prior to initiating participant interviews, I met with an advisory board to ensure that this research reflected the needs and concerns of this community and to gain input on key interview questions incorporated during the qualitative portion of this study. This advisory board included a female adult with ASD, a mother whose daughter has ASD, a researcher within the field of ASD, and two leading members from separate local ASD advocacy groups. Two undergraduate volunteers were present at this panel meeting to assist with documenting the ideas that were discussed. One volunteer recorded the information on a

Table 1

Participant Characteristics

Pseudonym	Age	ASD ^a Diagnosis	Age at Diagnosis	Co-Existing Diagnoses	Family Dynamics	# of Self-Identified Close Friendships	Romantic Relationship Status
Jane	16	Asperger's syndrome	11	ADD ^b Social anxiety	Mother No siblings	3	Single
Sarah	16	Asperger's syndrome	7	ADD Anxiety	Mother Father Two sisters	2	Single
Ava	17	Asperger's syndrome	8	OCD ^c ADHD ^d Depression	Mother Brother Half-sister, lives outside of home	0	Single
Brooke	18	Asperger's syndrome	8	General anxiety Mood instability	Mother Stepfather Two step-siblings Two half-siblings, live outside of home	2 (Online friends)	Single

^a Autism spectrum disorder

^b Attention deficit disorder

^c Obsessive compulsive disorder

^d Attention deficit hyperactivity disorder

whiteboard to provide a visual for the panel while the second volunteer typed the information to document the ideas that arose and the collaborative decisions that were made.

The advisory panel informed the development of appropriate interview questions by considering question topics, wording, and accuracy. The panel also evaluated the questions based on their ability to generate rich discussion around topics of friendship, romantic relations, peer interactions, emotions, and self-perceived social and emotional strengths and weaknesses. The process of incorporating stakeholder perspectives reflects an Integrated Knowledge Translation approach (Canadian Institutes of Health Research, 2013), which requires researchers to work directly with community members to ensure knowledge needs are reflected in research, thus increasing the likelihood that relevant and meaningful research questions are addressed.

Following this process, the resulting questions were tested through pilot interviews with four TD adolescent girls between 16 and 18 years of age. This allowed judgments to be made about the age appropriateness and quality of the proposed questions and facilitated any required alterations in advance. The pilot process also provided a better estimate of the time commitment required for these interviews. The finalized interview schedule can be found in Appendix B.

Phase one: Pre-interview preparation and screening. Once the interview questions were finalized, participants (adolescent girls with ASD and their caregivers) were asked to complete the first of three phases of this study. This stage involved eligibility screening and attaining consent. Participants under 18 years of age required parental consent in order to partake in this study, while those who were 18 years old were able to provide their own consent. Participants under age 18 were provided with an assent form to ensure that they understood the goals of this research, their role within the study, and the potential benefits and risks to participation. During this screening phase, participants were offered an honorarium (i.e., a

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\$10.00 gift card) and were informed that they could withdraw from the study at any point without penalty. Next, the girls completed a language screening measure and a friendship questionnaire, while their caregiver completed an ASD symptomology screening measure and a demographic form. Further detail regarding each instrument has been outlined below.

Wechsler Abbreviated Scale of Intelligence—Second Edition (WASI-II). Given that the girls were required to complete each interview independently, without the assistance of a caregiver, it was determined necessary to screen for verbal language skills. As such, participants completed two Verbal Index subtests on the WASI-II (Vocabulary and Similarities) to provide an estimate of their verbal language abilities. A standard score of 75 or higher was determined sufficient, suggesting that participants meeting this cut-off demonstrated necessary language skills needed to independently complete the interviews and questionnaires. This screening instrument was not required for girls who had previously participated in a separate Social Cognition Lab study, as their previous score was retrieved with parental permission. No participants were eliminated based on this verbal eligibility criterion. It should be noted that information provided by the WASI-II was intended for language screening purposes only; the data collected was not used in the present study's analysis. Greater detail regarding this screening measure can be found in Appendix B.

Friendship Questionnaire. Participants also completed a friendship questionnaire, created for the purposes of this study to gain context into each girl's current relationship activities. For example, questions explored whether the girls have friendships, participate in regular group activities, or have a dating partner. Information from this questionnaire was reviewed prior to the primary interviews. This allowed the interviews to be tailored to each girl's

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relationship circumstances and offered context to the experiences and perceptions expressed by the girls. A copy of the Friendship Questionnaire has been provided in Appendix C.

Social Communication Questionnaire (SCQ). As part of eligibility screening, caregivers completed the SCQ, a measure of autism symptoms and severity. While all participants reported a diagnosis of ASD previously made by a qualified healthcare professional, information offered by the SCQ was used to corroborate these diagnoses. This was determined necessary to ensure homogeneity of this sample, as different health professionals may implement different diagnostic thresholds or standards when assessing for ASD. Within the present study, participants were required to score above 10 to be eligible for inclusion. Greater detail regarding this screening measure can be found in Appendix B.

Participant Information Questionnaire. Caregivers also completed a demographic form (see Appendix D) that covered information regarding age, ethnicity, SES, education, and diagnostic history, among other things. The information provided through this process helped to identify girls who were eligible to participate in the qualitative interviews and offered background information that provides context to the findings of the present study.

Phase two: Primary interview. Following the screening process, all girls were identified as eligible for participation and were offered an opportunity to take part in phase two, involving a primary interview. Participants who were interested in taking part were provided with an outline of the interview schedule via email approximately one week prior to the interview. This advanced notice offered the girls sufficient time to think about their answers, which was important for this particular group, as adolescents with ASD have been shown to process social and emotional information more slowly than TD individuals (Montgomery, 2007). This decision was also made based on feedback from several TD pilot participants, who indicated that they

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would have found it helpful to review the interview questions in advance. As an additional modification, participants were given the option of writing their responses prior to the interview. This decision was made during phase one, when it became apparent that some girls might find it easier to open up through written questionnaire responses than through open-ended discussions. This modification was considered important because it respected the diverse needs of the participants and allowed them to have a voice, even if they struggled to communicate in an interview format. Phase two participants who wrote their responses prior to the interview were reminded of the importance of completing the questions independently. As such, they were encouraged to seal their responses in an envelope to ensure the document remained private. The information provided through written responses was used in two ways: 1) participants were able to reference their responses during the interview and 2) written responses were included alongside the interview data during analysis.

Overall, these adaptations were found to be successful, as the girls offered rich and meaningful accounts of their perspectives and experiences throughout both the primary and follow-up interview phases. This finding highlights the value of exploring the first-hand accounts of adolescents with ASD, whose perspectives may be overlooked due to concerns surrounding the ability of this population to communicate and express their own perceptions. Previous research further supports this notion, finding that individuals with ASD are self-aware, can report self-perceptions with accuracy (Berthoz & Hill, 2005; also see Montgomery, 2007), and can offer incredibly articulate descriptions and recommendations around their personal experiences (Muller et al., 2008).

Within the present study, primary interviews took place in person at a location where each girl felt most comfortable (i.e., university campus, participant's home). The interview lasted

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for approximately an hour, although the length varied with each participant. Prior to completing the interview, participants were reminded of the goals of this research and their ability to withdraw from the study at any point. They were also informed that they may take breaks if and when they felt the need to. At this time, they received a second honorarium in the form of a \$10.00 gift card, as compensation for their participation in the second phase of this study. The interviews took place in an in-depth semi-structured format that enabled participants to respond freely and openly to a series of relevant questions. This format allowed the girls to guide the direction of conversation through their responses to open-ended questions, while also providing enough structure to generate dialogue that mapped onto the goals of this research. Further, the use of an interview schedule—outlined with the participants in advance—supported those who were more reserved in their conversations and allowed the participants to feel a greater sense of predictability and structure, which can enhance performance for individuals with ASD (Hale & Fiorello, 2004). While there are marked benefits to structuring the interview, it should be stressed that this process was not rigid, as each participant was viewed as an expert in her own experiences and, as such, had an active role in guiding the course of the interview. Given that IPA emphasizes the interpretation of the meaning that underlies the content of conversations (Smith et al., 2009), the interviews were recorded and later transcribed to produce a typed verbatim record of the words that were spoken by both the participant and myself.

Phase three: Follow-up interview. Following the transcription of data, a third and final meeting took place with each participant, at which point, a discussion was generated around topics that emerged in the previous interview. The girls were given the opportunity to ensure that their experiences and perspectives had been accurately represented, elaborate on the information that they had provided, and provide further insight into key stories and perspectives that they

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shared. This interview was also recorded and transcribed so that the information that emerged could be incorporated with the original transcript during data analysis. Each girl who participated in this third phase received an honorarium in the form of a \$10.00 gift card. Once the transcripts were reviewed, all revisions were made, and all new data had been transcribed, data analysis was conducted.

Data Analysis

Transcript content was organized and analyzed through a series of steps that are grounded in IPA and have been recommended by leading researchers within this area (Smith et al., 2009). This approach allowed me to explore participant experiences and the meanings that they attribute to their experiences by generating codes and exploring patterns within the data to identify emerging themes. More specifically, data was examined through a series of six stages that have been outlined by Smith et al. (2009), which include: (1) *reading and rereading*; (2) *initial noting*; (3) *developing emergent themes*; (4) *searching for connections across emergent themes*; (5) *moving to the next case*; and (6) *looking for patterns across cases*. Movement through these analytic stages coincides with a gradual transition from a focus on the particular and an emphasis on description to a focus on shared patterns and an emphasis on interpretation.

Step 1: Reading and rereading. Analysis began by familiarizing myself with the data through reading the transcripts several times while simultaneously listening to the audio recording of the interviews. The purpose of this stage was to set aside assumptions so that the participants' experiences and perspectives became the center of focus. Repeated reading also helped to establish a visual of the overall structure of the interview and illuminated any patterns, connections, inconsistencies, and contradictions that existed within the data. This stage also involved taking notes on initial thoughts and ideas in an effort to "reduce the level of this 'noise'"

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by recording it somewhere, thus allowing... focus to remain with the data,” (Smith et al., 2009, p. 82), while also maintaining records of these early impressions for later reference.

Step 2: Initial noting. The second stage of data analysis merged from the first phase through subsequent readings that became more exploratory and led to the recording of more thorough and detailed commentary on content of interest. The annotations that arose from this stage were descriptive, linguistic, or conceptual in nature.

- *Descriptive* comments highlight what matters most to the participant and speak to the explicit meanings that they assign to these important objects, events, and experiences.
- *Linguistic* comments seek to illuminate connections that exist between the content and the language through which it was conveyed. This may range from recording the use of metaphors and pronouns to noting relevant pauses, laughter, repetition, fluency, or tone.
- *Conceptual* comments are less explicit and involve a greater degree of interpretation. These statements tend to be more interrogative, often asking questions of the data. They can also involve personal reflection, where the meaning of a participant’s experiences is understood by drawing upon one’s own prior experiences, perceptions, and knowledge; however, it is important to recognize that the analysis remains centered around the participant’s lived experience. While personal reflection is recognized as a way of making sense of participant experiences, the analyst’s interpretations are grounded in a focus on the spoken words of the participant rather than being derived from outside influences.

Collectively, the commentary that took place within this stage allowed for a comprehensive exploration of meaning through consideration of the events and experiences that the girls described, the choice of language that they used, and the context underlying their statements.

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Step 3: developing emergent themes. The third analysis stage required a shift from focusing on the transcript to attending to the initial notes from the previous stages. The main goal of this stage was to uncover themes within the data by concisely summarizing, in one statement, the most important aspect/s of a series of comments. Essentially, the intention was to represent ideas that were considered central to a particular section of the transcript. This task involved an interaction between the participant's spoken words and the interpretations that I drew from those statements.

Step 4: searching for connections across emergent themes. After uncovering emergent themes, the themes were considered in relation to one another and grouped into what has been termed superordinate themes based on any connections that exist. Such patterns were identified through abstraction, subsumption, polarization, contextualization, numeration, and/or function. *Abstraction* involves grouping like themes under a new superordinate theme, while *subsumption* advances an emergent theme to the superordinate level by clustering other emergent themes under that label. In contrast, *polarization* involves exploring the dissimilarities between emergent themes to uncover any superordinate themes that encompass these differences. *Contextualization* seeks to organize emergent themes by temporal, cultural, and/or narrative elements, while *numeration* focuses on the frequency in which an emergent theme surfaces within the transcript and is used as a potential indicator of importance. Lastly, emergent themes could be organized and explored based on their *function* within the transcript, where the language that was used within the interview could be tied to the perspective of the participant. Collectively, these distinct strategies were implemented within the same analysis to explore the diverse patterns and connections that emerged between themes. To aid in this process, notes were taken to document the decisions that were made during this stage of analysis.

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Step 5: moving to the next case. The next step was to repeat the first four stages with the transcript of each remaining participant. At this point in the process, each case was analyzed independently without drawing connections to previously analyzed cases. This procedure aligns with the idiographic nature of IPA, as attention was drawn to the experiences of the individual before seeking out patterns that extended across the data.

Step 6: looking for patterns across cases. Finally, the cases were considered in relation to one another by exploring the patterns that emerged throughout the transcripts. This process involved identifying the themes that seemed most important, highlighting major differences and similarities between the cases, and relabeling or modifying themes after they had been considered within the context of others. Essentially, the goal of this final stage was to represent each participant's experiences and perspectives in relation to one another by grouping the results of the analyses of each case into shared superordinate themes that encompass related emergent themes.

Qualitative Quality

In recent years there has been extensive discussion regarding best practice in qualitative research (Tracy, 2010). While a vast array of criteria has been suggested across the literature, one widely cited model proposed in recent years highlights eight key indicators of quality that can be applied universally to qualitative research, regardless of its theoretical foundation; these criteria call for (1) *a worthy topic*, (2) *rich rigour*, (3) *sincerity*, (4) *credibility*, (5) *resonance*, (6) *a significant contribution*, (7) *ethics*, and (8) *meaningful coherence* (Tracy, 2010). This model was applied as a guideline for the present study as it sets forth an outline for quality that is universally applicable across qualitative methodologies while still allowing for the level of flexibility that was necessary to tailor my approach to the needs and recommendations of IPA. Various

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strategies were incorporated within the present study in an effort to achieve each criterion within this framework.

Worthy topic. This criterion speaks to the relevancy, significance, and importance of the topic under study (Tracy, 2010). It is evident that the present study is situated to make significant contributions to the literature, as my primary goals were to (1) explore the social and emotional experiences and perceptions of girls with ASD in an effort to close a tangible gender gap within the literature, and (2) represent the voices of individuals within a population that has historically been underrepresented, misrepresented, and misunderstood. Moreover, the inclusion of an advisory panel in the present study helped to ensure that my findings meet the knowledge needs of the ASD community.

Rich rigour. The rigour of a qualitative study speaks to its thoroughness in terms of selecting a suitable sample; implementing appropriate interview, recording, and data analysis procedures; and exerting sufficient time and effort to obtain rich and interesting data (Tracy, 2010). Within the present study, efforts to achieve qualitative rigour were made through the careful and purposeful selection of a homogenous sample, where each girl was positioned to provide valuable insight relevant to the goals of this study. Further, the small sample size was carefully selected to allow for an in-depth meticulous exploration of each individual's experiences in order to provide meaningful and rich data, and also to prevent the analysis from becoming rushed and substandard due to an overabundance of data. Additionally, my approaches to interviewing participants and analyzing data were selected because they aligned with the goals of IPA, the goals of my research, and the needs of this population. Finally, this study employed transparency throughout by providing a thorough description of the procedure that was used and by methodically recording the details of data collection and data analysis, including the

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impressions and thoughts that I had during this process as well as the decisions that were made and why. To further support this objective, I established an “audit trail”, whereby all of my research decisions and actions were documented from the initial phases of this study through to the creation of the final report.

Sincerity. Within this model, sincerity refers to self-reflexivity and candidness, where research should be built upon transparency regarding the goals and biases that the researcher carries with them as well as the influence that these factors could have on the research process (Tracy, 2010). In addition to transparency, which has been discussed above, I strived for self-reflexivity within the present study by reflecting on my own biases and motivations prior to interviewing participants and before analyzing the data. This included consideration of my social position (e.g., as a woman; as someone from a middle-class, white background; as an academic), social experiences (e.g., within a nuclear family; within my friendships, dating relationships, and peer relationships), and social-emotional development and wellbeing (e.g., as an individual with no mental health or developmental diagnoses). I also considered how my preexisting knowledge of ASD further biased my perspectives and approaches to this research. Throughout this process of reflection, I maintained field notes, recording my thoughts and impressions as they emerged and considering the influence that these perspectives may have on my research. Accordingly, IPA acknowledges and emphasizes the importance of recognizing the role of the researcher in interpreting the participants’ efforts to draw meaning from their experiences; thus, documenting my reflections and impressions facilitated the goal of recognizing the influence and bias that I bring to this process.

Credibility. Within the present study, credibility, or the trustworthiness and believability of the findings, was attained through the provision of in-depth detailed descriptions of data that

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account for cultural and contextual influences and are supported by quotations taken directly from the statements of the participants. During the initial stages of data analysis, both my advisor and myself separately coded the same set of transcripts (i.e., Brooke's) using IPA guidelines (Smith et al., 2009). While some themes were identified using different terms, discussion of these differences revealed similar, converging interpretations. This finding does not necessarily signify that our interpretations represent reality, but does build confidence in the credibility of the findings (Tracy, 2010). As an additional effort to meet these quality standards, a second researcher—a PhD student with extensive qualitative research experience—reviewed my analysis in order to verify the decisions that I made and the interpretations and conclusions that I drew. Of the 180 pages of transcript that she reviewed, she described feeling “impressed” with my interview practices. She noted that she did not read anything that could be construed as an intentional effort to “lead the participant away from their intended message.” Further, she found no codes that she disagreed with altogether, and only 10 codes that she interpreted differently. After a discussion between the reviewer and myself, it was collaboratively decided that these differences did not warrant changes to be made. Perhaps most importantly, the credibility of this research was supported through consistent efforts to involve participants as contributors and experts in this process. I sought to reduce my own subjective influence by incorporating the perspectives of community stakeholders in the selection of interview questions and by obtaining feedback from participants once the interviews were transcribed in order to ensure that their perspectives were represented appropriately.

Resonance. Within qualitative research, resonance speaks to the research's impact on the reader through its capacity to generate feelings of empathy and identification with participants' experiences (Tracy, 2010). By incorporating direct quotations and by meaningfully representing

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the findings, this criterion was given careful consideration to ensure that the final report has a palpable impact on the audience, whether they have experience with this population or not, and to provide a strong voice to the unique social and emotional experiences and struggles that are encountered by adolescent girls with ASD. Further, follow-up interviews and participant checking helped to ensure that intended meaning was effectively captured.

Significant contribution. The present study is positioned to make *theoretically significant* contributions through its extension of current understandings of girls with ASD. It may also afford *heuristically significant* contributions through its exploratory nature, which has the potential to guide the directions of future research. Most importantly, the present study offers *practical significance* through its potential to increase current understandings of the unique needs, concerns, and perspectives of girls with ASD and its ability to offer them a platform through which their voices can be liberated as they speak to their own lived experience. Indeed, through the involvement of community stakeholders, this study is better positioned to contribute meaningful findings that serve the interests and concerns of this population.

Ethics. The present study only began after attaining approval from the Research Ethics Board at the University of Manitoba, thus ensuring that it met all of the ethical requirements that have been outlined by this governing body. The Research Ethics Board was also consulted on several instances during the interview process, as ethical dilemmas arose regarding potentially unaddressed participant risks (i.e., mental health concerns, potential for self-harm, and reporting requirements). Additionally, the circumstances that arose within this study were repeatedly reflected upon to ensure that the means justified the end goals and the participants were respected as experts in this area and as valued contributors to this research. Consequently, their perspectives held great weight in determining the direction of this research from start to finish.

Meaningful coherence. The final criterion within this model of qualitative quality emphasizes the importance of making methodological decisions that align with the goals of the research and the theories that underlie it (Tracy, 2010). Meaningful coherence can be evidenced in the present study from the initial idea development phase to the research design stage, as this study has been firmly grounded in the ASD and social-emotional literature and has been built upon the traditions of IPA. Indeed, this design was chosen because of its potential to (a) illuminate how girls with ASD perceive their social-emotional experiences and (b) provide a platform for their voices to be heard—two primary goals of this research. By aligning my methodology with the principles and procedures of IPA I was better positioned to accomplish the goals of my research and to make a valuable contribution to the literature.

Chapter 3: Findings

Transcript data from phases two and three—involving primary and follow-up interviews—were compiled for each participant. Written responses were also transcribed and included for two participants, Jane and Brooke, who decided to write their responses prior to the primary interview. During data analysis, themes were first coded for each participant’s transcripts independently, before analyzing for patterns across all four cases. Through this final stage, a master table of superordinate themes—and the subthemes represented within them—was created (see Table 2). Six superordinate themes emerged: 1) the effort of social interaction; 2) the sensory nature of relationships; 3) the cyclical impact of social-emotional experiences and social-emotional functioning; 4) a need for acceptance; 5) the impact of disability; and 6) the role of adults.

Table 2

Table of Themes

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Superordinate Themes	Subthemes
The effort of social interaction	<ul style="list-style-type: none">• Interaction feels unnatural and pressured• Familiarity brings comfort• Home brings comfort
The sensory nature of relationships	<ul style="list-style-type: none">• Connecting and personal contact• Overstimulation
The cyclical impact of social-emotional experiences and social-emotional functioning	<ul style="list-style-type: none">• Social-emotional functioning impacts relationships• Relationship experiences impact social-emotional functioning• The cycle continues
A need for acceptance	<ul style="list-style-type: none">• Desiring understanding and caring• Desiring belonging
The impact of disability	<ul style="list-style-type: none">• Perceived as different• Treated as different
The role of adults	<ul style="list-style-type: none">• As relationship models• As relationship mediators

The Effort of Social Interaction

When talking about their social-emotional experiences, the girls commonly portrayed social interactions and relationships as challenging and effortful. In part, this was conveyed through statements about the difficulty of interactions, which can feel exhausting, pressured, and unnatural. This superordinate theme was further supported by shared experiences regarding comfort—where social expectations and tensions are eased when they are at home or with familiar people, making these situations feel more relaxing and natural.

Interaction feels unnatural and pressured. For all of the girls, social interactions have often felt challenging and uncomfortable. Large groups were identified as particularly stressful.

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Brooke noted that in large groups of people, she is likely to panic if she is “stuck in a crowd.” Jane’s nervousness was described as being dependent on “how big the group is” and “how well [she] know[s] the people.” In particular, she talked about feeling nervous when talking with strangers or talking in groups, which can cause her to feel “all tense and panicky.” Sarah conveyed that she tends to enjoy being with groups and finds parties to be fun “but after a while you get very tired or something.” Here she depicts the effort that is required in her social interactions—it is fun to be included in group activities, but it can also be draining. Beyond group interactions, Brooke and Ava talked about how experiencing emotions in any type of interaction can feel unnatural and forced.

I’m not really sure what really makes me fully happy...when I feel happy I’m usually uh, just uh, trying to smile but I usually can’t... It’s hard for me to crack a smile most of the time... I usually don’t even feel anything. Pretty much all I feel is just uh, blank, blank uh, senses going through me....Well, I can’t even tell which emotions I really feel. So pretty much all I am is just a black hole. (Brooke)

Other than [small levels of irritation and amusement], most of the emotions I show are faked or just turned into habits. Like smiling at comments and stuff, that’s not actually happiness that’s just habits that I taught myself.... Whenever I’m out anywhere.... Just most emotions, facial changes or body language, I didn’t—it’s not natural. I taught it to myself by watching others and then making—doing that myself even though I’m not actually feeling it to appear more normal. (Ava)

Ava and Brooke described similar emotional challenges, both relating it to flat affect, or a lack of emotional feeling that has made it difficult for them to interpret, experience, and convey their emotions. Together, they illustrate the effort that it takes to overcome this challenge in their daily

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interactions. Indeed, Ava noted that she stops faking emotions when she is with her cousin, who accepts her, or “if I’m really irritated and at like a party or something and I just don’t care anymore. Or if I’m mentally exhausted and again, don’t care anymore.” This passage depicts the effort and energy that Ava exerts in her daily interactions in order to show emotions; only in safe spaces, can she let her guard down. She explained that she fakes her emotions “to be resembled as normal.” In general, the girls often talked about battling social pressure to participate and fit in with peers.

Ava discussed her desire for people to stop pressuring her to join activities that are “not so fun for [her],” like when school staff “try and coax” her to raise her hand during class. She explained, “You know, if they could better understand the stress it puts on me I would be more content.” Jane also talked about social pressure at school, like during class presentations. For Jane, the social pressure seems to come from being watched and/or feeling pressured to talk in social situations. She described that she doesn’t mind being in a group during her martial arts class because “it’s not like a group where you like have to talk to people or anything. It’s just like a bunch of people doing the same thing at the same time.” Having this shared, structured objective seems to relieve the pressure of forced interaction. For Sarah, it isn’t the pressure to participate that is hard, but the pressure to fit in. She described feeling that she always needs to watch what she says, remaining cautious in her social interactions so that her peers do not judge her.

‘Cause I don’t want to say something that will make me seem stupid. That’s what I don’t want to do.... It’s something I have to get better at.... We often say things we regret. I think that’s—I’m trying to control my mouth when it comes to that it’s just, it’s hard.

(Sarah)

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Sarah described that when she says the wrong thing it can feel “kind of embarrassing” and “a bit awkward.” She normalized this experience, explaining, “I think that’s one thing that happens for a lot of people. It’s just, you feel stupid...” Ava also linked her experiences to her peers, expressing how, in general, girls face more social pressure to conform than boys.

I’ve found girls at least put an effort to try and hide the things they wanna say that are stupid.... I don’t know. Maybe it’s because usually how I’ve—from what I’ve noticed and been able to hear in girl groups, one wrong thing and you can have the whole school gossiping about you. Um, and boys they can really say or do whatever they want and there usually isn’t much problems there. So I guess, girls always have that judged factor hanging over their heads. (Ava)

Ava views social pressure as an experience common to all girls, viewing peer acceptance as easily impacted by small actions and decisions. For each of the participants, this general pressure is complicated by difficulties with social interaction and emotional responses, which do not always come easily or naturally.

Familiarity brings comfort. Just as social challenges and pressures were a shared experience for the girls, so too were the comforts that familiarity brings. It seems that familiarity does this by easing social pressures to perform a certain way. Jane conveyed this idea when talking about the difference of being with friends and strangers: “It’s easier to like, do stuff like, with my friends, and like, it’s hard when I’m with people I don’t really know or don’t know very well.... It’s like, easier to talk to my friends and stuff.” For Jane, comfort and familiarity create a safe space for her, where social pressures and challenges are reduced. Introducing new people into that space was shown to disrupt this comfort and reintroduce social stresses:

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Like sometimes like, if I meet, like someone who's like friends with my friend that I don't know then it's kind of awkward.... 'Cause it's not like they're a total stranger like, they're friends with my friends but like for me, I don't really know them so it's still – it's just kind of weird and awkward and I'm not sure, yeah. (Jane)

There was a time like, when one of my friends, she tried to introduce me to another one of her friends, she thought we'd get along well 'cause we're both kind of quiet and we liked reading and stuff and so she like, tried to get us to be friends but we just kind of like, didn't say anything. (Jane)

Similar to Jane, Sarah shared how familiarity can make social situations more enjoyable. She talked about liking school and finding it “a little more interesting” than an extracurricular group she attends “because I know those people better.” Ava conveyed how familiarity and comfort take time to establish. She described that she was “very very uncomfortable for the first two years” with her singing teacher and that she “eventually got better” around her educational assistant. She also talked about the comfort she feels with her cousin “Maybe it's just the fact that since like birth, like a few months within each other we were born, and as soon as we were we were together. So, it's always really been something that's been there.” With time, familiarity, comfort, and understanding develop—thus, slowly minimizing the need for Ava to live up to perceived social expectations and exert effort to “appear more normal.”

Home brings comfort. In the same way that familiarity reduces social pressures and expectations, home was depicted as a place of comfort for many of the girls. Relationships and interactions involve intention and effort, while at home the girls can feel relaxed with just being themselves.

I think usually my home is kinda like my domain where I can be alone. Kinda like that. I

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think it works that way in my head. And usually it helps. I think it gives me a place of peace and quiet most of the time for me to be my own person. (Sarah)

For Sarah, home offers a “safe zone” where she feels “a little more comfortable” because she can “go off and do [her] own thing.” She conveyed that the pressure she feels differs between home and school: “I don’t wanna really try to offend anyone or—any school friends or anyone else. Unless it’s at home of course, and that’s kind of different.” At home, she does not have to worry about people misunderstanding her intentions. Accordingly, she talked about needing her alone time and not always wanting people around, explaining that when she is at school she mostly wants to be with others, but that at home she “like[s] to be alone a little more, maybe like for the quiet of it, like more concentration quiet.” For Sarah, this peace and quiet “makes it sometimes easier for [her].” Home offers a sanctuary, where social expectations are mitigated and relaxation can be achieved. Similarly, Jane described, “I feel like I’m like relaxed and happy like when I’m at home like doing stuff like reading and video games... and it helps me like relax after like a really long day at school or something.” She explained that home also brings her comfort “‘cause it’s usually like, me and my mom or whatever... I can just like, relax and I don’t really have to worry about like, doing anything.” It seems that home offers Jane the opportunity to be herself and spend time how she wants to. She can relax without feeling pressured to interact or feeling nervous about how she is coming across to others. Ava conveyed a similar message when talking about how friends “need too much attention.”

I like to stay in my room all day and not really do anything. I prefer to be on my own.

You have to—in keeping friendship you have to constantly be with them I guess, and hang out with them and stuff. (Ava)

She explained that being alone is “more comfortable” for her. The pressure is lifted and she can

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feel more at ease. For these girls, home seems to offer safety and protection through greater understanding and acceptance, which reduces the need for effortful interactions and alleviates feelings of anxiety and caution.

The Sensory Nature of Relationships

As the girls talked about their social and emotional experiences, each alluded to relationships as involving a sensory component. For some girls, this experience was seen as positive in certain contexts. In other circumstances, sensory factors were depicted as over-stimulating, introducing an additional barrier to interaction.

Connecting and personal contact. Jane expressed a preference for spending time with her friends in person, stating, “It’s just better...because you can see them and hear them and stuff.” For Jane, visual and auditory senses make these interactions more enjoyable. In a way, these sensations create more of a shared experience between friends. Jane illustrated this idea with the following example: “Well if you were like eating something you made you can’t give it to them online. Me and [my friend] have wanted to do that so many times over the phone.” Similarly, Sarah described feeling that when face-to-face with someone you become “closer to that person” and “you actually know them.” When talking about her close friend, Sarah explained that in addition to supporting each other through difficulties by talking, “once in a while it’s hugging.” In Sarah’s eyes, being present and in the moment with another person creates a stronger bond. She explained this as her preference for “just having the real thing.” Sarah also talked about how spending time in-person helps to establish trust.

Well you know that you can actually, I think you can pretty much tell more that you—if they’re trustworthy enough I guess by the looks of it I guess or something.... Maybe by the tone of their voice.... Sometimes I probably have a lot of trouble reading emotions but

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I think usually—sometimes, I think I can tell. Just for some reason I don't know why. For Sarah, the ability to use sensory information—through seeing and hearing—helps her to better interpret others' intentions. In contrast, Ava has found this sensory component to make social interactions more challenging.

[Online you] don't have to talk to anyone if you don't want to. It's more of just their presence is there. You don't have to look at anyone or...and typing up conversations is much easier than speaking them.... I don't freeze up. The conversation comes natural to, to me. That doesn't happen when I'm talking to someone face to face.

For Ava, being online has enabled her to better engage by removing the added pressure that visual and auditory sensations add to social interactions in real life. Brooke expressed a similar preference for online communication, as she described that “it's pretty much more easier to talk to them.” She described that when she is online she can “just make them laugh” but that “in real life I'm just a lot more the quiet person so, I don't talk too much.” Just as with Ava, being online helps her to be more expressive, while in-person she withdraws under the added social pressure and stimuli.

Overstimulation. In regard to sensory stimuli, all of the girls identified excessive noise and/or crowds as barriers to social interaction.

I don't know, I'm like, really sensitive to like, loud noises and stuff, and I don't like when, don't like when it's crowded. I just feel like, kind of like, crowded and squished and like, I don't really know like, yeah. And there's like, so many people I don't really know what I'm supposed to do and, yeah... (Jane)

For Jane, the overstimulation caused by crowds and loud noises make it difficult to navigate social interactions. Likewise, Brooke explained, “I just feel uncomfortable 'cause uh, there's a

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lot of people around. It'll just make me think – it'll probably just make me want to leave the, leave the room or something.” The overstimulation caused by crowding creates a barrier to social interaction for Brooke. Ava shared a similar perspective, stating, “I really don't like parties” because of “the loudness, the fact that I'm in another place, the large amount of people, the large amount of drunk people.” In general, Ava identified noise as something that makes her feel “irritated”. For Sarah, only excessive noise was seen as an issue because it impacts her ability to focus: “sometimes it gets a bit noisy and I can't concentrate on certain things but... other times it's good.” Overall, auditory and physical sensations were seen as tolerable, or even enjoyable, in certain contexts—like when with friends—but detrimental to social interactions in other contexts.

The Cyclical Impact of Social-Emotional Experiences and Social-Emotional Functioning

Throughout the interviews, the girls continually highlighted the impact of their social-emotional functioning on their relationships and vice versa. Their experiences and perspectives portrayed a cyclical pattern, where social-emotional challenges (e.g., difficulties with everyday social interactions, interpreting social situations, understanding and regulating emotions) have led to negative relationship experiences, and likewise, these negative experiences have further impacted their social-emotional functioning. Consequently, the cycle continues as their social skills and overall wellbeing continue to be impacted.

Social-emotional functioning impacts relationships. Participants discussed the impact of social skill deficits on relationship experiences. Some remarked on the impact of these challenges in everyday social interactions. When talking about her interactions with peers, Sarah described that she feels cautious because she, “often say[s] the wrong thing and I guess...people go silent for a while and that kinda makes it a little bit more awkward and uncomfortable for

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[her].” She also discussed her “trouble with changing the topic, sometimes very quickly,” when she finds the subject matter boring. She described that her peers sometimes seem “irritated or confused” in response. Jane and Ava discussed how improved social skills would make everyday interactions and tasks more manageable.

It would be nice to have social skills I guess.... I’d be able to, to go into social situations, such as being able to pick up the phone or try and go out and get a job. Or be able to answer the door. Stuff like that.... Do everyday normal things. (Ava)

It would make a lot of things easier if I wasn’t as shy. I could like, talk to people easier and like, I wouldn’t like, have trouble doing presentations in front of the class and stuff [...or] asking the teacher questions if I need help or something. (Jane)

The passages above illuminate the personal impact of social skill challenges across contexts. For Sarah, difficulties with changing the topic and saying “the wrong thing” interfere with her ability to establish friendships and fit in with her peers. Jane and Ava highlight the necessity of these skills for promoting successful interactions that are needed to accomplish daily living, academic, and work objectives.

Difficulties interpreting emotions and social situations have presented additional social barriers for each of the girls. Ava explained that she finds it “hard to take social cues.” In giving an example, she described that she “probably wouldn’t notice” if her peers were trying to bully her because of the challenges she faces in interpreting social interactions. Brooke discussed similar challenges in forming friendships: “It’s just hard to determine who my real friends really are.” She explained that she has only been able to make friends online, but still struggles with identifying whether or not they care about her. While the social situations she described seem opposite of Ava’s—with one instance involving victimization and the other involving

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friendship—they both arose from similar difficulties with interpreting others' intentions. Sarah's experiences and perspectives clearly depict the impact of these challenges. She described herself as “a very sensitive person” and conveyed that her sensitivity in combination with her difficulties with interpreting emotions have contributed to a fear of peer rejection.

Sometimes I don't understand what people actually mean. Like when they're just being sarcastic or fun, sometimes I might take it a different way.... Like when I tell someone something, I might misinterpret their tone of voice... for being something like irritated or something... like they're not really being irritated. (Sarah)

I don't know when someone is being apathetic or not. Sometimes it feels like someone doesn't care and they actually do. I just don't realize it. It's just hard to interpret their emotions or the tone in their voice. It's one of the things that's always been probably hard for me. (Sarah)

Beyond interpreting the emotions of others, regulating one's own emotions was raised as a key contributor to several different relationship challenges. Several girls discussed the impact of emotion regulation with regards to teasing. Jane discussed feeling anger easily “if someone does something mean” to her. As an example, she described an instance where a Frisbee—being tossed back-and-forth by two peers—hit her face. She explained that she felt mad and responded by throwing the Frisbee back at the boy, aiming for his face. Jane noted that her tendency for experiencing sudden anger in response to peer conflict is likely an explanation for being targeted by a peer in elementary school, suggesting that, “he just wanted to make me mad.” Similarly, Brooke talked about her frustration with teasing, alluding to the fact that her demeanor and reactions made her a target: “I think they probably just thought I, I was a good person to bug. Even though everyone bugs me all the time and it pisses me off.” For Jane and Brooke, quick

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emotional reactions were seen as a contributing factor to becoming and remaining a target of peer bullying. Sarah also discussed teasing, but mainly in her relationships with her sisters. In response to her sisters' teasing, she indicated that she has trouble controlling her emotional responses, describing that her initial reaction is to "lash out" and to get them in trouble with her parents. She explained that in these instances, "Anger will get the best of me." Overall, anger and sadness were key emotions that the girls regularly brought up when discussing emotion regulation difficulties.

As seen in the examples above, anger and sadness were key emotions that the girls regularly linked with emotion regulation difficulties. When talking about conflict or breakdowns in her online friendships, Brooke explained, "I usually start just getting slow and uh, I can barely even focus. It puts me in a bad mood that it's—it puts me in a bad mood where I can't do anything. Pretty much all I can do I just cry." When talking about her peer and family interactions, Brooke often talked about her experiences with crying, explaining, "I just cry over anything random...because I can't even help myself." This emotional response makes it difficult for Brooke to respond to relationship conflict and has caused further relationship tension. Brooke described that family members and peers often don't understand why she is crying and, consequently, do not validate her reaction. Ava discussed her own difficulties with regulating these emotions, noting, "Sadness I try not to express at all... I suppose it would be a sign of weakness." She explained that she has coped by blocking out emotions altogether and putting up what she descriptively labeled her "mental wall," a "giant iron wall" in her mind that makes it "impossible to consciously feel emotions."

Naturally, I do not handle emotions well and I feel too much of them... I always have, been too emotional and not knowing how to deal with it. So I lock them away to deal

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with it... by pushing everything inwards. (Ava)

While Ava identified that this approach has helped her to reduce her “emotional breakdowns,” which involve “large amounts of random anger and sadness,” she conveyed that it has blocked her from experiencing positive emotions as well, creating a barrier in her social interactions. She described that she now struggles to control this response—as it has become automatic—but that she is “slowly learning how to kind of get emotions back into it like... amusement type things.”

Relationship experiences impact social-emotional functioning. In discussing their social-emotional experiences, the girls often highlighted instances where their relationships and interactions have impacted their own wellbeing. Ava discussed how the expectations and opinions of others have damaged her opinions of herself. When describing that she does not “expect much” of herself, she explained that she has internalized this message from others who have told her similar expectations over the years. She indicated that as a child, these messages “probably would have done more damage to my self-esteem than there already was. These days I just nod and agree with them.” This statement depicts the weight of others’ opinions and Ava’s interpretations of those opinions. While they began as outside perspectives, they have become a catalyst in Ava’s self-devaluation. She described that she “didn’t always used to be this pessimistic” and attributed the change, in part, to the impact of outside judgment. Similarly, Sarah talked about the power of her sisters’ “snide comments” on her own self-esteem:

Well it just kinda riles me up sometimes because it’s hard and I—well my parents tell me not to listen to them but... it’s just hard to keep my self-esteem up a little bit more... but I try to keep it up a little... I think, kinda around other people’s comments, I think that’s one thing I’m...working on. Sometimes it goes up and down. I think like it’s—sometimes I feel real great about myself, other times not so much. It’s just up and down.

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She also discussed how early experiences with peer victimization have impacted her: “The fear of rejection I think that’s kinda stemmed off from... stuff that happened in elementary school. Like...a bit of teasing, I think that’s when it came on.” The impact of these experiences has been long lasting for Sarah, who explained that even today this fear “starts to pop up” in her peer interactions, noting it “makes [her] feel worried that suddenly the other person doesn’t like [her] anymore.” Brooke also discussed the impact of peer victimization on her wellbeing, stating, “It kind of hurts me to a small degree.... It makes me feel kind of sad.... I just sit down and, sometimes cry over it and then I just laugh it off.” While the girls have each discussed the influence of judgment on their self-esteem, they have each taken different approaches to coping with these challenges; Ava described acceptance of the comments, Sarah noted attempts to overcome them, while Brooke described efforts to laugh them off. These examples offer just a glimpse into the numerous coping mechanisms and behaviours that have stemmed from these early relationship experiences.

In discussing the challenges that they have faced in their relationships, the girls described several different coping strategies that have resulted from a need to manage and protect themselves from negative social experiences. These strategies can be grouped into four different categories: minimizing, avoiding, distracting, and withdrawing. In this context, minimizing involves making the problem seem smaller or less significant than it really is for that girl; for example, by trying not to care or ignoring the issue. Ava offered a powerful statement depicting this approach when she discussed the anxiety that she feels around peers and her fear of being judged:

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I know at this point I really have problems with emotions and I've tried to stop caring about things so I wouldn't constantly have those things running through my head...

because if you don't care it doesn't matter I suppose. (Ava)

This perspective aligns with Ava's efforts to build a "mental wall," defending herself against her own emotions, which consequently, are impacted by the opinions and actions of others. This mental wall offers protection for Ava, as can be seen in the following statement:

It's nearly impossible to actually insult me on a personal level so I don't care.... Either you'll say something that's kind of truthful about me and I'll agree with you and laugh, or it will be false and then I won't care as it's not true. (Ava)

Brooke's effort to minimize her own negative peer experiences presents another example of the self-protection function that this coping strategy serves. When talking about her approach to dealing with isolation and exclusion at school, Brooke expressed, "I just uh, I just pretended that nobody was there and uh, just went on with it." She explained that this strategy helped her to "laugh off all of those annoying people in [her] grade" so that she didn't feel a need to engage with them. Part of this strategy seems to stem from a feeling of helplessness, where the situation feels like it cannot be changed so the next solution is to pretend like it does not exist. In alignment with this interpretation, Ava's perspective on coping with the opinions of her family members conveyed a similar notion: "There's nothing I can do. So... try to ignore it..." In a sense, Ava has given up on trying to understand and respond to the opinions of her family. Not only does this convey a feeling of helplessness, but also a sense of hopelessness.

Efforts to minimize social issues presented as a passive strategy, resulting from feelings of hopelessness or helplessness. In contrast, coping through avoidance was depicted as an active approach to coping with peer victimization. Brooke discussed how her bullying experiences

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mainly occurred when she was younger because she started coping with these experiences through avoidance: “I just tried to avoid people...to prevent myself from getting bullied.” Similarly, Sarah employed this same strategy when dealing with a group of girls who seemed to judge her: “Usually after that I just preferred to steer clear of them, usually. Because I already didn’t like them for their negative attitudes so I kinda... I didn’t like them and they didn’t like me.” Avoidance has enabled the girls to create a barrier between themselves and the social problems they face. Similarly, natural separations—created by school changes—were noted as helpful in resolving peer victimization situations. Sarah explained that she no longer has conflict with the girls that bullied her because, “I haven’t seen those people in a very, very long time. Most of them anyways, so that’s kind of helping a little bit cause...I’m at a different environment. I’m at a private school.” Jane also explained that a certain boy no longer bullies her, in part, because, “We don’t have any classes together anymore because we are in a different school.” For Brooke, teasing resolved when she “got out of school” altogether. Avoidance seemed to serve an additional role for Ava, Brooke, and Jane, who described avoiding social pressure situations. For Ava, avoidance strategies were discussed as a way to manage uncomfortable social situations, like answering the door, answering the phone, or attending parties. In these situations, she explained that she leaves the social situation, makes it go “as fast as possible,” or avoids it altogether. Similar to Ava, Brooke mentioned that when she feels crowded and uncomfortable, she often copes by asking to “leave for a bit.” Jane described, “Well I usually just try to avoid stuff that like, makes me nervous...” She conveyed feeling nervous during presentations, in other situations where people are watching, and when with new or unfamiliar people. She not only talked about physically avoiding situations, but also visually avoiding situations. In reference to her performance anxiety, she stated, “I look down at my

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paper instead of the class even though I'd probably end up getting a zero for that section." It is possible this strategy helps to ease her anxiety, because if she is looking at the ground she cannot see her peers, who may be judging her. Overall, she depicts this strategy as helpful because she can get through the task, but also notes the negative impacts that it has on her academic performance. In general, avoidance has helped the girls to work around or more easily endure stressful social situations but, as Jane put it, "it doesn't make me less nervous when I have to do stuff." In other words, it only offers a temporary fix to ongoing social challenges—not a permanent solution.

Similar to the strategy of avoidance, many of the girls discussed the value of independent activities as a distraction to cope with peer relationship difficulties. In discussing her isolation from her peers at recess, Brooke stated:

Well, I usually try to take uh, my drawings out to go for recess whenever I felt like drawing and they just say no... Which was kinda a dumb idea because uh, I need, I sometimes want something to do at recess. (Brooke)

In a sense, Brooke is referencing the usefulness of self-isolation to cope with social isolation. Drawing offers her an escape from the peer exclusion, and puts the decision in her hands instead of that of her peers. Reading offered another common escape for several of the girls. For Ava, who reported having no friendships, free time at school was said to involve reading, doing work, and eating lunch. Jane explained this strategy succinctly when discussing her own reliance on reading in pressured social situations: "I don't have to like talk to anyone if I'm reading." In a sense, independent activities—like reading, drawing, and completing schoolwork—lift the burden of stressful social situations. Instead of feeling pressured to engage, independent

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activities provide a visible distraction or reason for exemption. Instead of feeling excluded, these activities enable the decision to isolate oneself before others do.

The fourth common coping strategy that was brought up during interviews was withdrawal. For Brooke, withdrawal followed countless experiences of teasing and exclusion.

The fact they would, that they would always just bug me out of randomness. That made me look like I was an idiot. Made me start to lose my soci- sociality. I was pretty social back in Grade 9 and Grade 10 but I just started to lose it when Grade 11 and Grade 12 began. (Brooke)

For Brooke, social inclusion was desired as a child but, after little success, withdrawal seemed to be the best solution to peer relationship problems.

I did want to be with people kinda back then, but then all of a su—because uh, I had nobody to hang out with and uh, every time I tried to hang out with them uh, this uh, Goth chick, she would just tell me to go away. And then all of a sudden, I just developed a—I just started to uh, feel like I don't even need to be with them. (Brooke)

When talking about spending time alone at school, isolated from peers, Ava stated that it is “probably something I'd prefer at this point.” The term *at this point* is key here, as she alludes to the idea that there was once a time when she did not prefer being alone at school. For both Brooke and Ava, it seems that social withdrawal has become a preference in response to relationship experiences. Sarah also talked about withdrawing from social situations, but only when she has felt “a little bit left out” by her peers or when has needed to “cool down” following conflict with peers or family. When these situations have arisen, she explained, “I usually like to go hang around on my, my own a little bit then.”

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Much of this discussion has centered on the impact of negative peer experiences on social-emotional functioning, as these situations were generally more often shared across each girl's experiences and perspectives. It is important, however, to convey that several girls raised key insights into the impact of positive social experiences on social-emotional functioning. Through Jane's conversations, it was clear that her friendships have brought her comfort and confidence in social situations where she normally feels pressured and anxious.

Like if I had like, someone I know, like one of my friends with me, like if I'm like with, like one of my friends that's like really outgoing I tend to like, be a little more like that too.... 'Cause I'm more focused on like, having fun than like, being nervous about what people think of me and stuff I guess. (Jane)

Jane elaborated on this idea, expressing that each of her friends bring out different sides of her. She explained that she relates to one of her friends because they are "both kind of quiet," yet when spending time with another friend she becomes more "crazy and hyper." For Brooke, friendship is valued because it "gives people a good direction in knowing that there are people who care for them." These positive peer experiences translate to feelings of worth and belonging. Sarah conveyed a similar message when noting that when peers compliment her on her personality, she feels "happy" and "very accepted." Acceptance was key for Sarah, who beautifully depicted the positive impact of group laughter and engagement: "Like when we're laughing over something and just that laughter I get with everyone else, it kinda gives me a warm feeling inside or something, like it's a feeling of belonging." In this statement, Sarah directly draws a connection between positive peer experiences and the influence they hold over her internal feelings. Each of these examples convey that just as negative relationship experiences

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have been detrimental to social-emotional functioning, positive experiences have been beneficial for many of these girls.

The cycle continues. A cyclical relationship emerged from participant responses, where social-emotional deficits—involving social skills, perspective-taking, and emotion regulation—impact relationships, and the resulting relationships influence social-emotional functioning—through well-being and coping behaviours. This final section integrates participant perspectives suggesting the cyclical and ongoing nature of impairments, with increasing social-emotional difficulties creating additional barriers for establishing peer relationships. At first this notion seems complex, but Ava depicts it quite nicely when discussing the unintended consequence of her “try not to care” coping strategy in response to peer judgment: “Its worked but its also had many negative effects. I suppose I’ve lost my motivation. [...] Um, I don’t have any—much motivation anymore. I feel no reason to try at anything.” This statement is powerful in its ability to convey how protective coping responses to negative peer experiences can then create additional social-emotional challenges that further impact relationships. Brooke offered her own example of this in her descriptions of peer isolation. Brook struggled to form friendships, experienced teasing and isolation, and began withdrawing to cope with these experiences. She expressed that by losing her “sociality”—a protective response to cope with peer teasing—she created a new barrier to forming friendships: “Well, it was kind of hard for me to make friends. I couldn’t tell, couldn’t even talk to people that much.” Her efforts to cope with rejection through withdrawal have made it challenging for her to form peer connections, leading to further peer rejection. For Sarah, difficulties with saying “the wrong thing” or changing topics sparked negative peer experiences and perceived peer judgment. In response, she relayed that she has become more “careful” in her relationships, fearing that she will say the wrong thing or be

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judged. This caution has hindered her ability to feel “free in what [she] can say,” which consequently has impacted her enjoyment of social interaction and the success of her relationships. As seen in each of these examples, attempts to manage and protect against the harmful consequences of peer rejection can create new social-emotional hurdles, further fueling and maintaining a problematic cycle of negative social-emotional deficits and social-emotional experiences.

A Need for Acceptance

The girls regularly highlighted the importance of feeling accepted when discussing their social-emotional perspectives and experiences. This superordinate theme has been represented by two subthemes. First and foremost, the girls valued understanding and caring—both of which contribute to feeling accepted by peers and family. Indeed, the girls often shared experiences of feeling misunderstood and discussed the impact of caring and understanding on their own wellbeing and relationship successes. Second, the importance of acceptance was conveyed through a desire for belonging and the impact of exclusion. For the girls, acceptance from peers promotes belonging and inclusion, while its absence can fuel exclusion and isolation. Overall, the girl’s perspectives and experiences support the interpretation that to feel accepted is to feel understood, cared for, and included.

Desiring understanding and caring. The importance of feeling understood and accepted was a key issue for several girls. Sarah conveyed this perspective when discussing the quality that distinguishes who her true friends are: “They don’t judge me. That’s one thing. I don’t feel...they accept me for who I am.” In particular, she explained that her best friend stands out because she “loves me for who I am.” Ava took a similar position when describing her closest friendship, with her cousin.

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It's not like I'm not close to anyone. There is like my first cousin. We've been together since birth. We're like 'the best of friends' type thing when he's there. And we understand each other and I don't have to, you know, try around him and he doesn't have to try around me type thing. (Ava)

For Ava, the understanding that she feels from her cousin makes their relationship feel natural and enjoyable. Accordingly, Brooke described how feeling misunderstood on issues of emotion regulation has made her relationships and interactions more challenging.

And when people tell me to stop crying I just can't help myself. And they never understand that. Not even my mom understands.... Each time I say I can't...and then afterwards they still tell me to stop. Which, which kinda annoys me. (Brooke)

Brooke depicted a barrier in her relationship, where she struggles with managing her emotions and cries easily, while others have failed to understand or validate this challenge for her. Sarah described a similar perspective when explaining that people would “know [her] better” if they understood that she has “trouble reading emotions and that...[she's] a little bit more sensitive to—sensitive to more things.” Sarah felt that if people understood and acknowledged that she struggles with these issues and that she is “always try[ing] to make the best of what life throws at [her],” there would be fewer misunderstandings in her peer interactions.

In addition to highlighting a need for understanding, participants conveyed a fear of misunderstanding and seemed to hold great weight in others' opinions. All of the girls expressed concerns about how they are viewed by other people, particularly peers. Brooke explained that the opinions of her peers matter because she does not want “people to have a wrong uh, impression of [her].” Through this statement, she conveys both a need for understanding and a fear of being misjudged. For several girls, the concern of being misunderstood was tied to fears

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of judgment and rejection.

Like sometimes I feel other people are thinking something else about me but sometimes I feel embarrassed by some of my actions and I just feel like they're judging me, like just judging me on the inside. I don't know. 'Cause I don't, cause I'm pretty scared of sometimes—I try not to get scared so much of being rejected... (Sarah)

It affects my anxiety I guess. Always pounding in my head about how they were talking behind your back or how they think you're strange or weird. Or how you're embarrassing yourself in front of them...Or how what you say, if you speak up you'll just end up embarrassing yourself. (Ava)

In these passages, Sarah and Ava depict the ongoing distress present in their interactions, as they fear the judgment of others. For Sarah, this fear has carried over into her dating perspectives.

I'm sometimes scared I'm not gonna ever be able to find a guy to date me.... I want to find someone that actually likes my personality, but I don't know how many... I think... a lot of people probably do, but I just don't know it. (Sarah)

It seems that this fear centers on a concern that boys/men will not understand or accept her for who she is. In a sense, this barrier to understanding creates a fear of being unlovable. In contrast to Sarah, Jane expressed feeling “worried about what other people are going to think of [her]”, but only with people who she is not close with: “Not really strangers, but people I know who aren't really my friends, like people at school or something I guess.” She reported feeling at ease when she is with friends and family: “It doesn't really matter what my friends think of me I guess. It also probably doesn't matter what my mom thinks of me... because parents are obligated to think their children are perfect no matter what.” It seems that, for Jane, friends and family bring trust, comfort, and understanding, which reduces the fear of judgment. She worries

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more about the opinions of acquaintances, where that trust and understanding has not been established. Conversely, Ava conveyed that the opinions of family members matter far more to her personally than those of strangers.

I think that's just a parent thing that when they say something it's going to affect you one way or the other.... Like if a random stranger says 'you're dumb' it's not going to matter that much to you. If a parent says 'you're dumb' it doesn't matter who you are, that's going to matter more to you. (Ava)

Ava assigns far greater weight to the opinions of parents than those of strangers, whose opinions can be more easily brushed off. She cares about her family and values their opinions, making criticism and judgment harder to ignore.

Throughout each interview, the importance of caring and its role in promoting understanding was evident. In fact, caring repeatedly came up as a key aspect of good friendship. Brooke felt that good friends “actually show, uh that they care for you.... Like when you're in a bad mood or something.... They'll ask you what's wrong. They'll try to see if they can help.” Brooke also reflected upon her own role in caring for others: “People consider me a good friend because I'm willing to listen to their problems.” Jane too noted that good friends “care about each other.” Sarah described that she can tell who her good friends are because they “seem to care if I—how I'm feeling most of the time.” She elaborated on how this need extends into her expectations for future dating relationships.

Like the guy just doesn't want to just use me, he just, he cares about me. Like he cares about how I feel.... When the guy actually cares about a woman, he's kind to her. He... he actually sticks with her. He doesn't break up with her, with her for no good reason at all. (Sarah)

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Just like Brooke, Sarah felt that she offers this quality in her own relationships: “I’m not aloof, or really aloof or, I care about what people are feeling and...sometimes try to give advice if I can.” Several girls illustrated that caring, while important, does not always come easily. Sarah explained, “It’s hard to listen” to topics that are uninteresting— “like stuff about fashion” —or topics that are emotionally loaded— “like other people’s problems.” Jane also reported having difficulty caring about “boring stuff” like “about somebody’s day,” although this may also relate to a challenge with engaging in small talk. Emotional topics were noted as particularly challenging for Sarah because it sometimes makes her feel “a little bit more low” and “uncomfortable,” and she struggles to “know what to say.” Brooke also expressed difficulties with helping her online friends “when they’re in pain.” For both Sarah and Brooke, efforts to show caring seem to be challenging because social-emotional resources are strained. Despite these challenges, Sarah, Jane, and Brook each identified caring as a vital feature of friendship. Overall, the concept of caring—and the tasks involved—seems to be intricately linked with acceptance. To be cared for, listened to, and supported is to feel understood, validated, and accepted.

Desiring belonging. Not only was it important for the girls to feel accepted through understanding and caring, the importance of acceptance in promoting belonging was another core concern raised by each of the girls. Sarah depicted this desire when talking about being a part of a group of peers.

It’s kind of like it gives me a sense of belonging, kind of like a unity or something....

Well, it just seems like I’m involved, like laughing, we’re all laughing together, and also—and talking together.... It just makes me feel like I’m included and I always like... the kindness that goes on there.

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For Sarah, being accepted into a group creates a sense of unity and belonging. Jane also portrayed group experiences seemingly based on camaraderie between her and other girls. She talked about a Halloween party she held with “almost all [her] friends,” where the girls wore costumes and gave her cousin a makeover, which “was kind of funny because he’s a boy.” She also described spending time at a party with two other girls where they chased boys around the house to retrieve something that was taken “in a fun kind of way.” Overall, her positive group experiences all involved camaraderie and belonging, where all the girls were involved in a collective task or activity. While this inclusion and belonging is desired, Sarah described how she makes conscious efforts to involve herself so that she does not “miss all of the fun.”

Like in certain conversations I always like to add some – my opinion ‘cause I don’t like being left out of certain conversations. So I always have to try to find something...once in a while I find something that relates to that. So I kinda add my own opinion or words...
(Sarah)

In this passage, she explains that she always tries to contribute but then clarifies that she only sometimes is able to—showing how it is an ongoing struggle to include herself. It seems that these purposeful contributions to conversation reflect an effort to cope with social challenges that disrupt peer inclusion. For Sarah, attempts to be “brave and have a humourous side” help her to “feel more cool.”

I don’t know. It just makes me feel a little bit more, like I’m having fun or I’m actually—kinda like other people—like I just feel like I have my comments laughed at sometimes, like joking around with people sometimes too. (Sarah)

Here Sarah describes her desire to belong, conveying that validation and acceptance from others help her to feel “like other people” and promote inclusion. Ava too, conveyed that acceptance is

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important to promoting belonging when talking about the positive experiences she had with one of her cousins. She explained that she enjoyed sleepovers and time spent together because “she was friendly” and “tolerant of us.” For Ava, acceptance created an environment where interaction and inclusion was easier.

Having shared qualities (i.e., interests, personalities, experiences) was another key contributor to inclusion. Brooke explained that she finds her online friends “easier to talk to” because they have similar interests. She explained: “Well I was somebody who uh, was a bit different.... People in real life, they—they never uh share interests with me, and the people I meet online, they share the same interests.” For Brooke, conflicting interests created a barrier to forming friendships at school and made her “feel like the odd one out,” while shared interests offered a bridge to making connections online. Sarah expressed a similar experience: “Sometimes I don’t feel like I’m being included partially ‘cause um, I don’t like—I’m getting bored of the conversation that’s going on...I don’t have really anything to do with it.” These differences seem to create a hurdle that obstructs inclusion. Interestingly, Ava and Jane expressed a preference for spending time with girls over boys mainly because of differences in interests and behaviours.

I suppose I would, being in a group or such thing, I would like hanging out with girls more. Boys are a little just bit too rowdy for my taste.... From experiences at school, wrestling and you know constantly fooling around and shouting and stuff. Not really um, acknowledging other people’s boundaries. (Ava)

Well like, girls mature faster than boys.... Whenever I see like boys like doing stuff with each other they are always just like causing trouble or being annoying and stuff. They—in school they’re like throwing stuff around in the hallways a lot. I got hit by a frisbee in

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the face a couple of weeks ago. (Jane)

Both girls reference the idea that boys are more likely to cross personal boundaries through “rough” behaviour and differing ideals, thus making it harder to establish a connection.

Conversely, Sarah expressed that she enjoys spending time with girls and boys, but “just seem[s] to like the guys better because [they] always seem to have, uh interesting conversations...” Just as differences place a wedge between genders for Ava and Jane, similarities support connections for Sarah. Sarah and Jane also talked about how shared qualities have fostered friendships for them. Sarah described that she considers one of her friends to be closest to her, in part, because they both “have similar emotions” and “similar stresses in life.” She also talked about having an easier time getting along with people with “a good sense of humour.” Jane portrayed her friends’ qualities as complimentary, with each relating to a different side of her.

Um, well me and [Friend A] are both kind of like quiet. Um, and me and [Friend B], we both like a lot of the same stuff. And like, [Friend C’s] like, like kind of crazy and hyper and like I kind of get like that when I’m with her. (Jane)

Beyond similarities in personality, Jane also explained that she and her friends “like lots of the same things like, so we can like, talk and do those things together.” These similarities support more comfortable and enjoyable interactions that help to promote inclusion and belonging.

Just as acceptance and shared virtues promote belonging, their absence can fuel exclusion and isolation. While Brooke desired inclusion, she struggled to establish meaningful connections with her peers, in part because she felt they did not accept her.

It would’ve been cool if I actually was in a group of girls my age but none of them would even accept me for who I was.... I tried to make [friends] in school but nobody would, uh, really talk to me.... It felt lonely. I would walk around at recess...just walk around

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the grounds ‘cause there was nothing for me to do... I felt sad... I just started crying in front of the whole class. (Brooke)

For Brooke, the role of acceptance in her experiences of exclusion is unmistakable. Relational and verbal aggression were commonly reported means of exclusion for the girls. Sarah described how she was teased “about a costume [she] was wearing for an assembly” or about how she “liked to bring stuffed animals to school.” She also talked about pranks where she was blamed for things that did not happen. These experiences were hard on her, often causing her to cry and leading her to fear rejection from her peers. Brooke talked about similar experiences, where her peers would often “snap” at her when she talked. She also talked about times where they teased her by asking “if [she] was having a party at [her] place on the weekend, which was never true” or “telling [her] to like go hug people.” In these instances, it seems as if peers have purposely capitalized on Brooke’s social difficulties, drawing attention to her isolation and exclusion. Brooke described that these experiences made her “feel kind of embarrassed.” Jane too, talked about experiences of relational bullying, where her water bottle was thrown in the garbage or her chair was stolen “on purpose” by a peer. Collectively, the girls portrayed these experiences as difficult, causing feelings of rejection, embarrassment, and anger. These acts of relational aggression send an implicit message of exclusion, telling the girls that they are not accepted and that they do not belong.

The Impact of Disability

Several girls raised the topic of how disability influences their social-emotional experiences and perspectives. This is an important lens to consider when attempting to understand the meaning that each girl assigns to her social-emotional experiences. For the most part, this connection referenced the judgment and differential treatment that the girls have

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experienced at the hands of family, peers, and teachers.

Perceived as different. Several girls conveyed that their peer interactions and social-emotional experiences have often been influenced by how others view them as a result of their disability. Indeed, all of the girls expressed concerns that their peers judge them as being different. In discussing this fear of judgment, the term “weird” was used by several girls. Brooke explained that she cares about the opinions of her peers, “Cause some people might think I’m a cool and funny person but then people will think I’m a weirdo.... I just don’t want to—to people have a—people to have a wrong uh, impression of me.” For Brooke, there is uncertainty about whether her peers think of her as an outsider or not. Ava shared a similar perspective, as she expressed that her peers likely see her as “that weird, quiet, disabled girl.” In parallel with Brooke, Ava was uncertain about the perspectives of others, but felt that this would likely be their opinion, “Cause that’s what I think of myself and I don’t really understand others enough to know what they would think of me.” She went on to explain “I was never exactly um, spared any what people thought of me.... It doesn’t really matter what, the times it does, but after hearing it all your life over and over I guess it can sink in even if it’s not serious.” The “name calling” and opinions of others have become internalized over time, to a point where Ava now sees herself as an outsider because others have viewed her as an outsider. Just as with Ava and Brooke, Sarah used the word “weird” when describing her concerns for how others view her.

I guess cause’ I thought everyone thought I was kinda like the, the weird kid, or the, more of the lower down class. You could say that. I’m a very sensitive person so it had a little more of an impact than it would on a more tough person or, someone—something like that. (Sarah)

Here Sarah links being “weird” with being “lower down class.” In a sense, Sarah is suggesting

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that having a disability has impacted her status with her peers—others view her as having lower worth because she is perceived as different. She explained that this “fear of rejection” has “kinda stemmed off from...a bit of teasing... that’s when it came on.” Similar to Ava, other’s opinions and actions have impacted her own self-perspectives and have changed how she interprets social situations. Jane also talked about her own worries with how her peers view her, noting, “I guess they think I’m shy and I read a lot. Which is true.” While Jane did not explicitly describe feeling seen as different, she referenced two facts that make her stand out from her peers. Accordingly, Jane noted that if she could change anything about her approach to social situations, she would “want to be less shy, especially with new people.” Jane’s interpretations of her peers’ perspectives—in combination with her anxiety regarding peer judgment—suggest that Jane sees herself as different from her peers and worries that others view her from this angle as well.

Treated as different. In addition to being judged as different, several girls described experiencing differential treatment because of their disability. When talking about her career ambitions, Ava conveyed that low expectations from others have impacted her own aspirations over time.

I don’t have a lot of hope for myself in that regard.... I don’t expect much out of myself.... It’s hard to care about something you’ve been telling yourself for years... and before that it was something people told me regardless.... I’m not expected to be able to go very far in the future... would be a nice way of wording it. (Ava)

Ava’s experiences and perspectives elucidate a glass ceiling, where her potential—as a girl with a disability—has been predefined by the opinions of others. Ava’s experiences with feeling underestimated and overlooked have extended to all areas of her life. She talked about feeling invisible, stating, “My whole life consists of not standing out.” To emphasize this point, she

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offered a powerful example: “When you’re asking for help from the teacher and they don’t notice your existence. That can be annoying.... Or when they accidentally mark me absent.” Being marked absent carries a harmful message for Ava, as it conveys that she is invisible and unimportant. Across contexts Ava’s worth has been devalued. In a way, it relates back to Sarah’s feelings of being the “lower down class”—where having a disability somehow justifies differential treatment. It is from a similar lens that Brooke has attempted to make sense of her own experiences with peer isolation.

Maybe uh, jus uh, they know that I have u, that I uh, have that uh, have this uh, disorder uh, they don’t want to be near me. But for some reason they all appreciate the special needs kids.... Well the ones that have like uh, physical disabilities. They never tease them even though I get teased. (Brooke)

Through this passage, Brooke illuminates the impact of having an ‘invisible disability,’ where the added challenges she faces are not readily apparent or easily understood, thus, resulting in decreased understanding and increased peer rejection. Even well-intentioned actions illuminate the misunderstandings that people have about girls with ASD. Several girls shared experiences of feeling infantilized—a practice that Ava directly linked to her disability when discussing her distrust of praise from others.

Besides I know it’s normal for people to give praise without meaning it.... People tend to do that a lot with disabled kids... The same way they do it with, I dunno, babies I would suppose. Not wanting to hurt their feelings. (Ava)

While the intention is to be kind, it conveys a patronizing message that has lead Ava to distrust all acts of kindness and praise—whether genuine or not. Brooke referenced her own experience of being treated like a child when talking about her struggle for gaining independence and

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privacy. Brooke described frustration over not being able to make her own decisions as a teenager: “I was told that I couldn’t have cookies before bed when I was fifteen, like...treating me like I was seven.” When talking about these experiences, Brooke emphasized, “I just don’t like being pushed around.” While Brooke continues to age and mature, she conveyed feeling infantilized over battles for independence. Brooke’s frustrations over issues of independent decision-making have also extended to conflict over privacy:

I think one time I just started crying just because my mom busted into my room without knocking...and she claims she could enter my room if she wanted to.... I was like, I was thinking that it was kind of an invasion of my privacy. (Brooke)

Even at the age of 18, independence and privacy represent ongoing struggles for Brooke. Sarah expressed a similar desire to gain more independence, stating, “I just want to be free to do what I want to do.” She expressed feeling like her independence is stifled when her “parents aren’t being fair or are being too restrictive.” For Sarah, it can feel easier to be alone because the “peace and quiet” enables her to “make [her] own decisions.” Collectively, both Sarah and Brooke convey how the over involvement of their parents has created a barrier to growth and independence. Despite these challenges, parents were also depicted as having positive roles in supporting the girls in their peer relationships and daily social interactions.

The Role of Adults in Relationships

When discussing social-emotional experiences with peers, the girls highlighted the role of adults as relationship models and mediators. On the topic of dating interests (or disinterest), several girls identified the role of their parents in influencing their own decisions. Furthermore, parents and teachers were seen as influential in helping several girls to navigate peer relationships, particularly in relation to managing peer conflict.

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As relationship mediators. Parents and teachers were identified as having a role in mediating peer relationships. Jane explained how her behaviours in group settings differ when her mom is present: “It depends whether my mom’s there or not. If she’s not, then I pull out a book. But if she is then she’ll tell me not to.” Here, Jane outlined the social influence of her mom, as she has been encouraged to remain socially present when her mom is around but can distance herself in her mom’s absence. Both Brooke and Sarah referenced their parents as a source of support when peer conflict arises. Brooke talked about “having a really hard time” after misunderstandings caused a temporary split from a close friend. She described how she struggled to focus at work and her mom took her out for lunch to support her. On another occasion, when unsure how to manage an uncomfortable dating situation involving an older man, Brooke noted that she sought advice from her mom. Sarah also talked about the social support she receives from her parents. She mentioned that she often seeks her parents help when confronted with peer teasing and when conflict arises with her sisters: “...I usually go to my parents or something like...usually my mom, that’s usually the person I go to a lot of the times.” Sarah also identified her mom as a source of support in times when she is worried about peer rejection. Teachers and counselors were also identified as a resource for resolving peer conflict that happens at school. On several occasions, Jane referenced the role of other adults in resolving conflict with peers. In particular, Jane looked to adults to provide consequences for bullying behaviour. She talked about how a lunch monitor intervened when her water bottle was thrown in the garbage and how she “told the teacher” when the same boy took her chair in class, noting, “he didn’t get in trouble because he said he didn’t know it was my chair.” In terms of resolving these issues, Jane’s concern seemed to focus on whether or not the student was reprimanded for their actions. Brooke had mixed experiences when seeking adult intervention to address ongoing bullying. She

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described an instance where she stopped a group of girls from teasing her after seeking adult support: “I got it to stop after I told the guidance counselor.” For Brooke, trust seems to be a key factor in seeking help at school. While describing a separate experience with bullying where no trusted staff members were available, Brooke demonstrated a sense of helplessness in resolving the situation.

Well there was no counselors in the—there were no, there were not proper counselors in the school so I couldn’t do anything. My teacher was a bit of an ignorant—was a bit ignorant so I couldn’t do—so I couldn’t tell her what they were doing. And I had like no friends in that class. (Brooke)

In this instance, with no trusted adult to turn to, Brooke seemed to feel powerless in resolving the situation.

As relationship models. Family dynamics have played an extensive role in shaping the dating perspectives of each of the girls. Three of the girls were raised in single-parent and/or step-families. Each of these girls decisively identified having no interest in dating. Brooke and Ava directly referenced their parents as influential in their decision.

Well, I just don’t feel like having uh, I just don’t wanna have uh, children, and I don’t wanna – and I’m kind of scared of uh, males so, I don’t really wanna be with one....

Well, I just started to uh, start trusting them less when my previous step-dad left my mom back when I was ten. ‘Cause that made me go through a hard time it had – it gave me trouble with uh, with males. (Brooke)

The impact of this relationship on Brooke’s own dating perspectives has been long lasting, but has remained relationship specific. She noted that her stepfather’s infidelity and “hateful” behaviour made her “lose interest” in dating males, “but [she] still like[s] having them as

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friends.” Ava identified a similar experience when talking about her own dating perspectives. “I didn’t really have the best role models for that,” she explained. She talked about her mother’s relationships, which all resulted in separation and concluded: “Like I said, it’s not like I grew up with like two married happily parents type thing like others. So I’m not gonna really believe in that as much as others would.” Unlike Brooke and Ava, Jane did not specifically reference her parents in her own decision not to date. When discussing her own reasoning, she explained, “Like the ones in the books and stuff always seem to be like, so amazing and whatever, but they’re probably not like that in real life. Besides, I’ve never really liked boys anyways.” Jane is from a single parent family and her father is not in the picture. Furthermore, her experiences with male peers, aside from her cousins, have been limited. She experienced bullying by some boys in elementary school and mainly spends her time with girls: “I haven’t really spent that much time with boys.” It seems that in the absence of male models, Jane has gathered her perspectives from books and observations of her male peers, who she described as less mature than girls. Sarah—who was raised in a two-parent family—had a different take on dating from the other girls. Sarah depicted a push and pull between curiosity and expectations. She expressed an interest in dating, while also emphasizing that she can only date when she is older—a perspective that seems to have been guided by her family’s religious beliefs. She explained that she can only date when she is 17 or 18 and will “have to wait and see.” Despite this family expectation, she also expressed, “like I just want to know who he is. I just—I don’t want to wait to find out. I just want to know who he will be.” Sarah also talked about a need “to be careful to prevent anything from happening” because of her desire “to stay pure until after marriage.” While Sarah’s conclusions around dating differ substantially from the other girls, it seems that she has drawn information from similar places, as her family’s values and experiences can be seen in Sarah’s positive view

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on romantic relationships and her own perspectives around healthy dating guidelines.

Chapter 4: Discussion

A troubling gap persists in the ASD literature, where girls have repeatedly been underrepresented and misrepresented by research largely focused on the perspectives and experiences of boys with ASD and/or parents of children with ASD. The present study sought to address this gap by exploring how adolescent girls with ASD perceive and interpret their social and emotional experiences in the context of peer relations, friendships, and romantic relationships. This research objective was addressed through primary and follow-up interviews that were guided by an IPA framework. Six key themes emerged: 1) the effort of social interaction; 2) the sensory nature of relationships; 3) the cyclical impact of social-emotional experiences and social-emotional functioning; 4) a need for acceptance; 5) the impact of disability; and 6) the role of adults. Overall, the girls depicted peer relationships as challenging, effortful, and at times unnatural, while also conveying the value of friendships and positive peer relationships that are grounded in acceptance, understanding, and belonging. The information provided by participants revealed how past experiences impact current perceptions, wellbeing, and social functioning. Further, the role of adults as models and mediators in their relationships emerged as an important aspect of their experiences. Finally, the girls highlighted how having a disability influences how others perceive and treat them, thus impacting their daily social and emotional experiences. The following section integrates and situates these findings within the wider context of social-emotional research and ASD literature, where the experiences and perspectives of girls have been historically overlooked. Given this gender gap, it is important to acknowledge that the girls' experiences are being compared to research predominantly consisting of male samples. Overall, this study depicts findings that both overlap and conflict with the

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literature, suggesting the existence of both shared, as well as gender-specific experiences.

Social-Emotional Experiences and ASD

Social and emotional difficulties. The notion that relationships are effortful and/or unnatural parallels the ASD literature. Indeed, other researchers have suggested that social interaction may not be spontaneous and natural for adolescents with Asperger's syndrome, instead requiring purposeful and pragmatic efforts (Carrington et al., 2003; Whitehouse et al., 2009). Many of these challenges can be related back to difficulties characteristic of ASD, with each girl highlighting experiences that inherently relate to ASD symptomology. Social skills deficits are a hallmark feature of ASD, thus providing context to the challenges that many of the girls reported regarding engaging in social interactions, interpreting social situations, and understanding social cues (APA, 2013; Attwood, 2000; Chamberlain et al., 2007; Koning & Magill-Evans, 2001; Mazurek & Kanne, 2010; Orsmond et al., 2004). Further, the girls discussed sensory overstimulation—another symptom characteristic of ASD (APA, 2013)—as a hurdle to enjoying and succeeding in social situations, particularly in crowds and group settings. The girls shared various experiences of feeling disconnected with peers and suggested that divergent interests and difficulties maintaining reciprocal conversations contribute to the challenge of relating to peers. For example, Sarah talked about her struggles maintaining conversations with peers, expressing that she often feels she says the wrong things or changes conversation topics rapidly once disinterested, suggesting that these tendencies make it difficult for her to connect with others. These experiences are commonly associated with ASD and align with the social communication symptoms outlined by the DSM 5 (APA, 2013).

In addition to these clearly identified social skill and sensory symptoms challenges, all of the girls conveyed that their daily interactions are impacted by difficulties with understanding,

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experiencing, regulating, identifying, and/or describing emotions—another well-established challenge faced by individuals with ASD (See Mazefsky et al., 2013; Samson, Huber, & Gross, 2012). In particular, the girls often talked about challenges with regulating anger and sadness, aligning with findings that individuals with ASD experience heightened negative emotions (Samson et al., 2012). Some of the girls felt that their quick emotional responses and social challenges made them an easy target for bullying, with Brooke describing that her peers saw her as a “good person to bug.” Indeed, the research literature supports this perspective, finding that emotion dysregulation is predictive of peer victimization experiences (see Schwartz, Proctor, & Chien, 2001).

In contrast to these quick emotional responses, Brooke and Ava described often feeling absent of emotions altogether, indicating that they try to facially express positive emotions without actually experiencing them. These experiences may reflect symptoms associated with alexithymia, which impairs emotional experience and expression, and involves difficulties identifying, describing, regulating, and distinguishing emotions within the self (Taylor, 2000). Alexithymia is more commonly found in children and adolescents with ASD than in typically developing children and youth, with some research finding that over half of adolescents with ASD exhibit this trait (Costa, Steffgen, & Samson, 2016; Milosavljevic et al., 2016). Collectively, the girls’ experiences parallel the literature and validate the impact of these experiences on daily social interactions, with half of the girls describing difficulties with this aspect of emotion processing.

The role of additional coexisting conditions (specifically ADHD and Anxiety) also emerged in the girls’ discussions, further complicating social interactions for these girls. Most of the girls—Brooke, Sarah, and Jane—reported having concurrent anxiety disorders—a finding

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that aligns with research suggesting that 11 – 84% of youth with ASD have a concurrent anxiety diagnosis (van Steensel, Bögels, & Perrin, 2011; White, Oswald, Ollendick, & Scahill, 2009). This finding is concerning, given that anxiety in ASD populations has been associated with greater social challenges and withdrawal (Bellini, 2006; Spence, Donovan, & Brechman-Toussaint, 1999; Tantum, 2000). Indeed, the girls repeatedly highlighted feelings of caution, nervousness, and/or fear of rejection in their relationships, which were often presented as barriers to social interaction. ADHD was also a coexisting diagnosis for 3 of the girls (i.e., Ava, Sarah, and Jane), which is not surprising given that research estimates suggest anywhere from 33 to 78% of children and adolescents with ASD also have ADHD (see Klinger, Dawson, Barnes, & Crisler, 2014). Concurrent ADHD symptoms—including self-regulation deficits, impulsivity, and hyperactivity—may compound social strain for these girls, further impairing social interactions and disrupting peer relationships (APA, 2013; Cervantes et al., 2013). Consequently, the girls’ social struggles should not only be considered within the context of ASD, but also ADHD—as additional emotion and behaviour regulation difficulties are likely at play. In summary, it seems evident that the girls’ social and emotional difficulties—in relation to ASD and concurrent conditions—have created obstacles to establishing and maintaining peer relationships, making these interactions seem effortful and at times unnatural. Further, these social challenges were interpreted as the catalyst to an ongoing cycle between social-emotional functioning and relationship experiences.

A social-emotional cycle. A key finding of this research was the identification of a seemingly continuous social-emotional cycle, where social-emotional deficits impacted relationship experiences and these experiences, consequently, further impacted social-emotional functioning. Sarah’s descriptions offer a strong example of this cycle. She described how social

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missteps (e.g., saying the wrong thing, misinterpreting situations) have created tension in her relationships, often leading her to feeling awkward and embarrassed. Accordingly, she talked about experiences of being teased and bullied because she did not fit in with certain peers, and how these experiences have collectively created a fear of rejection that makes her approach social situations more cautiously.

Indeed, all of the girls highlighted that peer victimization and rejection experiences have impacted their social behaviours, often leading them to cope through minimizing, avoiding, distracting, or withdrawing from social interactions. In many cases, the girls seemed aware that these strategies had negative consequences on their social performance, but continued to use them to gain temporary relief from stressful social and emotional experiences. These findings align with existing research on coping in ASD populations—where teens have been found to deal with peer victimization and isolation through passive strategies, like minimizing or ignoring social problems, as well as active strategies, like avoiding or withdrawing from stressful situations (Altomare et al., 2016; Bellini, 2006; Carrington, 2003; Tantum, 2000; Ung et al., 2016). No known research has specifically explored whether teens with ASD use independent activities (e.g., drawing, reading) as coping mechanisms for peer victimization; although, this approach seems to align closely with avoidance and withdrawal strategies, where the goal is to actively remove oneself from the situation to ease social tension. Specifically, the girls seemed to use self-isolation and independent activities to avoid feeling socially isolated and to ease social stress. This coping strategy has been documented with typically developing children who have been victimized by peers (Tenenbaum, Varjas, Meyers, & Parris, 2011), but it would be interesting for future research to specifically explore this strategy within adolescent ASD populations.

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Negative peer experiences were not only found to have an external impact—by altering coping strategies and social behaviours—but also an internal impact. Several girls conveyed how experiences of exclusion, isolation, and teasing have impacted their self-esteem, self-worth, and emotional wellbeing. Accordingly, positive peer interactions corresponded with descriptions of positive emotions and increased self-confidence. Additionally, the girls depicted how negative social interactions have led to increased fears of rejection and anxiety in social situations. These findings align with the social-emotional literature, which suggests that adolescent relationship challenges can negatively impact self-esteem and anxiety levels (Bowker et al., 2014; Deater-Deckard, 2001; Hawker & Bolton, 2000; Parker et al., 2006), while positive experiences can result in improved social competence and mental health outcomes (CASEL, 2012; Gentry & Campbell, 2002; McKown et al., 2009). In summary, the girls' negative peer experiences impacted their external coping behaviours and their internal wellbeing, and these changes seemed to further exacerbate social challenges, making it harder for them to establish meaningful peer relationships—thus, reigniting the social-emotional cycle.

A similar cyclical concept has been explored within the social anxiety literature, which is clearly relevant to the experiences and perspectives shared by the girls in this study. Spence, Donovan, and Brechman-Toussaint (1999) have outlined this phenomenon:

It has been proposed by some authors in the adult literature (e.g., Stopa & Clark, 1993; Turner, Beidel, Cooley, Woody, & Messer, 1994) that negative expectancies and evaluations regarding social performance may reflect a history of poor performance and negative outcomes in social situations. In such models, a vicious cycle is proposed in which deficits in social skills increase the chance of negative social outcomes. This in turn triggers expectancies of negative outcomes and the experience of anxiety in future

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social- evaluative situations, leading to social avoidance, and thereby further limiting the ability to develop social skills. (p. 212)

While Spence’s model is specific to social-anxiety, other researchers have further extended this concept by applying it within the context of ASD and adolescence. In discussing the social experiences of teens with ASD, Attwood (1998) posited that failed efforts to interact with peers often leads to ridicule and rejection. The distress generated from these experiences can subsequently set the stage for the development of secondary psychiatric disorders—like depression and anxiety—as these teens become more aware of their social isolation and avoid potentially distressing situations. Consequently, these internalizing symptoms can further exacerbate social challenges, making it even harder to succeed in peer interactions and less likely that individuals are willing and eager to engage. Similarly, Tantum (2000) theorized that peer victimization experiences are likely to impact emotions, self-esteem, and social “suspiciousness” for teens with ASD—with these outcomes growing worse as these teens age and become more aware of the opinions of their peers. Tantum suggested that rumination over these victimization experiences could also lead to oversensitivity, aggression, and social avoidance—commonly documented difficulties in ASD (Altomare et al., 2016; APA, 2013; Bellini, 2006; Matson & Cervantes, 2014; Ung et al., 2016). These internal and external self-changes are likely to further impact social performance, clearly illustrating the cyclical nature of the phenomenon. Likewise, Humphrey and Symes (2010a) proposed the possibility of a cyclical process, where difficulties characteristic of ASD lead to peer challenges and negative relationship outcomes, and consequently, a loss of trust and withdrawal from social situations, making them even more vulnerable to peer victimization. While many have theorized about the existence of a cycle, little known research has actually tested this hypothesis. However, Bellini (2006) tested and found

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support for a developmental pathways model, where individuals with ASD present greater physiological arousal, making them more likely to become overwhelmed in social situations, and thus more likely to withdraw from these interactions. Social withdrawal limits opportunities for social skills development, impairing social skills and increasing the chances of experiencing negative peer interactions. Greater physiological arousal is likely to make these experiences feel particularly aversive for individuals with ASD, leading to further social anxiety and renewing the cycle. The present study's findings are informative, as they support Bellini's conclusions and illuminate the possibilities for intervening in this cycle in order to best support adolescents with ASD. This goal is particularly important, given that research suggests, while adolescents with ASD struggle in social settings, they still desire friendships and social interactions (Bauminger & Kasari, 2000; Muller et al., 2008; Whitehouse et al., 2009). Further, successful social relationships contribute to improved social and emotional outcomes, with SEL skills promoting relationship navigation, emotional wellbeing, and mental health outcomes (CASEL, 2012; Gentry & Campbell, 2002; McKown et al., 2009). While the aforementioned literature mainly involved male populations, the conclusion extends to this study, as the girls elucidated a similar position.

Friendship and belonging. The girls differed in their friendship dynamics and experiences—ranging from having none to three close friends; yet, a need for acceptance and belonging was portrayed as valuable by all of the girls. Some girls explicitly described this desire (i.e., Sarah, Jane, and Brooke), highlighting the value of unity, inclusion, and friendships. At other times, the girls (i.e., Sarah, Brooke, and Ava) conveyed this perspective through accounts of exclusion and misunderstanding, and by depicting a desire to feel understood and accepted for who they are. These experiences are shared by many teens with ASD, who experience greater

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rates of peer exclusion, isolation, and loneliness than typically developing peers (Symes & Humphrey, 2010; Whitehouse et al., 2009). Additionally, individuals with ASD commonly report experiences of feeling misunderstood and facing social stigma (Jones, Gallus, Viering, & Oseland, 2015; Portway & Johnson, 2005; Scitutto, Richwine, Mentikoski, & Niedzwiecki, 2012), paralleling the perceptions of girls in this study. Overall, the emphasis girls placed on belonging and inclusion conflicts with the common misconception that teenagers with ASD prefer isolation, and instead aligns with research suggesting that social interaction and friendships are challenging but desired (Bauminger & Kasari, 2000; Muller et al., 2008; Whitehouse et al., 2009). Further, while these desires may not be as strong as those of typically developing teenagers, they have been found to increase with age, becoming even stronger in adolescence for people with ASD (Deckers, Muris, & Roelofs, 2017).

In discussing friendships and belonging, the girls conveyed several factors that facilitate acceptance and inclusion. First and foremost, shared qualities (interests, personalities, and experiences) were depicted as a central element in positive peer interactions, while conflicting interests were presented as a barrier to establishing peer connection. This finding may relate back to characteristic symptoms of ASD, in relation to restricted and fixated interests (APA, 2013) and aligns with research indicating difficulties with switching and perseveration (Van Eylen et al., 2011). It also parallels the ASD literature that suggests individuals with ASD highly value shared interests and mutual activities in developing and maintaining friendships (Carrington et al., 2003; Daniel & Billingsley, 2010). Familiarity was another factor that influenced relationships—with greater familiarity corresponding with greater feelings of comfort and more positive interactions, seemingly because the girls felt more understood and accepted for who they were. In part, this likely relates to ASD symptoms regarding a need for sameness and/or social

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anxiety symptoms during interactions with unfamiliar people (APA, 2013). While few known studies have specifically looked at the role of peer familiarity in social success for adolescents with ASD, some research suggests that interacting with unfamiliar peers can be particularly stressful for ‘high functioning’ children with ASD (Lopata, Volker, Putnam, Thomeer, & Nida, 2008). Further, peer familiarity has been found to improve social intervention outcomes for adolescents with ASD (Corbett et al., 2014). Given the overlap between this research and the experiences expressed by study participants, this seems to be a promising area warranting further exploration.

Despite discussion around belonging and factors that promote inclusion, self-initiated isolation was also a common discussion point. For the girls in this study, efforts to be alone (e.g., withdrawing, avoiding, or taking a break from interaction) should not be equated with a desire to be lonely. Instead, isolation efforts often seemed to follow, not precede, peer exclusion and feelings of loneliness. Self-isolation was depicted as a coping strategy for social isolation and social stress. While isolation via withdrawal and avoidance presented as maladaptive coping strategies for the girls, isolation via planned solitude may also facilitate an adaptive approach to coping with potentially stressful social interactions. For example, the girls repeatedly depicted a sense of relief that they gain through alone time—namely at home—where the removal of social pressures and expectations offers the girls a chance to relax and recuperate. Overall, they conveyed a need for balance, with opportunities for social inclusion as well as independence and alone time. Adults with ASD have presented a similar perspective, stressing the importance of balancing social interaction with solitude, and highlighting this approach as a valid coping strategy—not a behaviour that needs to be ‘fixed’ by parents and teachers (Muller et al., 2008). The perspectives of adults with ASD closely align with information generated in the present

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study, where the girls' depicted similar feelings of social pressure from adults. Indeed, Ava explicitly noted a desire for parents and teachers to better understand the stress caused by their pressure. Perceptions on parent and teacher involvement extended to other social situations as well, where the girls identified adults as relationship mediators and models.

The role of adults. The girls implicated both parents and teachers as mediators of their peer relationships, particularly in situations of peer conflict and bullying. Some of the girls indicated that they often sought advice and emotional support for challenging social situations from their mothers, in particular. Teachers and school staff were also identified as a resource when navigating bullying and conflict at school—although several girls (i.e., Jane & Brooke) highlighted that teachers have not always been helpful in resolving these situations. Overall, the findings from the present study conflict with literature in this area. Research has found that, in relation to typically developing peers, adolescents with ASD report lower levels of social support from parents—depicting parents as a last resort for social support—and comparable levels of support from teachers—who were reported to be the most common source of social support in bullying situations at school (Bitsika & Sharpley, 2014; Humphrey & Symes 2010a, 2010b). For Brooke, trust was depicted as a key factor in seeking support from teachers or counselors at school. In contrast, Jane's decision to seek help seemed to be based in a desire for the bullies to be reprimanded for their actions. Collectively, these perspectives parallel the findings of other qualitative studies, where adolescents with ASD conveyed that their parent/teacher help-seeking behaviours have been mediated by their trust level with parents and teachers, the perceived likelihood that their teacher will proactively respond to bullying, and the perceived influence of their parents as advocates and problem-solvers (Humphrey & Symes, 2010a). These findings offer clarity to the experiences of the girls in the present study, who described their parents as

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helpful resources for support and conflict resolution, and their teachers as only sometimes helpful—with some resolving the problem and directly addressing the bullies, and others being seen as unapproachable or unhelpful. These findings are important, as they contribute to the growing body of research that identifies parents and teachers as key sources of social support for adolescents with ASD. Indeed, this support has been established as a protective factor associated with reduced bullying experiences (Humphrey & Symes, 2010b) and lower levels of anxiety and depressive symptoms (Ung et al., 2016) in adolescents with ASD.

Interestingly, parents were also implicated as dating role models, ultimately influencing their daughters' decisions about their own future romantic relationships. Three of the girls (i.e., Jane, Ava, & Brooke)—all raised in single- or step-parent families—expressed a disinterest in dating. Two of these girls described witnessing extensive relationship turmoil between their parents, which was depicted as influential in their decision not to date. In contrast, Sarah—who reported living in a relatively traditional, nuclear family, with a strong religious orientation—expressed a desire for dating in the future. While no known research has explored this specific phenomenon within the ASD literature, inter-parental conflict has been found to impact the establishment of healthy romantic relationships for typically developing adolescents (Kinsfogel & Grych, 2004; Simon & Wyndol, 2010). Kinsfogel and Grych offer a clear explanation of the parallels between dating and marriage, stating, “adolescents’ observations of their parents’ interactions provide a salient model for relating to a boyfriend or girlfriend.” Interestingly, their research found that exposure to inter-parental violence was a greater predictor of aggressive dating behaviours for teen boys than girls, leading the researchers to conclude that girls who witness inter-parental aggression may be more likely to perceive it as damaging, or something to be avoided. It is possible to extend this perspective to the present study, where both girls who

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described tumultuous inter-parental relationships implicated it as a deterrent in their own dating interests. The conflict was seen as damaging—something to be avoided. Overall, this presents an interesting direction for future research with both girls and boys with ASD, particularly, given that parents of teens with ASD have been found to have higher divorce rates and lower relationship satisfaction, harmony, and agreement than parents of typically developing children (Gau et al., 2012; Hartley et al., 2010).

Experiences as a girl. Much of the discussion thus far has involved placing the findings of this study within a literature base that predominantly represents the experiences of males with ASD—where many experiences do indeed seem to overlap. However, exploring the uniquely female experiences and perspectives expressed by the girls is important to further clarify unique issues related to being a minority population within a minority group. First and foremost, the girls depicted an image of friendship that diverges from current understandings in the ASD literature. To date, researchers have generally found that individuals with ASD value shared interests and mutual activities as foundational for friendship, placing less emphasis on companionship, affection, intimacy, and interaction (Bauminger & Kasari, 2000; Carrington et al., 2003; Daniel & Billingsley, 2010). Importantly, these studies have almost entirely consisted of male perspectives; only three of 34 collective participants were girls. The present study maps more closely onto research that examined gender differences in friendship activities for teens with ASD, where males' friendship activities more often involved videogames, while female friendships were more likely to involve conversations (Kuo, Orsmond, Cohn, & Coster, 2011). These researchers also found that, regardless of gender, adolescents with ASD perceived greater intimacy with female friends over male friends. While the girls in the present study discussed the importance of shared interests and activities in friendship, their descriptions of friendship—

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generally with other girls—often centered on values of caring, supporting, empathizing, and listening. Further, many of the girls highlighted conversation and interaction as a core activity when spending time with friends—whether online or in person. Within the present study, Sarah and Jane even discussed the value of physical presence and face-to-face interactions in friendship, which Sarah described as a way to become “closer to that person.” Several girls described the positive feelings that coincide with these friendships; Brooke described feeling cared for, Sarah described how belonging creates a “warm feeling inside,” and Jane discussed how her friendships bring her confidence. Collectively, these experiences and perceptions paint a different picture than current understandings in the ASD literature; the girls seemed to value companionship, intimacy, affection, and interaction, just as they value shared interests and activities. Beyond the context of ASD, this finding makes sense from a gender-based perspective, where TD girls generally develop friendships involving greater intimacy, empathy, and emotional support than TD males (Baron-Cohen & Wheelwright, 2003; Bell et al., 2005; Galambos, 2004). It is possible that the friendship values of girls with ASD fall between two populations, placing less emphasis on these factors than TD girls, but more emphasis than boys with ASD; although, this theory warrants further empirical exploration.

A gender influence was also portrayed in the girls’ everyday same-sex peer relationship experiences. In describing their experiences with negative peer interactions, the girls commonly depicted instances of relational aggression, citing no experiences with physical bullying. They also talked about feeling social pressure to blend in, which Ava described as an experience common to all girls, noting that girls are more likely to face judgment, gossip, and rumours than boys. Indeed, these findings align with the bullying literature, which suggests that girls are more often perpetrators/victims of relational aggression over physical aggression, a trend that is

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reversed in boys (Craig & Edge, 2010; Crick & Zahn-Waxler, 2003; Wang, Iannotti, & Nansel, 2009). Interestingly, many of the girls described these experiences as mainly happening in childhood, which conflicts with research suggesting that bullying victimization increases in adolescence (see Cook, Williams, Guerra, Kim, & Sadek, 2010; McDougall & Vaillancourt, 2015; Nansel et al., 2001). There are several possible explanations for this. First, many of the girls described that their bullying situations resolved when either their perpetrator or they themselves changed schools. Other girls described withdrawing altogether, choosing to ignore peers. It is possible that as the girls aged, they either found social groups where they felt accepted in and/or created distance between themselves and their bullies. Alternatively, it is possible that relational aggression and bullying is still ongoing but, as relationships become more complex in adolescence, these experiences go unidentified or misunderstood by the girls. Indeed, Ava noted that she “probably wouldn’t notice” if her peers were trying to bully her because of her difficulties with interpreting social situations. Sarah and Brooke talked about similar challenges with deciphering the intentions of others. These findings parallel information that emerged from a previous qualitative exploration of adolescent experiences of girls with ASD (Cridland et al., 2014). Similar to current study findings, participants and their mothers both conveyed experiences of relational aggression and difficulties navigating female friendships. They depicted these relationships as becoming more complex and socially intensive with age. Some mothers also alluded to their daughter’s difficulties with identifying or understanding instances of relational aggression.

Despite these relational challenges, several girls expressed a preference for spending time with girls over boys. This finding aligns with research suggesting that individuals with ASD prefer same-gender friendships (Kuo et al., 2011), but contrasts Cridland and colleagues (2014)

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research, where girls with ASD described a preference for opposite-gender relationships, describing boys as easier to “get along with.” The present study may offer context to these discrepancies. Ava and Jane’s preference for female relationships resulted from feeling different from boys, who were described as less mature and more “rowdy.” Sarah and Brooke expressed an interest in spending time with both genders, although Sarah noted that her interests often align better with boys. It seems that the key factor in this decision is not necessarily gender, but the match, or mismatch, in interests, values, behaviours, and personalities between friends; however, this hypothesis would need to be tested in future research. While friend choice may or may not be impacted by gender, it is clear that many of the girls’ relationship experiences—from their perceptions of friendship to their experiences of social pressure and relational aggression—are experienced from a uniquely female context. This finding underscores the importance of exploring the unique perceptions and experiences of girls with ASD, whose voices have historically been silenced in the ASD literature. Indeed, gender and feminist perspectives will continue to have a key role in obtaining a more honest and clear understanding of the experiences and perceptions of both girls and boys with ASD. Future research more explicitly reflecting these frameworks holds promise for revealing additional insights.

Experience of disability. It is also important to view the findings of this study through a disability lens to further contextualize and elucidate the girls’ experiences and perceptions. The girls highlighted a number of perspectives that extend beyond the ASD literature, touching on concepts and experiences that relate to disability as a whole. Indeed, Brooke and Ava directly referenced the impact of having a disability on how others treat them. This contrasts with previous research that found that adolescents with ASD easily identified with ASD labels, but did not consider themselves as having a disability (Jones et al., 2015). This discrepancy could

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reflect gender differences and age heterogeneity, as their sample primarily consisted of males ranging in age from 13 to 18. Within the present study, Ava talked about how others see her as a “weird, quiet, disabled girl.” Indeed, ‘Weird’ was a term commonly used by the girls—and by other individuals with ASD (Bonello, 2015; Gerland, 1997)—when discussing judgment from peers. Sarah likened feeling like “the weird kid” to being “lower down class,” showing the impact of disability on her peers and her own perceptions of social status and worth. The notion of status has been widely addressed within the disability literature, where individuals with disabilities have often experienced treatment corresponding to “second-class citizenship” (Blanck, 2001). Accordingly, research suggests that adolescents with ASD experience greater social isolation/marginalization and lower social network status (Chamberlain et al., 2007; Jones et al., 2015; Locke, Ishijima, Kasari, & London, 2010). Indeed, judgment and rejection were common topics for the girls, who talked about worrying that others view and treat them differently because of their social challenges or known disability.

For Brooke, the challenge was not that others knew about her disability, but that her disability is not readily visible like the physical disabilities of some of her peers, making it difficult for her classmates to understand and empathize with her. Portway and Johnson (2005) talked about this as the challenge of “marginal normality,” where individuals with Asperger’s syndrome appear “normal” but struggle to fit in with peers. The concept of hidden, or invisible, disability is not specific to the autism literature, but has been discussed within the context of numerous disabilities including sensory disabilities (involving vision or hearing), intellectual or learning disabilities, and mental illnesses (Quinn & Earnshaw, 2011; Santuzzi, Waltz, & Finkelstein, 2014). While individuals with hidden disabilities may hold more control over disclosing their disability to others, the invisibility of their disability creates its own unique

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challenges, as peers often misinterpret or misunderstand the actions and/or intentions of these individuals (Portway & Johnson, 2005; MacLeod, Lewis, & Robertson, 2013). Brooke poignantly illustrated this point, depicting the harm of these misunderstandings, which have incited experiences of peer rejection, judgment, and emotional struggles.

Challenges with feeling misunderstood and receiving differential treatment were not limited to peer interactions for the girls in this study. Relations with adults presented their own unique issues for the girls, particularly in terms of infantilizing. Ava directly addressed this issue, noting that people often offer empty praise to individuals with disabilities, comparing it to the treatment of babies. For Brooke and Sara, this issue centered on restricted independence, which Brooke likened to being treated like a small child. Accordingly, some researchers have emphasized the tendency of parents, organizations, and media groups to infantilize autism, depicting it as a disability bound to childhood (Stevenson, Harp, & Gernsbacher, 2011). In general, people have been found to more readily associate disability-related terms with features of childhood (Robey, Beckly, & Kirschner, 2006), showing that this problem is not necessarily autism specific, but extends to the general perceptions of disability. Stevenson and colleagues (2011) have powerfully summarized this issue:

Adults with disabilities in general, and those with developmental disabilities in particular, have long been treated as childlike entities, deserving fewer rights and incurring greater condescension than adults without disabilities. The stereotype of the “eternal child” has burned a disturbing path through history and continues to wreak havoc in arenas ranging from employment discrimination to forced sterilizations (p. 2).

Indeed, Ava depicted the unfortunate outcome of these issues when describing how, in the eyes of others, she is “not expected to be able to go very far in the future,” which, consequently, has

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led her to expect less of herself. Her descriptions conveyed a “glass ceiling,” where others’ limited expectations have influenced her own perceptions for what is achievable. Accordingly, research has found that social stigma, peer/family interactions, and language use around ASD shape how adolescents with ASD perceive themselves and their diagnosis (Jones et al., 2015). Further, Ava’s perspective closely aligns with concerns presented by Blanck (2001), who outlined that “second-class” treatment and perceptions can become internalized for many individuals with disabilities, leading them to give up on exciting educational, social, and political pursuits that would better position them in society. Indeed, research has repeatedly established that individuals with disabilities face lower rates of employment and job advancement due to the unique societal hurdles that they face (Blanck, 2001; Braddock & Bachelder, 1994), pointing to the ongoing challenges presented by this phenomenon.

Strengths and Limitations

This study solely explored the perspectives of adolescent girls with ASD, which were obtained through first-person interviews. This may be considered a limitation because the data was not triangulated through the incorporation of alternative perspectives; however, this was a purposeful decision and can simultaneously be considered a strength of this study, for it helped to ensure that the girls had the opportunity to speak on their own behalf instead of being represented through the voices of others. The sample population included within this study was also limited to girls with ASD who were in late adolescence and were considered to be ‘higher functioning,’ with all of the girls having been diagnosed with Asperger’s syndrome. Other similarities shared by the girls included White ethnicity and similar concurrent diagnoses; most girls reported coexisting ADHD and anxiety disorders. Unfortunately, this homogeneity limits my ability to generate discussion around the experiences of girls across the autism spectrum,

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across adolescence, and across racial and diagnostic backgrounds; however, this approach was also beneficial. First and foremost, the diagnostic, age, and racial similarities between the participants align with IPA requirements for sample homogeneity, thus presenting as a methodological strength of this study. Additionally, it was determined necessary to narrow the sample population to those with adequate verbal ability to ensure that the girls would be able to participate in independent interviews. As a final consideration on this topic, the findings of the present study were grounded in an IPA framework and were not intended to be used directly to generate theories, test hypotheses, or draw generalizations across all adolescent girls with ASD. Instead, this study involved a qualitative exploration of the individual lived experiences of four girls with ASD and uncovered common key themes across cases. While hypothesizing and generalizing were not the goals of the present research, the themes and ideas that emerged from this study establish a path for future research to continue to explore.

Indeed, a key strength of this study was its exploratory nature, as I sought to uncover the distinct experiences of females with ASD, thus contributing to an often-overlooked gap in the literature and uncovering many exciting directions for future research in this area. Several other methodological strengths are worth noting. The interviews were structured in a format that best met the needs of the girls in this study, where questions were provided in advance, girls were given the opportunity to respond in written and verbal formats, interviews were semi-structured and supported the girls in overcoming conversational challenges, and follow-up interviews allowed for further clarification and elaboration. Indeed, the girls became more comfortable, opening up and expressing more, as each interview progressed. Finally, and perhaps most importantly, this study involved girls with ASD and members of their community throughout the entire process by recognizing them as valuable contributors in developing the research questions,

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guiding interview approaches, and participating in the interviews. Recognition of these girls as experts on their own lived experiences has guided this research down a meaningful path, resulting in findings that contribute valuable information to the ASD community and to the research community, where, at present, the literature is scarce. Additionally, this study has offered a platform for these girls to voice their own opinions and perceptions—to be studied *with* instead of studied on—a crucial first step to closing the gender gap across assessment, diagnostic, intervention, and research contexts.

Implications and Future Directions

The present study targets a persisting gender gap in the ASD literature by providing a platform for the voices of adolescent girls with ASD. The findings have important implications for research, as they advance existing understandings of ASD in females, which are currently limited due to the lack of research specific to females on the spectrum. Many of the present study's findings overlap with the present literature in this area, suggesting that much of the girls' perceptions and experiences map on to those found in male ASD populations. Relationships and social interactions were depicted as challenging, stressful, and for some, unnatural. This seemed to result in part from social challenges associated with ASD and coexisting diagnoses, as well as differential treatment resulting from having a disability. Difficulties with social skills, emotion-regulation, and interpreting social-emotional situations were found to impact relationships, seemingly sparking a cycle where social-emotional deficits negatively impact peer interactions, resulting in exacerbated social-emotional challenges. While many findings overlapped research with male populations, this study also uncovered findings that seemed more closely aligned with the experience of being a girl. The girls valued friendships based on caring, support, and understanding—a contrast to male ASD populations who have been found to emphasize shared

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interests and activities as the main feature of friendship. Further, the girls shared peer experiences that are commonly associated with TD female relationships, such as added social pressure to conform and experiences of relational aggression. Taken collectively, these findings build upon the existing literature (Cridland et al., 2014) suggesting that, while adolescent girls with ASD share many similar challenges with boys on the spectrum, they also convey social and emotional experiences and perspectives that are unique to being a girl with ASD.

Given these findings, the present study may offer important practical implications. The information generated by this research may help parents, educators, and the general population to better understand the unique perspectives of girls on the autism spectrum. In particular, this research highlights the role that adults can have in shaping and supporting successful peer and dating interactions, as mediators and models for peer relationships. Trust level, perceived helpfulness, and perceived influence were conveyed as key factors in the girls' decisions to seek support from parents and teachers. Educators and parents aiming to increase trust may benefit from targeted relationship development, which would include ensuring that concerns are consistently addressed. Further, the girls' in the present study demonstrated a keen awareness of the problems that they face and an ability to identify potential solutions. As such, directly soliciting input from the girls themselves is paramount to supporting their social and emotional growth in school and home contexts.

While most educational contexts reflect 'inclusion' models, the girls highlighted ongoing and continued difficulties with feeling included. They illuminated how being present in the classroom does not equate with being included in the classroom, and as such, educators should consider additional methods to ensure girls feel meaningfully included. For example, efforts to incorporate each girl's individual strengths and interests (e.g. organizing clubs related to

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interests, enlisting girls as peer mentors when appropriate) may offer a foundation through which they can establish positive peer relationships. Given reports of social isolation in the peer context, educators should also consider strategically encouraging positive peer relations as they arise, or structuring situations that facilitate successful social interactions with peers who seem likely to engage in positive relations. Furthermore, diversity education (offered to both staff and students) is key to developing environments that are conducive to adaptive social development and true ‘inclusion’. Programming for this purpose should not only outline important information about differences, but should also focus on celebrating diversity, rather than just ‘accepting’ or ‘tolerating’ differences, which could perpetuate inherently ableist perspectives.

Beyond home and school contexts, this study also has implications for practicing clinicians, as it uncovers potential areas for targeting intervention and support efforts. For example, the promotion of early positive peer experiences may serve to interrupt the social-emotional cycle, resulting in improved relationships and positive mental health outcomes for girls with ASD. Indeed, the girls in the present study conveyed how inclusion and belonging promoted feelings of warmth, value, and increased self-confidence. Coping strategies offer another possible area for clinical involvement, where maladaptive strategies (e.g., withdrawal) could be targeted for intervention and helpful strategies (e.g., time set aside for relaxation and independent activities) could be planned and encouraged. While the findings certainly have implications for future clinical work, it should be noted that these findings are exploratory in nature, and further empirical exploration is needed to corroborate the effectiveness of targeting these areas for intervention.

Perhaps the most important implication of this study relates to the doors it opens for further qualitative and quantitative exploration of the experiences of girls with ASD. Indeed,

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many of the findings of this study warrant further exploration. For example, research further investigating girls' perceptions of friendship would be interesting, as the girls in the present study illustrated an image of friendship that diverges from common portrayals offered by males with ASD. Given the potential for intervention efforts, it would also be valuable for research to continue to explore the role of the social-emotional cycle for teens with ASD. Exploration of the role of parents as relationship models for girls with ASD would also be beneficial, as little known research exists on this topic and parent-child relationships may offer key insight into the dating experiences of this population. Given the homogeneity of the present study, it would also be valuable for future qualitative and quantitative work to explore the perspectives of girls from diverse backgrounds. For example, it may be interesting to investigate whether girls with ASD in other cultures experience similar or different social and emotional experiences, as these experiences may be impacted by different views in terms of family structure, social-emotional beliefs, and gender roles. Finally, it is recommended that future research continue to explore the perceptions of girls with ASD, as told first-hand through their own voices. Given findings implicating disability status in the social emotional experiences of girls with ASD, future research directly framing questions onto disability frameworks may reveal additional insights. Likewise, qualitative work adopting a feminist framework holds promise, with design and analysis approaches that more directly explore themes of power, voice, social hierarchies, and marginalization.

Conclusions

Exploring ASD directly through the voices of adolescent females on the spectrum is paramount to understanding their lived experience. Within the present study, four adolescent girls with ASD offered rich and meaningful accounts of their social-emotional perspectives and

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experiences in the context of friendships, romantic relationships, and peer relations. Their descriptions were powerful and offered vivid insight into their daily social lives, highlighting the value of exploring the first-hand accounts of adolescents with ASD, whose perspectives may be overlooked due to concerns surrounding their ability to effectively express themselves. By directly involving girls with ASD and respecting them as experts in their own experiences, the present study has taken a first step towards closing a persisting gender gap in the ASD literature. The findings of this study ignite a conversation around the experiences of females with ASD and open doors for further exploration to continue, which is absolutely essential for positively shaping the future health and development of these girls as they transition through adolescence and into adulthood.

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Appendix A

Interview Schedule

The following questions will be asked in the interview that you participate in. You may find it helpful to write your responses to each question before coming to the interview. This may give you time to think about each question and provide another way of sharing your perspective. Providing written responses might also make the interview more comfortable for you.

The bullet points found under some numbered questions are more specific questions that can help to provide more detail. Feel free to answer these questions if you would like to provide more details. In the interview, we will discuss each of the numbered questions and may ask follow-up questions to ensure that I understand your perspective.

If you need more space, feel free to attach extra paper or use the back of the questionnaire.

- 1. Based on your experiences, what makes someone a good friend?**
 - What does friendship mean to you?
 - If you have a good friend, tell me about what makes them a good friend.
 - What makes you a good friend?
- 2. What are your thoughts about being in a group of friends or people your age?**
 - What do you like about it?
 - What do you dislike about it?
- 3. A) Tell me about a time where you enjoyed being with other people. Why did you like it?**

B) Tell me about a time where you did not enjoy being with other people. Why didn't you like it?
- 4. What have your experiences been with bullying? What are some examples?**
- 5. A) When spending time (talking, hanging out, doing activities) with other people your age, what do you think you do well? What is easy for you? Provide an example.**

B) What is difficult for you when spending time (when talking, hanging out, doing activities) with others? Provide an example.
 - If you could, what would you change about how you get along with other people?
- 6. What do you think about spending time with people online (on the internet, through social media, through email, etc.)? What have your experiences been? Provide an example.**
 - What are the pros and/or cons of having online friends? Why do you think this?

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- 7. How do you think other people see you or think of you? Does it matter to you what other people think about you? Why? Why not?**
- 8. A) Many people become interested in dating in the teen years. What are your thoughts on this?
B) Describe what a good romantic relationship would be like for you and why.**
- 9. What emotions do you feel most often or most regularly? Most rarely?**
 - What are some examples of what (times, situations, events) makes you feel this way?
 - Can you tell me about a recent time when you felt this way?
 - Tell me what happens when you feel this way? (How does your body feel, what do you think, what do you do, etc.)
- 10. How do you think being a girl impacts your relationships and friendships?**
 - How is it different spending time with girls vs. boys?
- 11. Is there anything you would like people to better understand about your experiences?**
 - For example, in social or emotional situations?
- 12. Is there anything you would like to add that has not been asked?**
 - Are there any questions you think we should have asked but didn't?

Appendix B

Quantitative Measures**The Wechsler Abbreviated Scale of Intelligence – Second Edition (WASI-II); Verbal Index**

Purpose	The verbal index of the WASI-II combines the vocabulary and similarities subtests to provide a measure of verbal ability. This index was used as a screening tool to inform on each participant's ability to complete the semi-structured interview independently.
Quality of Measure	Excellent psychometric properties have been reported (Johnson, 2014; Sandoval, 2014), with moderate to high levels of internal consistency, high test-retest reliability, high inter-rater reliability, and strong convergent and discriminant validity.
Cut-Off Value	A cut-off value of ≥ 75 was used in the present study.
Time Commitment	This measure took approximately 15 to 20 minutes to complete.

The Social Communication Questionnaire (SCQ)

Purpose	The SCQ is a measure of autism symptoms and severity that was used as a screening tool in the present study in order to provide further validation to prior ASD diagnoses.
Quality of Measure	The SCQ demonstrates high sensitivity and specificity and has been found to be a valid screening tool for discriminating between individuals with and without ASD (Chandler et al., 2007; Norris & Lecavalier, 2010).
Cut-Off Value	A cut-off value of ≥ 10 was chosen for the present study. While test creators have recommended using ≥ 15 as the cut-off value (Rutter, Bailey, & Lord, 2003), researchers have suggested that the cut-off may need to be adjusted to align with the population that is being studied (Norris & Lecavalier, 2010). For this study, ≥ 10 was used to account for findings that girls with ASD often fail to meet the diagnostic threshold (Dworzynski et al., 2012). This decision is further supported by findings that the use of a lower cut-off value can decrease false negatives among individuals with ASD who are higher functioning (Goin-Kochel & Cohen, 2008; Schanding, Nowell, & Goin-Kochel, 2012).
Time Commitment	This measure took approximately 10 minutes to complete.

Appendix C

The Friendship Questionnaire

Do you have one or two best friends (or close friends)? How old is the friend? How long have you been friends? What activities do you do together?

Do you have more than one close friend? How many? What are their ages?

How many friends would you like to have? Why?

Do you spend time interacting with your peers? If so, how often and where?

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Do you prefer spending time with people in person or online? Do you have any online friends?

Do you participate in any organized activities with peers? List and describe:

Do you have a significant other (e.g., boyfriend, girlfriend)? How long have you known each other? How long have you been in a relationship? What activities do you do together?

Appendix D

The Participant Information Questionnaire

This questionnaire should be completed by a parent/guardian of the participant, as it asks about early developmental history and will help us know more about the people in this study. If a parent/guardian is unavailable, a close relative who has knowledge of the individual's early history is acceptable.

Adolescent Characteristics

Adolescent's Full Name: _____

Date of birth: Month _____ Day _____ Year _____

Ethnicity: _____

Age: _____

School: _____

Grade: _____

Does your adolescent have a best friend? How old is the friend? How long have they been friends? What activities do they do together? _____

Does your adolescent have more than one close friend? How many? What are their ages?

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Does your adolescent spend time interacting with peers? If so, how often and where? _____

Does your adolescent participate in any organized activities with peers? List and describe:

Family Characteristics

Who lives at home with your adolescent? _____

How many siblings does your adolescent have? What are their ages? Gender? _____

What is your annual household income? (Please circle one of the ranges below)

- 0 to 40,000
- 40000 to 60000
- 60000 to 90000
- 90000 to 125000
- 125000+

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Official Diagnosis

What autism spectrum diagnosis has your adolescent received? _____

Who originally diagnosed your adolescent (name and title)? _____

How old was your adolescent at the time of the original diagnosis? _____

Has anyone else given a diagnosis to your adolescent? (Circle) Yes No

If yes, who gave the diagnosis and what is their title? _____

What was the diagnosis & how old was your adolescent when they received this diagnosis? _____

Has your adolescent been diagnosed with any other psychological disorders (If yes, please explain and also indicate when the diagnosis was given, who gave the diagnosis, and what their title was). _____

Has your adolescent been diagnosed with any medical disorders (If yes, please explain, and also indicate when the diagnosis was given, who gave the diagnosis, and what their title was).

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Has anyone else in your immediate family had a diagnosis of autism or another psychological, behavioral, or learning condition (ADHD, Depression, Learning Disability, Anxiety, Tourette's, etc)?

Relationship to child

Condition

Development

Did your adolescent receive speech therapy before the age of 5? (If yes, please explain- e.g., where they received supports and how often they received speech supports).

As far as you recall, how old was your adolescent when she began speaking in single words?

How old was your adolescent when she began speaking in short but *meaningful* phrases? (E.g., Car go, Mommy work, etc)

Did your adolescent receive any other therapy before the age of 5? (e.g., physical, occupational, vision, hearing, family/personal). If yes, please explain (e.g., where they received supports and how often they received supports).

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Did your adolescent participate in any school or community based interventions for social skills?
If so, please provide details:

Program	Reason	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Did you or your physician note delays in any of the following developmental milestones? If yes, please explain.

Crawling: _____

Walking: _____

Potty Training: _____

Other: _____

Has your adolescent ever experienced a head injury? (Circle) Yes No

If yes, were they unconscious? Yes No

If yes, for how long was your adolescent unconscious? _____

Was your adolescent hospitalized for the head injury? (Circle) Yes No

If yes, how long was the hospitalization? _____

Name of Person Completing this Form (Please Print) _____

Relationship to Participant _____

Signature of Person Completing this Form _____

Date _____