‘It’s like a disguise’: Experiences of peer relationships and social camouflaging of autistic adolescent boys. An IPA analysis.

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Contents

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Glossary-abbreviations explained

AS: Asperger’s Syndrome
APA: American Psychiatric Association
AD: Autistic Disorder
ADOS: Autism Diagnostic Observation Schedule
ASD: Autism Spectrum Disorder
BPS: British Psychological Society
CAMHS: Children and Adolescents Mental Health Services
CBT: Cognitive Behavioural Therapy
CC: Central Coherence
CoP: Counselling Psychology
DSM-5: Diagnostic and Statistical Manual Version 5
DSM-4: Diagnostic and Statistical Manual Version 4
EF: Executive functioning
HCPC: Health and Care Professions Council
HRA: Health Research Authority
ICD-11: International Classification of Diseases Version 11
ICD-10: International Classification of Diseases Version 10
IPA: Interpretative Phenomenological Analysis
IQ: Intellectual Quotient
LD: Learning Disabilities
NAS: National Autistic Society
NDS: Neurodevelopmental Service
NHS: National Health Service
NT: Neurotypical
RCT: Randomised Control Trial
REC: Research Ethics Committee
PDDs: Pervasive Developmental Disorders
PDD-NOS: Pervasive Developmental Disorder Not Otherwise Specified
RQ: Research Question
RRBIs: Restricted Repetitive Behaviours and Interests
SLaM: South London and Maudsley
ToM: Theory of Mind

TToM: Theory-Theory of Mind
WCC: Weak Central Coherence
WHO: World Health Organization

Abstract

Social camouflaging has recently attracted much attention as a coping strategy in autistic individuals and has been associated with mental health difficulties. In an attempt to appear socially competent and to prevent others from noticing their social challenges, autistic individuals may hide their ASD traits (Hull et al., 2017). Traditionally, camouflaging has been found to occur more frequently in females and it has been researched more widely in adults , younger children and in the female presentation (Hull et al., 2017; Lai et al., 2011; Lai et al., 2016; Dean et al., 2017; Tierney et al., 2016; Bargiela et al., 2016) despite emerging research evidence suggesting that autistic young males also do camouflage their ASD traits during social interactions (Carrington & Graham, 2001; Carrington et al., 2003; Humphrey & Lewis 2008; Huws & Jones, 2015). As there is limited research on males and specifically adolescents, this study focuses on the autistic young male presentation.

Eight autistic male adolescents have been interviewed via semi-structured interviews and the results were analysed using Interpretative Phenomenological Analysis (IPA). All participants were recruited from a Children and Adolescents Mental Health Neurodevelopmental Service (CAMHS NDS). The themes emerged included experiences of friendships and socialisation, common interests, strategies when making friends and socialising, ASD diagnosis and experiences of socialisation and experiences of camouflaging.

This study adds to existing knowledge by offering novel descriptions of autistic young males employing camouflaging strategies during peers' interactions, alongside their motivations, functions, and the impact on their self-identity. Overall, most of the boys camouflaged their ASD associated traits in order to fit in, pass as normal and blend in with peers; however, they were aware of the toll this might take on their self-identity.

This study proposes important clinical implications. Further investigation of this phenomenon across the spectrum and all genders is necessary to inform clinical and educational practices for the younger autistic population.

INTRODUCTION CHAPTER 1

Overview

This chapter begins with a description of the historical context in which autism was first coined and how it evolved to constitute what today is known as Autism Spectrum Disorder (ASD). The diagnostic and classification considerations of the ASD are described alongside a summary of the main causal theories that have been put forward to explain social communication difficulties in autism. A discussion of the critical period of adolescence follows with a particular focus on the importance of peer friendships and gender differences regarding social communication. Special consideration is given to difficulties experienced during social interactions with peers. Camouflaging as a strategy to navigate the social complexities is introduced alongside its mental health implications. The chapter ends with a brief description of alternative conceptualisations of ASD to biomedical models.

1.1 Historical context

Leo Kanner (1943), an Austrian doctor based in Baltimore, was the first who described childhood autism as a clinical condition in his influential paper ‘autistic disturbances of affective contact’. Kanner described eleven cases of children who presented with an obsessive desire for sameness and a preference for being alone. Other important characteristics included abnormal speech, literalness and inability to employ language for communicative purposes (Wolff, 2004). In most of Kanner’s cases, these features were evident since early childhood and as such, he speculated the innate origins of autism (Lyons & Fitzgerald, 2007).

In Vienna in October 1943 Hans Asperger, an Austrian paediatrician submitted his doctoral thesis on ‘autistic psychopathy in childhood’. Asperger presented the cases of four children who exhibited difficulties within the social interaction and communication domains coupled with restricted areas of interests. However, Asperger’s attention was drawn to the advanced linguistic skills of these children and to the latest onset of the autistic features as well as, to motor difficulties in the form of clumsiness. These children had surprising abilities in mathematics and natural sciences accompanied by creative styles of thinking. Asperger proposed a good prognosis as there was a potential for his ‘little ‘professors’, as he called them, to use their special interests and increased linguistic abilities in their future careers (Lyons & Fitzgerald, 2007; Wolf, 2004).

Although both of Austrian origin, Kanner's writings were in English as he had emigrated to the USA whereas Asperger's work was in German. Asperger's writings gained broader attention in 1981 when Lorna Wing, a prominent British Psychiatrist, presented his work in English. In her paper she described cases of children and adults whose profiles and abilities had a greater resemblance to those described by Hans Asperger rather than those described by Kanner. Lorna Wing was the first to use Asperger's Disorder (AD) commonly known as Asperger's Syndrome (AS) as a new diagnostic category (Wing 1981, as cited in Atwood, 2015). The translation and publication of Asperger's doctoral thesis into English by the London based Professor Uta Frith in 1991 was one of the setting events that generated a great amount of research inquiry into AS (Lyons & Fitzgerald, 2007).

1.2 Autism Spectrum Disorder (ASD)

The ASD diagnosis represents a spectrum of pervasive neurodevelopmental conditions manifested by early onset, delayed development of various psychological functions and a lifelong course with different levels of disability alongside changes in symptomatology by age (Mandic-Maravic et al., 2015).

Until recently autism was conceptualised and diagnosed, by three key clinical features, the 'triad of impairments', as originally described by Wing in 1993 and in line with Kanner's first descriptive accounts. These impairments included deficits both in social interaction and verbal and non-verbal communication as well as a restricted range of interests and repetitive behaviours (RRBIs), (Atwood, 2015; Mandic-Maravic et al., 2015).

The ASD diagnoses encompassed Autistic Disorder, Asperger's Disorder (AD) and Pervasive Developmental Disorder Not-Otherwise Specified (PDD-NOS). Taken together the above conditions represented the Pervasive Developmental Disorders (PDDS) as described in the fourth edition of the Diagnostic and Statistical Manual (DSM-4) by the American Psychiatric Association (APA, 1994).

1.3 The Asperger's Syndrome diagnosis

The AS diagnosis was first included in the diagnostic texts following the publication of the tenth edition of the International Classification of Diseases (ICD-10) by the World Health Organization (WHO) in 1993, and in the publication of the fourth edition of the (DSM-4) in 1994 (APA), (cited in Atwood, 2015). To meet the diagnostic criteria of AS (Appendix 1), an individual's intelligence needed to be average or above and their speech development needed to occur in a chronologically appropriate manner (Barnhill et al., 2000).

1.3.1 Current diagnostic criteria and classification systems

Following recent changes in the classification systems, the DSM-5 collapsed the three diagnostic dimensions into two. The DSM-5 merged the social communication/ social interaction deficits into one category coded as deficits in social communication with the RRBIs being the second category (Mandic-Maravic et al., 2015). The rationale for the above changes is that ASD can be better conceptualised using dimensional rather than categorical concepts. This is achieved by using an umbrella term of ASD with additional information on the level of severity. According to DSM-5, all the individuals who previously met the criteria of AS are now receiving the diagnosis of 'Autism Spectrum Disorder Level 1', without accompanying intellectual or language impairment' (cited in Atwood, 2015). Appendix 2 provides diagnostic criteria of ASD according to DSM-5. As the AS diagnosis is no longer in use, the term ASD will be employed from this point onwards in line with current diagnostic guidelines. Identity-first language (such as autistic individuals, autistic young person) will be employed throughout this thesis out of respect and in line with the preferences of the majority of autistic people (Kenny et al., 2016). Identity-first language has been considered less stigmatising for autistic individuals (Gernsbacher, 2017).

1.4 Prevalence and aetiology

Evidence from genetic studies suggests that some ASD symptoms may be inherited. There are higher concordance rates in monozygotic twins (60% to 90%) when compared with dizygotic twins (0% to 10%) (Bailey et al., 1995; Muhle et al., 2004). Autism has the strongest genetic component among all neurodevelopmental conditions (Klin, 2006; Rapin & Tuchman, 2008). Although many years have passed since its first description the exact aetiology of the spectrum conditions remains unknown. ASDs are one of the most common neurodevelopmental conditions in the UK (Baron-Cohen et al., 2009). A higher incidence of autism in boys than in girls has been reported and replicated, with ratios reported averaging between 3-4:1 (Baird et al., 2006; Halladay et al., 2015) and 10:1 in AS (Fombonne, 2003).

1.5 Adolescence, peer friendships and the ASD diagnosis

Autistic young people may present with more challenges when compared to their typically developing peers (Cridland et al., 2014a) and one developmental stage that requires further investigation is the period of adolescence (Cridland et al., 2014c). A critical developmental task of adolescence is to develop a sense of self-identity (Erikson, 1980). Newman and Newman (1976) described adolescence in two stages: early adolescence (12-18 years) with the main task being to develop a sense of group identity and the late adolescence (19-22 years) which is associated with the development of self-identity.

Peer friendships are an important social experience that provides young people with a context within which they can practice and develop prosocial behaviours such as mutual understanding, partnership and empathetic engagement with others (Rowley et al., 2012). It has been argued that close friendship may serve as a potential buffer against the effects of social difficulties experienced by autistic individuals (Mazurek, 2013). Whitehouse et al. (2009) found that autistic young people report lesser quality friendships and less motivation to make friends when compared to their neurotypical counterparts.

Having at least one friendship in primary school years is linked with greater peer acceptance among autistic children (Rotheram-Fuller et al., 2010). Relevant research indicates that autistic children report greater loneliness when compared to typically developing children (Bauminger et al., 2003, 2004; Lasgaard et al., 2010). Loneliness has been associated with negative emotional states for autistic children such as feelings of low self-worth (Bauminger et al., 2004), and with increased social anxiety (White & Roberson-Nay, 2009).

Bullying is one of the most common forms of conflict and it has been found that it affects more autistic young people when compared with neurotypically developing children (Rowley et al., 2012). Specific factors have been proposed to increase the vulnerability to bullying and victimisation to autistic young people. Autistic individuals struggle to identify non-verbal behaviours such as gestures, facial expressions, tone of voice and body language. Their literal understanding of language makes it hard to make sense of motives and social rules underpinning other people's behaviours. These challenges are making autistic young people an easy target for derision and ridicule (Rowley et al., 2012). Also, their RRBIs make them appear as different, possibly contributing to their social isolation making them prone to teasing and rejection from peers (Carrington & Graham, 2001).

Verbally fluent autistic adolescents seem to be aware of their social differences compared to when they were younger (Daniel & Billingsley, 2010). Literature regarding social comparison processes among autistic adolescents suggests that a combination of good cognitive abilities along with poor social processing may play a role to an awareness of being different from peers contributing to increased vulnerability to depressive symptoms. It has been argued that repeated negative social encounters of autistic adolescents may serve as a reminder of their differences from their peers (Hedley & Young, 2006). The desire to 'be like others' without the necessary skills can act as a cause of depression for this population (Hedley & Young, 2006). Hare (1997) suggested that autistic individuals with good verbal and intellectual abilities have awareness of their differences and as such they become more distressed from their condition.

During the period of adolescence, young people are expected to cope with multiple changes to routine, engage in complex social interactions along with associated behavioural expectations with peers and adults, as well as to meet academic learning expectations with demanding homework assignments. Autistic young people who are struggling with the above skills may experience problems and mask to cover their difficulties. It has been suggested that autistic adolescents want to 'fit in' with peers but this can be very complex and stressful (Carrington et al., 2003).

1.6 Definition of camouflaging

Social camouflaging has recently attracted much attention as a coping strategy in autistic individuals. Three major characteristics of camouflaging have been identified: compensation, masking, and assimilation. More specifically, compensation refers to a set of strategies autistic people may use to cover for social communication and interaction difficulties associated with their diagnosis. Masking strategies represent the application of strategies autistic people may employ to hide their autism. Lastly, assimilation refers to strategies used by autistic people to blend in with others during their social interactions (Hull et al., 2018).

1.7 Psychological theories in relation to social relationships and camouflaging

1.7.1 Theory of Mind

Theory of Mind (ToM) refers to the ability 'to attribute mental states to oneself and others and the ability to understand that one's mental state may differ to that of other peoples' (Baron-Cohen, 2000; Frith & Frith, 2005). Autistic individuals exhibit marked difficulties to recognize and understand the subtle cues that are indicative of thoughts and feelings of other persons as expected for someone of their age (Atwood, 2006). Relevant developmental literature suggests that it is the ToM impairments that explain the difficulties of autistic individuals in social relationships and communication (Williams, 2004). According to Baron-Cohen (2000), it is the ability to reflect on one's and other's thoughts that enables us to interact effectively with people around us.

Two positions prevail in the field. The modular view suggests that human brains are evolutionary and thus genetically equipped to develop ToM abilities as a maturation process over time (see, Baron-Cohen, 1995; Frith & Happé, 1999; Leslie, 1987). Leslie's model of metarepresentational development, suggests that children have an existing capacity for primary representations. Through the development of the child's play it occurs a gradual development of a secondary capacity for meta-representation. This capacity develops at the end of infancy (at 2 years of age) and underlies the child's new emerging abilities to engage in pretense and to understand and recognize pretense carried out by others (Leslie, 1987; Friedman & Leslie, 2007). It has been suggested that this model incorporates a mechanism that is crucial for social skills development. That is, being able to know that others know, desire, feel or believe things, which is what Premack and Woodruff (1978) defined as having ToM (cited in Baron-Cohen, 1985).

The second 'Theory of Theory of Mind' view (TToM) holds that young children employ their intellectual abilities to develop a theory of mental states in a way that is similar to what a scientist does, such as testing hypotheses and examining evidence (see, Perner,1991; Wellman,1990). According to this theory, different domains are prerequisite for the development of mind-reading and understanding of others. It has been suggested that autism involves deficits in one or more of the following three innate domains: a starting theory, a general theory–forming capacity and data input from the surrounding environment (Gopnik et al., 2000).

ToM abilities have recently been investigated in relation to camouflaging. It has been suggested that ToM abilities can contribute towards greater levels of camouflaging since camouflaging requires some understanding of what other people might expect from autistic individuals. In their attempt to be effective, autistic people need to identify how others perceive them in order to adapt their behaviours accordingly (Hull et al., 2021).

Hull et al. (2021) investigated ToM abilities in relation to self-reported camouflaging in a sample of autistic adolescents. Their results showed that ToM did not predict aspects of camouflaging despite their initial hypothesis that autistic individuals with good ToM abilities would camouflage more. The authors argued that ToM abilities might be necessary but not sufficient to predict camouflaging. In this study IQ was also investigated as a potential cognitive predictor in camouflaging. The results revealed no significant correlation between IQ and camouflaging. Overall, the results suggested that higher IQ was not necessary to promote overall camouflaging in autistic adolescents. These findings agreed with previous research quantifying camouflaging in autistic males and females (see Lai et al., 2017). It has also been found that specific IQ subdomains such as verbal IQ may play greater role than general IQ abilities when it comes to camouflaging in adolescents (Livingston et al., 2019).

Livingston and Happe (2017) suggest that autistic people may employ alternative neural routes to ToM, and this could be seen as a form of compensation which produces camouflaging associated behaviours. For example, autistic individuals with poor ToM abilities may employ cognitive processes such as memorising other peoples' facial expressions to respond appropriately to these expressions. Autistic individuals with good memory skills can possibly remember and imitate others' facial expressions without necessarily understanding these expressions. Several studies have shown that autistic individuals can pass ToM tasks, but they do not utilise these skills instinctively or during their daily lives (Wood-Downie et al., 2020; Senju et al., 2009; Plumet & Tardiff, 2005).

1.7.2 Executive function theory

Autistic individuals exhibit deficits in cognitive and self-regulation processes, which have been defined as Executive Functioning (EF), (Ozonoff et al., 1991). EF difficulties seen in autistic people typically include problems such as impulse control and planning, cognitive inflexibility, self-monitoring functions and difficulty to provide multiple problem solutions (Pennington & Ozonoff, 1996; Grattan & Eslinger, 1992). EF presupposes information processing and integration from multiple internal and external sources and as such the difficulty to process incoming and new information (such as considering other people's perspectives), represents a gap in employing contextual cues to guide behaviours (Stichter, 2010).

Under this conceptualisation, difficulties seen in social competence of autistic individuals could be associated with EF challenges (Solomon et al., 2004). EF abilities such as, self-monitoring, inhibition of automatic responses, and control and planning of behaviours have been proposed to contribute towards camouflaging in recent research literature (Livingston & Happe, 2017; Lehnhardt et al., 2015). Ullman and Pullman (2015) proposed that in autistic individuals an intact EF ability can contribute towards the retrieval of learned information and social rules from memory, which can potentially contribute towards employment of camouflaging strategies.

In a sample of young autistic adolescents, Hull et al. (2021) found that better executive function predicted higher camouflaging and compensation scores. The authors argued that the association between executive function and camouflaging suggests that autistic individuals with impairments in executive function abilities would potentially find it harder to camouflage their autistic traits. As executive function accounted only for a small amount of variation in camouflaging scores, the authors suggested that other factors may also influence camouflaging in autistic adolescents such as motivation, expectations and self-awareness.

1.8 Gender Differences

1.8.1 Extreme male brain theory and the ‘female autism phenotype’

Baron-Cohen introduced the notion of the ‘extreme male brain’, suggesting differences between the male and female cognitive and affective styles (Baron-Cohen, 2002; Ozonoff et al., 2011). He proposed that males have better abilities towards systemising with females presenting with better abilities towards empathising (Baron-Cohen, 2002). Baron-Cohen defines empathising as “the drive to identify another person’s emotions and thoughts, and to respond to these with an appropriate emotion. Empathising allows you to predict a person’s behaviour, and to care about how others feel” (Baron-Cohen, 2002, p.248). Systemising “is the drive to analyse the variables in a system, to derive the underlying rules and govern the behaviour of a system. Systemising also refers to the drive to construct systems. Systemising allows you to predict the behaviour of the system, and control it”, (Baron- Cohen, 2002, p.248). Higher systemising abilities as well as difficulties with empathy and cognitive expression have been proposed to represent a ‘masculine’ ASD presentation (Baron-Cohen, 2002).

Lai et al. (2011) suggested that the above differences between males and females can be mediated by cognitive differences. The authors proposed ‘a female autism phenotype’ due to females having better capacities to camouflage their autistic symptoms (Lai et al., 2015) as they appear to be more empathic due to social compensation skills and masking of their ASD symptoms. Furthermore, Hull et al. (2017b) in their systematic review reported differences between autistic males and females in the domains of systemising and empathising traits, executive functioning, playing patterns, internalising, and externalising symptomatology. As far as EF abilities are concerned, Lehnhardt et al. (2015) found that autistic girls outperformed males in EF tasks and proposed that this female advantage could be associated with better camouflaging skills as females use more copying and imitation strategies with peers.

1.8.2 Gender differences in camouflaging and social communication

As already discussed, one explanation of the difference between the male to female diagnostic ratio seems to be stemming from the social communication/interaction domain. Relevant research suggests that autistic girls have ‘strong’ social skills inclusive of pretend play, communication, social imitation and focus (see, Nichols et al., 2009; Rivet & Matson, 2011b; Atwood, 2012; Solomon et al., 2012; Baron-Cohen et al., 2011; Hsiao et al., 2013). In a recent study autistic females employed more verbal communication signals and more vivid and evident gestures compared to males (Rynkiewicz et al., 2016).

It has also been reported that autistic girls tend to exhibit fewer behavioural problems than boys do. Boys tend to display overt aggression whereas girls express their anger in more indirect ways such as ignoring, excluding, gossiping, spreading rumours, and non-verbal behaviours such as giggling (see, Card et al., 2008; Nichols et al., 2009). The latest behaviours have been defined as ‘relational aggression’ and they usually employ a third party to be hurtful to other individuals (Nichols et al., 2009).

It has been suggested that the above differences can ‘mask’ the girls’ social communication challenges and contribute towards a misdiagnosis or late diagnosis with many girls receiving an ASD diagnosis during adolescence (see, Nichols et al., 2009; Atwood 2012; Baron-Cohen et al., 2011; Solomon et al., 2012; Begeer et al., 2013; Bolick, 2001). Research up to date has largely suggested that camouflaging is more commonly experienced by females (Lai et al., 2011; Lai et al., 2016; Dean et al., 2017) and has included only female population (Tierney et al., 2016; Bargiela et al., 2016).

However, young autistic males present with unique vulnerabilities compared to females when it comes to their behavioural and socialisation patterns. Relevant research evidence suggests that autistic young males experience more externalising difficulties such as hyperactivity and conduct issues (May et al., 2012; Oswald et al., 2016) and increased levels of overt conflict and anger (Owens et al., 2005). Additional evidence suggests that autistic boys show more problematic behaviours at school when compared to girls (Hiller et al., 2014; Mandy et al., 2012).

Furthermore, girls and boys employ different approaches to socialising. According to Kuo et al. (2013), autistic boys tend to play more with friends whereas girls mostly talk with theirs. In a recent study by Dean and colleagues (2017) camouflaging behaviours were observed in autistic females in a primary school setting but not in autistic boys and NT developing children of either gender.

1.9 Camouflaging and associations with mental health

Although autistic individuals camouflage to compensate for their ASD associated difficulties and to enhance their social relationships, this phenomenon has been associated with significant negative mental health outcomes. Several quantitative studies have shown associations between camouflaging and internalising difficulties. Autistic people who camouflage report higher levels of anxiety, depression and reported levels of suicidality (Livingston et al., 2019; Cage & Troxell-Whitman, 2019; Cassidy; 2018). Relevant research proposes some explanatory hypotheses for these associations. Camouflaging has been commonly reported to be highly stressful, effortful and exhausting and that it can potentially lead to autistic burn out and loss of identity (Livingston et al., 2019; Tierney et al., 2016; Hull et al., 2017; Raymaker et al., 2020). Up to date it is not clear whether there is a causal relationship between camouflaging and mental health difficulties and as such this area needs to be prioritised for further research.

1.10 Alternative conceptualisations of ASD to neurocognitive models

1.10.1 The social disability model

There are proponents of the idea that the medical conceptualisation has governed the discourses on autism. Supporters of this idea propose that the concept of ASD level 1 (previously known as AS), does not represent an actual impairment but rather a neurological difference (Molloy & Vasil, 2002; 2004). The social model of disability challenges the medical discourse on autism (see, Oliver, 1990) by acknowledging that impairments do exist in the world. However, the way these impairments are made sense of, classified, and treated is socially constructed and influenced by socio-political powers (Molloy & Vasil, 2002; 2004).

Within the disability model some researchers have proposed the term ‘disorders’ to be replaced with the term ‘conditions’ (see, Baron-Cohen et al., 2009) or that certain

ASD behaviours should be viewed as ‘normal personality variant’ or expressions of unique personalities (see, Frith, 1991; Molloy & Vasil, 2002). Extracting the autism diagnosis from sociological, cultural and relational contexts favours an exclusively ‘neurobiological’ understanding of autism hence leaving autistic people with a limited explanatory language for contextualising and positioning their social experiences (Fein, 2015).

Fein (2015) describes how changes on the modern social environment shift the developmental trajectories of ASD individuals hence actively contributing to the increase of social impairments. As social affiliations are organised by voluntary choices, those individuals who are slower and/or different in developing the competencies required to make and maintain social relationships are simultaneously denied the opportunity to develop the skills required. The repeated experiences of social exclusion towards autistic individuals due to difficulties with social competence have a direct impact on the amplification of the characteristics considered to be biologically abnormal, perpetuating cycles of further exclusion. A socially predetermined picture sets the scene for an increase in the social developmental disorders creating fewer opportunities for autistic individuals to participate, practice and relate within the ‘identity marketplace’ which results in perpetuating cycles of additional exclusion, marginality and dysregulation.

1.10.2 Critical autism studies and autism participatory research

Critical autism studies have emerged from the disability movement with the main objective to create alternative, meaningful and more inclusive narratives for autistic individuals (O’Dell et al., 2016; Woods et al., 2018). For example, the ‘double empathy problem’ views theory of mind and empathy difficulties in autism as disjunctures in reciprocity between differentially predisposed ‘actors’ and as such it does not locate the ‘problem’ within the autistic person. The model proposes that empathy is a 'double problem' and as such it is not singularly located in one person. The model places the importance in the social interaction between two social actors with the disjuncture being more pronounced for the non-autistic person as it is seen as unusual, while for the ‘autistic person’ it is a frequent experience (Milton, 2011b). The concept of ‘empathy’ as being a ‘two-way street’ has been discussed by ‘autistic writers’ and neurotypical (NT) writers (see, Sinclair, 1993; Hacking, 2009).

1.10.3 Disturbances of primary intersubjectivity

The neurocognitive approaches discussed above have been challenged by phenomenological psychiatrists and philosophers (see Hobson, 1993; 2002; Gallagher, 2004; De Jaegher, 2013) who argue that the difficulties seen in autism are caused by failures of early interactions instead of ToM deficiencies. Hobson proposes that difficulties in ‘affective interpersonal awareness and relatedness’ are central to the ASD presentation. During normal infant development, the new-born develops a sense of self in relation to others through sharing of experiences with primary caregivers. This enables the infant to develop an understanding of their relatedness to others via observation of others’ bodily expressions, as well as, from other affective aspects such as tone of voice and eye contact. Finally, the infant comes to recognise their own internal subjective world in relation to that of others (cited in Hodges, 2004 p.50-53).

Additionally, there is evidence to suggest disturbances of embodiment in young children with autism such as sensory-motor integration, imitation and affect attunement and holistic perception difficulties. These difficulties may impair the children’s perception and understanding of others’ expressions. From a phenomenological perspective ASD is viewed as ‘disorder of primary or embodied intersubjectivity’ with individuals experiencing disturbances of bodily ways of ‘being with others’ (Fuchs, 2015).

CRITICAL LITERATURE REVIEW CHAPTER 2

Overview

This chapter contains a critical discussion of the research literature regarding social relationships of autistic young males and emphasis is placed on social camouflaging as a coping strategy in navigating their social worlds. The researcher assumed an inductive approach, a process of funnelling, to formulate novel research questions. The chapter ends with the researcher's reflexive statement examining how his specific interest in this area of research was developed and how it has influenced the conceptual preparation of this project.

2.1 Search strategy

The below electronic engines were searched for the purposes of the present study: PsychINFO, PubMed, ScienceDirect, Wiley Online Library, Google Scholar and the British Library EThos e-theses online service. Key words used were *autism*, *ASD, Asperger Syndrome, masking, camouflaging, social relationships, peer friendships, social communication, adolescence,* and *qualitative research.*

2.2 Social camouflaging in ASD and conceptual development

Hull et al. (2017) investigated the camouflaging experiences in a large sample of autistic adults across all genders (male, female and non-binary). The purpose of the study was to generate the first conceptual model for camouflaging for autistic adults. Camouflaging of ASD characteristics in different social situations was found to be a common coping strategy for autistic adults in their attempts to come across as socially competent and to prevent NT others from seeing the challenges they face during social interactions. However, little is known of the impact of such strategies on diagnosis, quality of life and long-term effects on autistic individuals (Hull et al., 2017).

Most of the participants reported camouflaging despite a significant variation in their experiences. The motivation to camouflage was internally driven in order to achieve something such as to make friendships. Additionally, the motivation was seen as a reaction placed by external demands in terms of how it is expected to behave in society. The participants used strategies to mask their ASD traits in an attempt to appear like others, compensate for their social interactions' difficulties, establish connections and fit in (Hull et al., 2017).

In Hull's et al. (2017) study most of the participants reported negative effects during and after camouflaging such as exhaustion. Exhaustion has been identified in previous qualitative IPA research in teenage autistic girls (Tierney et al., 2016). Another important consequence of camouflaging was a reported shift in the participants' self-perceptions. Camouflaging appeared to produce primarily negative emotions and attitudes to participants. Negative attitudes included participants describing themselves as liars, or inauthentic people as well as being fake and losing their identity (Hull et al., 2017).

Regarding gender, Hull et al. (2017) found no clear differences in camouflaging. The fact that many males and individuals across all genders reported camouflaging strategies supports the idea that camouflaging is not a phenomenon only observed in females (Lai et al., 2016).

2.3 Measures of social camouflaging

There are two approaches to measuring and defining camouflaging known as 'discrepancy' and 'reflective-observational' methods. The discrepancy methods measure camouflaging as the numeric difference between the external/observable autistic presentation such as social skills, and internal abilities such as ToM. The reflective-observational methods involve the measurement of behaviours that are associated with camouflaging, for example behaviours enabling autistic individuals to blend in with their peers (Hull et al., 2020).

2.3.1 Discrepancy approaches

Studies employing the discrepancy approach have largely demonstrated that autistic females present with higher discrepancy scores (between internal and external autistic presentation) than males and this has been associated with greater levels of camouflaging. A study conducted by Lai et al. (2017) showed greater discrepancy scores in autistic females in self-reported social cognitive abilities (performance on mentalising task), autistic traits and behaviours as measured by a trained observer using the Autism Diagnostic Observation Schedule (ADOS). Ratto et al. (2018) reported similar results in their study. Compared to males, autistic females had higher levels of parental reported autistic traits (external presentation) and poorer adaptive functioning (internal presentation). In another study autistic girls tended to use more vivid gestures in a computerised ADOS (Lord, 2000) compared to boys (Rynkiewicz et al., 2016). The above studies show that, overall, girls present with greater discrepancy scores possibly indicating higher camouflaging abilities when compared to males. It has been argued that lesser ADOS scores in autistic females could be a result of them engaging in compensation strategies, therefore, hiding their atypical social communication patterns in such an observational clinical setting (Lai et al., 2019).

The strength of the discrepancy approaches is that the measurement of the arithmetic discrepancy can be compared between groups and across different studies employing various techniques and measuring a range of behaviours. Nonetheless, a limitation is that measurement of the 'internal autistic presentation' cannot be an absolute true internal characteristic as self and informant reports can be subject to biases (Hull et al., 2020). Furthermore, the discrepancy approaches do not allow for the unsuccessful camouflaging efforts of autistic individuals who may employ various strategies in their attempts to appear less autistic to others (Hull et al., 2018).

2.3.2 Observational-reflective approaches

Following on from their 2017 study, Hull and colleagues (2018) developed The Camouflaging Autistic Traits Questionnaire (CAT-Q) to measure camouflaging. The CAT-Q was administered online to a large number of autistic and neurotypical adults. This study provides strong psychometric support for the CAT-Q as a reliable and valid measure of camouflaging in the adult population.

When it comes to the younger autistic population, the social masking subscale of the Questionnaire of Autism Spectrum Conditions (Q-ASC) represents a parental report measure that has been validated in autistic children without intellectual disabilities (Ormond et al., 2018). A major advantage of both measures is that they have been developed directly from autistic peoples' lived experiences and as such, they can be used in a variety of settings to help them understand more their camouflaging behaviours (Hull et al., 2019b).

Within the observational-reflective approaches and as far as the gender differences in camouflaging are concerned, several studies have yielded mixed results. Dean and colleagues (2017) observed camouflaging strategies only in autistic girls and Ormond et al. (2018) found that autistic girls use more masking and imitation strategies compared to boys. As opposed to this, in several studies no gender differences have been observed in autistic adult population (see, Hull et al., 2017; Cage et al., 2018, Cassidy et al., 2018).

2.4 Camouflaging research in autistic children and adolescents

A handful of recent studies have reported camouflaging both in teenagers (Head et al., 2014; Tierney et al., 2016) and primary school children (Hiller et al., 2014; Dean et al., 2017).

Hiller et al. (2014) found autistic school aged girls to be better at initiating friendships, maintaining reciprocal conversations, and integrating verbal and non-verbal behaviours compared to their male counterparts. For example, school teachers had fewer concerns about autistic girls when it came to their social skills. Teachers had more concerns about boys in relation to their social skills, friendships, and externalising problems. The researchers discussed the impact of the girls' skills and suggested that some of these characteristics may be reflective of higher levels of camouflaging for girls.

Similarly, Head and colleagues compared autistic teenage boys and girls. It was found that girls scored better on friendship questionnaires (having better and more friends) when compared to boys. One of the interpretations offered by the researchers was that autistic girls may be better at camouflaging their social difficulties to fit in (Head et al., 2014).

Tierney et al. (2016) explored the social challenges of autistic adolescent girls. The researchers interviewed 10 autistic teenage girls and analysed their data using qualitative research. The findings suggested that the participants developed strategies to navigate their social interactions by using imitation and camouflaging. The results further revealed associations between camouflaging and feelings of exhaustion alongside mental health implications.

Dean et al. (2017) investigated the social behaviours of 7-year-old autistic and non-autistic girls and boys whilst on the school playground employing a rigorous observational-reflective approach. Three play situations were examined: joint engagement (active socialisation), games (actively playing with peers) and a solitary approach (not actively engaging with peers). The researchers found that autistic boys spent more time in isolation whilst NT boys engaged in playing activities more often with their peers. As opposed to this, autistic girls tended to stay in closer proximity to their peers weaving in and out of activities and without necessarily interacting with them. The authors argued that autistic girls appeared more similar to their neurotypical counterparts providing evidence of having more abilities to camouflage their autistic traits. The overall results indicated that males (both ASD and NT) spend more time in playing games when compared to females (both ASD and NT) who engaged more superficially with peers. The authors made a crucial point that camouflaging is not only reflective of an individual's characteristics, but it can also be seen as contextualised within the individual's environment.

Similarly, Van Ommeren and colleagues (2017) showed that autistic girls (both children and teenagers) had higher social reciprocity scores compared to boys, despite similar expressed parental and teachers' concerns for both groups. Overall, girls appeared to be more similar to their NT counterparts as opposed to boys and this was thought to be reflective of girls having better abilities to camouflage their autistic traits.

More qualitative research is necessary to further investigate the camouflaging experiences of male adolescents due to their unique discussed presentation such as externalising difficulties, differences in socialising and behavioural patterns. Most of the research into camouflaging has focused on the adult autistic presentation (Hull et al., 2017). When investigating the younger autistic population research has focused primarily on teenage females (Tierney et al., 2016; Bargiela et al., 2016) and younger children, based on observational and/or parental/teacher's reports (Dean et al., 2017; Head et al., 2014; Hiller et al., 2014). No known qualitative study has focused exclusively on the male adolescent presentation when it comes to investigating camouflaging. Given the discussed gender differences in the social interaction domain, it can be the case that males' behavioural manifestation of camouflaging could also be different. In the section below several qualitative studies are being critically discussed.

2.5 Critical evaluation of qualitative research studies

The rationale for selection of these studies was that the results have been gathered purely via qualitative methodologies, which is the chosen mode of enquiry of this research project. These studies provide preliminary evidence of camouflaging in young males that predates the rigorous conceptual studies in camouflaging that have been conducted over the period of the last 5 years. The below studies focus primarily on the male presentation in the context of the male social landscape and explores both peer relationships and camouflaging as a strategy employed by males to navigate their social environments.

Carrington and Graham's (2001) study aimed to understand the challenges experienced by two autistic teenage boys and their mothers. Thematic analysis was used, and the interviews followed a semi-structured format. The first theme identified was the young males' difficulties in understanding, developing and interpreting social reciprocal relationships with their peers. Another theme identified by the authors was how obsessions associated with autism can turn into a major handicap if not controlled and monitored appropriately.

The emergence of the theme of 'masquerading' was of particular interest. Both mothers reported their sons having strong emotional responses upon their return from school with one of the mothers commenting on her son's 'normal façade' along with his ability to mask his difficulties. Indeed, there is evidence suggesting that masking is associated with stress and this may lead to depressive symptomatology among adolescents with ASDs (Szatmari, 1991; Williams, 1995).

This is one of the first studies that provides preliminary evidence that young males do employ camouflaging strategies. Though, these were only accounts from mothers, who also acted as school advocates for their sons, and as such the boys' own lived experiences weren't fully explored. Due to the small study sample, the results cannot be generalised for all autistic young males.

Carrington et al. (2003) conducted a subsequent qualitative study examining the perception of friendships in four males and one female autistic adolescent in a school setting. The researchers employed thematic analysis and the interviews followed a semi-structured format. Five major themes were identified: understanding of notions or language concerning friendships, descriptions of what is a friend, what is not a friend, what is an acquaintance and employment of masquerading strategies to cope with social difficulties.

The results revealed that these young people appeared to have very limited insight into what constitutes a friendship and presented with difficulties to use and understand the language to describe associated issues. Overall young people were more able to describe what is not a friend, as opposed to what a friend is. The participants didn't seem to comprehend the notion of reciprocity in a friendship.

Special interests were demonstrated in this study (Carrington et al., 2003). Three out of five participants said that their best friendships were revolving around computer and computer games. Relevant research suggests that autistic teenagers' friendships are usually centred on special interests such as computers and video games (Church et al., 2000).

Again, one way of coping with their social difficulties was 'masquerading'. Autistic young people may be aware that they do not fit in and try to mask their difficulties. One male participant believed he had many friends, and another young male demonstrated his need for interaction by a fictional account providing an extensive list of friends. Another student described having a large number of friends because he could talk to anyone.

Although participants named friends and discussed activities they were engaging in, the authors were speculative about the nature of these disclosures. This finding was in line with evidence from a study suggesting that half middle school autistic students described having a best friend. However, this friend changed from time to time and the relationship was perceived by others as superficial (Church et al., 2000).

The authors (Carrington et al., 2003) acknowledged that on one occasion the interviewer had to present the interview questions as sentences for completion instead of verbally due to a participant's difficulties with understanding. Also, the researchers had to provide constant prompts and rewording and the interview schedule included unknown words (e.g., the word 'acquaintance') to participants. All the above could have raised sensitivity issues. The study aimed to provide an understanding of the social worlds of autistic adolescents within their school setting leaving the wider social background of autistic individuals unexplored. In both of Carrington and colleagues' (2001, 2003) studies no further information about the participants' functioning was provided other than their ASD diagnoses. Both studies explored a small sample of participants, therefore, generalisation of the results cannot be offered.

The purpose of Humphrey and Lewis's (2008) qualitative research was to develop an understanding and inform the practice of the inclusion process of autistic students in mainstream secondary education. The researchers employed interpretative phenomenological framework for their results analysis. Twenty autistic students (aged 11-17) were interviewed by means of semi-structured interviews, pupil diaries and pupil drawings.

Their findings identified that the school was a significant cause for stress and anxiety for autistic students. Stress and anxiety in school was associated with difficulties in concentrating, noises and disruption, disliking subjects, exam pressure and the desire for privacy and refuge. Research evidence suggests that adolescents on the spectrum are more prone to develop higher anxiety levels when compared to their typically developing counterparts (Kim et al., 2000) or clinical control groups (Green et al., 2000).

Humphrey and Lewis (2008) found that the students' subjective experiences of their autism diagnoses were frequently negative such as 'being different', 'not normal', 'having a bad brain', 'being odd or a freak' and 'having a mental syndrome'. That links with evidence suggesting increased levels of vulnerability to depression following social comparisons in verbally fluent autistic adolescents (Hedley & Young, 2006). The authors discussed these findings by drawing parallels with the tendency to pathologise ASD individuals whilst there is ongoing debate as to what constitutes an appropriate definition of ASD (Baron-Cohen, 2002; Molloy & Vasil, 2004). There is a tendency of seeing the characteristics of ASD as a 'difference' rather than a 'disorder' (Baron-Cohen, 2000).

The authors further made connections between these negative perceptions and the development of negative self-concept in autistic individuals. A subset of pupils for whom autism was part of ‘who they were’ exhibited a more successful process of integration of their diagnosis into their identity (Humphrey & Lewis, 2008). The study also revealed themes related to severe and regular bulling incidents inclusive of name calling, teasing and sometimes reaching the point of violent attacks. These findings are in line with evidence suggesting increased vulnerability to bullying and victimisation in young autistic people (Rowley et al., 2012).

Exploitation by peers possibly due to issues related to social naivety was also reported. It seemed that the students were frequently used by their peers for exploitative purposes. Seeking friendships combined with difficulties in social communication and understanding nuances in social interaction made the pupils an easy target. The researchers discussed the results both as challenges and opportunities at educational settings. Indeed, there is evidence to suggest that individuals with special needs are at increased risk to be bullied by their peers (Norwich & Kelly, 2004). This coupled with the difficulties in the spheres of social communication and interaction place young people on the spectrum at greater risk for bullying. In the short term, this leads these pupils to experiencing feelings of social isolation (Bauminger & Kasari, 2000). In the long term, research on bullying suggests increased mental health and emotional well-being problems (Schafer et al., 2004).

Some support from peers was also reported but only to a smaller scale. The above results were seen under the light of the need for development of strategies to promote peer support and understanding (see Cowie & Wallace, 2000). For example, it has been suggested that the social naivety might be addressed through tailored interventions such as social stories (see, Gray, 2005).

Another key theme that emerged from the students’ reports was a constant negotiation of the young peoples’ differences in the school context. That meant the students tried to assimilate and understand themselves in the context of a mainstream school in which they felt different thus expressing a desire to ‘fit in’. The students reported confusing messages in their attempt to integrate into their school’s social world. Sometimes the students felt they needed to adapt themselves in what was perceived as normal, thus compromising their identities. The authors argued that this idea correlated closely with the concept of ‘masquerading’ (Carrington & Graham, 2001; Carrington et al., 2003).

In relation to methodological considerations, Humphrey and Lewis (2008) didn’t provide sufficient information regarding the study’s inclusion and exclusion criteria. There was no information about any co-existing mental health difficulties and the ASD diagnostic information was limited with participants only being referred as having AS. Only five out of the twenty participants recorded their full diaries, therefore, the results acquired via the diaries were not equally distributed across the study sample.

Jones and Meldal’s (2001) qualitative study examined the first-hand accounts of five autistic individuals. The researchers employed a grounded theory approach and analyzed data from five web pages of autistic individuals posting their autobiographical stories on the web. Their analysis suggested that other autistic people acted as a supportive community and the internet was a means to develop and sustain social relationships. An awareness of individual difficulties with social relationships along with descriptions of efforts to ‘fit in' by trying to role-play being non-autistic were identified. The employment of such strategies was hardly effective but provided indications of an awareness of the existence of social rules by autistic individuals as well as their desire to conform to them. The authors argued that their findings challenge commonly held assumptions that autistic individuals have limited interest in social relationships.

It should be noted that the above research was focused on websites which claimed to be written by autistic individuals. However, it was impossible for the authors to verify this. Furthermore, due to the source of data collection no verification of autism diagnosis and demographic features such as age and gender was made.

In their study Daniel and Billingsley (2010) explored how seven preadolescent and adolescent autistic boys (10-14 years old) form and maintain relationships. The researchers employed an interpretative phenomenology framework. Medical professionals and psychologists diagnosed the boys prior the study. The diagnosis was also confirmed by the multidisciplinary school team. Data were gathered via means of repeated semi-structured interviewing of the boys, their parents and educational staff, field notes and documents reviews. Themes emerged from data analysis were related to having friends, challenges in establishing friendships, sharing interests, transitioning and friendship stability.

Establishing friendships was reported as the most difficult aspect of having friends and this was associated with difficulties in identifying who might be a suitable prospective friend, initiating invitations for friendship, trying to avoid bothering others and having a desire to protect themselves in terms of avoiding possible exploitation.

In terms of maintaining friendships, the sharing of interests and engagement in mutually enjoyable activities was a central issue reported by all the participants. In line with this, there is evidence suggesting that boys tend to characterise friendships in terms of shared activities (Pollack, 1998; Shulamn et al., 1997). Moreover, shared interests have been suggested to transform acquaintances into friends (Asher et al., 1996; Hartup, 1993; 1996). Five out of six boys reported having stable friendships that have endured for several years. This evidence was in contrast with previous findings suggesting autistic young people having fewer stable relationships when compared with young people without social disabilities (Bauminger & Shulman, 2003; Carrington et al., 2003; Church et al., 2000).

This study provided rich and detailed accounts by multiple informants in relation to the formation and maintenance of friendships and social relationships of autistic boys. The study included boys both of preadolescent and adolescent ages, therefore, the general claims made by the authors could possibly be reflecting developmental differences.

Huws and Jones (2015) used semi-structured interviews with six males and three females on the spectrum, who attended a specialist college, exploring perceptions of their diagnosis. Interpretative Phenomenological Analysis (IPA) was employed and a superordinate theme of making comparisons was identified comprised of subthemes such as changes over time, degrees of autism along with degrees of abilities.

The participants reported having developed their socialisation skills over time as they became more socially aware and more able to form and maintain relationships with others. However, two participants felt they were able to achieve this through behaving in ways they felt others might view as more socially appropriate. This line of evidence suggests that autistic individuals present with an awareness of social rules and the need to conform to them, possibly suggesting employment of masking strategies. The participants also perceived themselves to be more fortunate due to their heightened skills when comparisons have been made with people who were not on the spectrum.

Relevant evidence by Wilson and Ross (2000) suggests that in typically developing young people, the young people's comparisons to their past identities are rewarding because their evaluative factors are likely to have improved due to age and experience. This may have an application for autism as there is evidence of better outcomes in adults linked to the core symptomatology of autism such as in social interaction and communication abilities (Fein et al., 2013; Howlin et al., 2004; Mesibov & Handlan, 1997; Volkmar & Wolf, 2013).

When talking about their peers, as well as, about autistic and non-autistic people, the participants reported others as being 'worse off' than themselves (Huws & Jones, 2015). These accounts potentially reflect how autistic individuals compensate for differences they might view as stigmatising. If the participants perceived their autism as being less severe when compared to others, this might help them have a positive identity of themselves as opposed to the negative lay perceptions sometimes conveyed to them by the general public (Huws & Jones, 2010; Sarrett, 2011). The authors further argued that if self-concept development is dependent on viewing others as being worse off, this may reinforce autistic youth to develop an unrealistic self-concept and self-esteem. The authors propose that this needs to be addressed in individual therapy as an attempt to recognise and accept that there are people who can be different and or similar with them and that is equally acceptable. This has direct implications for clinical practice regarding enhancing the recognition of the diversity inherent in the human condition (Blackledge & Hayes, 2006; Steiner et al., 2012).

2.6 Rationale for researching the young male presentation

The discussed literature review provides emerging, yet sporadic, evidence to suggest that autistic male adolescents employ camouflaging strategies during their social interactions with peers and friends (Carrington & Graham, 2001; Carrington et al., 2003; Humphrey & Lewis 2008; Huws & Jones; 2015). However, there is paucity of research exploring first-hand accounts of male adolescents with ASD Level 1 diagnosis. These individuals have both the intellectual abilities and verbal skills to provide in depth first-hand accounts regarding their lived social experiences. Such accounts would hopefully further enhance the understanding of camouflaging in the context of the autistic male social landscape, which is of particular importance given the fact that social communication challenges in autistic individuals contribute to mental health problems such as anxiety and depression (Muller et al., 2008). Little is known about autistic male adolescents and the impact of camouflaging on their mental health, self-identity, and well-being during this critical period.

The rationale of researching camouflaging in autistic adolescents can be two-fold. Firstly, adolescence represents a critical developmental stage that is crucial for identity formation and sense of belonging (Erickson,1980). This is particularly important when considering the impact of camouflaging on self-identity alongside the discussed associations with poor mental health. Secondly, adolescence can be considered as the threshold to transitioning into adulthood, which is linked with important issues such as employment, romantic relationships, general adjustment, well-being, and quality of life. Lai et al. (2017) have proposed that investigation into autistic children and young people is necessary to identify links between anxiety and camouflaging at these critical ages. The developmental course of camouflaging remains largely unexplored and further investigation from a qualitative point of view has been identified as an important area of future research (Tierney et al., 2016; Lai et al., 2015).

As previously discussed, autistic young males present with more externalising difficulties during their social interactions compared to girls. Due to described gender differences in socialisation, communication, behavioural and play styles, camouflaging in boys may pass unnoticed or it may be assumed that they camouflage less which is suggestive of current research. Moreover, relevant research into gender differences has shown that autistic males have increased levels of RRBIs compared to females (Lai et al., 2015; Hattier et al., 2011). Hence, males could possibly have additional motivation to manage these RRBIs via camouflaging within their social interactions. It’s noteworthy that camouflaging in males may also be shaped by different sets of expectations such as parental, educational and societal regarding what is like to socialise as an autistic young male when surrounded by NT peers.

Greater levels of camouflaging have been previously reported in autistic males when compared to females and this was associated with increased depressive symptomatology (Lai et al., 2017). Up to date, commonly reported strategies for boys to cope with peer difficulties include isolation, avoidance of socialising and withdrawal from school settings (Hiller et al., 2015). This makes camouflaging a significant area that needs to be explored further in autistic young males.

2.7 Research questions

This qualitative study examines the employment of camouflaging strategies by autistic male adolescents within the context of peer relationships and friendships across different settings. The main research questions are as follows.

How do autistic male adolescents experience their peer friendships?

How, if at all, do they experience the use of ‘camouflage’ in their social communication when interacting with peers?

Interpretative Phenomenological Analysis (Smith et al., 2009) was employed for the purposes of this study. An IPA study offers a unique opportunity for detailed first-hand experiential accounts. This research approach will hopefully provide an insider’s understanding of the nature and unique patterns of autistic male adolescents’ relationships and camouflaging, which is quite under researched.

2.8 Researcher’s personal reflexivity

According to Finlay (2002), personal reflexivity should begin at the very moment when a research idea is first conceived. Saw (2010) views reflexivity as an integral part of qualitative research as it allows scrutiny of the research and strengthens the credibility of the data. I will endeavour to demonstrate reflexivity throughout this study.

I am a 41-year-old white male who grew up in a Greek island, in a relatively closed community where differences were not very well tolerated. Following my studies in psychology, I found myself drawn to working with vulnerable populations such as autistic young people. Having worked with autistic young individuals since 2006 in both Greece and the UK, I have become particularly interested in giving them voice and options for further representation in society. Today as a counselling psychologist and researcher reflecting upon my personal motivations behind this project, I wondered whether this might have been related with how diversity was perceived while I was growing up.

I will now further describe my personal reflections during conducting the literature review and how my assumptions and motivations might have influenced the way I approached the literature which subsequently led to the formulation of my research questions.

When I started my doctoral training, I was working in a neurodevelopmental CAMHS service. During my time at this post, I became fascinated by verbally fluent autistic individuals without intellectual difficulties. I was struck by the uneven profile between their general intelligence and the intensity of the difficulties they presented with when they had to navigate their social relationships. I have, therefore, become very interested in exploring from first-hand accounts young males' experiences and views on the matter.

During the initial conceptual preparation and literature review, I found that autistic individuals are underrepresented within the counselling and psychotherapy professions despite their increased levels of need. Furthermore, I realised that the autistic population has been described 'as difficult to research' and most of the research on ASD came from a quantitative research orientation assuming positivistic epistemological standpoints. These findings inevitably led me to invert some questions towards myself. Where did I position myself in relation to the area of my intended research considering the above parameters?

I have therefore developed additional motivation and interest to explore the views and lived experiences of young males on the spectrum by having their first-hand accounts. I knew I was entering a demanding and potentially challenging area of investigation, but I welcomed the challenge.

Having an undergraduate degree in psychology and a MSc in neuroscience alongside with significant clinical experience working with autism I felt that I was somehow 'embedded' within a narrative of over-focusing on the biomedical models of autism. Indeed, this was not a satisfying position to be in.

By constantly acknowledging this, I assumed a ‘curious stance’ towards conducting my literature review. I have often challenged myself by trying to balance evidence from both quantitative and qualitative research studies in way that both sides were represented whilst distancing myself from primarily ‘positivistic’ approaches to knowledge. I felt I needed to do justice and provide direct experiential accounts from those directly affected by the condition. I hope that I have engaged in a constructive dialogue of complementarity when critiquing quantitative and qualitative studies.

METHODOLOGY CHAPTER 3

Overview

This chapter outlines the aims and research questions (RQs) of the study followed by a summary of IPA's core epistemological assumptions and the researcher's ontological positioning. The researcher's position towards data analysis is then discussed together with the methodological steps taken to ensure his reflexivity throughout the process. The research materials employed, recruitment process, and procedures conducted are explained. An assessment of the quality assurance and validity of the study follows. The chapter ends with the rationale as to why IPA was chosen to address this study's RQs compared to other qualitative and quantitative approaches.

3.1 Method

3.1.1 Aims and objectives

Purpose of this research study was to address the following RQs.
How do autistic male adolescents experience their peer friendships?
How, if at all, do they experience the use of 'camouflage' in their social communication when interacting with peers?

3.1.2 Interpretative Phenomenological Analysis and core epistemological assumptions

Interpretative Phenomenological Analysis (IPA) was employed as the qualitative methodology for the present study (Smith et al., 2009). The benefits of this approach include the acknowledgement of the participants' 'expertise' of their own personal world and that it addresses the researcher's influence throughout the research process. These benefits allow room for reflexivity as the researcher is aware of this dynamic interplay and keeps in mind that he cannot fully eliminate inherent biases (Smith & Osborn, 2003).

According to Smith and Osborn (2003), the aim of IPA is "to explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events hold for participants” (p.53). IPA is concerned with the meanings of these lived experiences and how participants are making sense of them. IPA has theoretical foundations in phenomenology, idiography and hermeneutics (Smith, 2011).

Phenomenology as a philosophical movement was primarily concerned with lived experience (Smith, 2011). The founder of phenomenology as a philosophical current was Edmund Husserl. Husserl’s core philosophical basis was that if we want to examine and comprehend our lived experiences, it is crucial to step back from our usual inclination to take things for granted. He, therefore, proposed to employ a ‘phenomenological attitude’, that is to take methodical steps in a process of phenomenological reduction. In this context reduction means, a ‘leading back’, or redirection of thoughts that are unreflective and unexamined to the way in which the world manifests itself to us (Shinebourne, 2011).

IPA is strongly concerned with meaning and as such, it holds a strong hermeneutic commitment. For IPA, meaning making is conceived at the level of the person in context (Larking & Thompson, 2012). IPA holds a strong interpretative component. According to Smith (2004), “the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world” (p.40). Smith refers to this as ‘double hermeneutics’ (Smith, 2004). Therefore, the major challenge for the researcher conducting IPA is to be able to be critical and reflexive regarding how their pre-understandings influence their research process (Shinebourne, 2011).

Ricoeur (1970) suggested a distinction between two levels of interpretation: the hermeneutics of empathic engagement as opposed to the hermeneutics of suspicion and critical engagement. Smith (2004) bridged the conflict between these two levels of hermeneutics by suggesting that both can contribute to a closer understanding of the participants’ lived experiences (cited in Shinebourne, 2011).

Another major epistemological assumption is the IPA’s idiographic approach to analysis. The aim of an idiographic approach is in-depth focus on the particular rather than making formulations of objective accounts (Brocki & Wearden, 2006). This commitment offers a detailed and finely textured analysis (Shinebourne, 2011).

3.1.3 Phenomenological approach to data analysis

In this research study I applied a phenomenological approach to analysis to enable each participant's unique voice to be heard in line with the idiographic focus of IPA. Phenomenological research is concerned with understanding the meanings of first-person accounts of lived experiences. Due to this, phenomenology places the emphasis on the participants' subjective experiences of the world and the exploration of 'experience' in its own terms (Smith et al., 2009).

As this research study is concerned with gaining in-depth understanding of the respondents' lived experiences of social relationships and camouflaging, the researcher will be attempting to allow as much as possible for their voices to be heard with minimal interference. As such, participants will be treated as the experts in their own lived experiences, or as previously described as "co-researchers" (Moustakas, 1994, p.110). Assuming a phenomenological approach to this study will hopefully provide an insider's perspective on how autistic young males make sense of their personal and social worlds during their interactions with friends and peers.

3.2 The researcher's role in this study

3.2.1 Ontological positioning

By strongly adhering to the above epistemological assumptions, the researcher will be making claims about the participants' realities which is a very challenging territory, indeed. In attempting this, the researcher aims to tentatively interpret the participants' and, inevitably, his own perception of 'realities' from a critical realist's ontological perspective in line with IPA's core phenomenological assumptions.

Critical realism holds the perspective that reality exists despite our perceptions of it whilst acknowledging that there cannot be direct access to it (Bhaskar, 1978). The researcher admits that the participants' stories and lived experiences are both unique and real for them. As such, research data need to be interpreted for the researcher to understand the structures that produce the phenomena of which he is trying to gain a deep understanding, knowing that he cannot fully access the participants' realities (Willig, 2013). This can only be attempted via the researcher's interpretative work, which allows for reflexivity and transparency by explaining how the researcher might have influenced the research process and what steps he has taken to minimise such an influence.

3.2.2 Personal reflexivity during interviewing and data analysis

My personal ideas on reality and on the nature of being, as well as, what it means for me to know something, exert great impact upon this qualitative research. I believe both are closely related and intertwined (Etherington, 2004). I also believe that there is not one given truth out there, but rather multiple, yet incompatible and different layers of truth. I further believe that the interpretation of my and others' truths, and, subsequently, the meaning making generated is affected and shaped by my personal histories and experiences. I am aware that meaning making and interpretation are highly subjective acts. Holding these ideas in mind during this research enabled me to gain a deep understating of IPA's double hermeneutic.

It is of vital importance, for me as a researcher to examine the way I have influenced the research process via my engagement in reflexivity (Finlay, 2002).

I herein state how my preconceptions might have influenced the way I conducted the interviews and ultimately the analytic processes:

I assumed that autistic young males might be struggling with their peer friendships as this is documented in the literature review.

I expected that some autistic young males despite their intellectual abilities would struggle to clearly express themselves when exposed in new and unfamiliar situations.

I expected that to a certain degree it would be hard to interview autistic young males as they have been traditionally described as a 'hard to research' population due to social and communication difficulties associated with an ASD diagnosis.

I have constantly tried to be reflexive throughout this study by adhering to relevant reflective practices as described in detail below.

First of all, I kept a reflexive diary after interviewing each participant. In this diary I recorded my thoughts and feelings as well as any difficulties encountered during the interview process. By being mindful of my own internal states I think I have been able ‘to bracket them off’ as much as possible. Therefore, this has hopefully allowed the participants to tell me their stories with the least potential interference. For samples of post interview reflexive diaries, please, refer to Appendices 3 and 4.

Prior to interviewing new participants, I was reading my diary as a means of reminding myself of these assumptions with the scope of preventing them from clouding my stance as a researcher. This was a rather challenging position as I was simultaneously working as a clinician in the team, I recruited participants from. The participants were explicitly told that the interviewing was being conducted for research purposes as part of my doctoral training and as such there was no therapeutic intent. Furthermore, in order to avoid any confusion and conflict of interest, young people that I have had any clinical contact with prior and during the study were automatically excluded. Similarly, I was aware that I was interviewing respondents in the very same CAMHS clinic where they attended routine mental health appointments. I was, therefore, mindful of the environmental impact this might have had when they were telling me their stories (i.e., favouring certain answers or avoiding others). I always reminded them that I was interested to hear their stories and that there were no wrong or right answers whilst keeping an open eye for any signs possibly suggesting they were getting unduly distressed.

I often needed to remind myself that I was acting as a researcher and I had to take off the ‘clinician’s hat’ and ‘neutralise’ this role. At times I found myself having the inclination to respond to the participants as a counselling psychologist rather than as a researcher. This required conscious effort on my behalf to avoid doing so and would have been impossible without assuming a reflexive stance. I tried to remain as neutral as possible as, according to Kvale (1996), offering any feedback during the IPA research interviews is discouraged (cited in Smith et al., 2009).

When the participants struggled to describe their experiences instead of me making assumptions about their abilities or difficulties to engage, I repeated words already used by them to facilitate the interview by keeping them talking whilst attempting to avoid unduly directing them. I allowed participants additional time to process questions and I rephrased any questions when necessary. Using my reflexive diary enabled me to follow the participants’ lead and minimise my preconceptions.

I have made active use of supervision and all interpretative claims I have offered were reviewed by my supervisor assuming an ‘open’ and ‘transparent’ position towards my analysis and discussion sections. I have tried to the best of my abilities to treat each new participant individually despite any similarities or differences in presentation during the interview by entering each interview as a ‘naïve’ researcher while respecting each participant’s’ uniqueness. When analysing the interviews, I was aware from the outset of the potential impact the analysis of each interview might have on to another. I, therefore, used my reflexive diary alongside my notes and re listened the audio interview files. This allowed me to bring the interview’s psychological climate to the surface while looking at each case individually in line with IPA’s idiographic focus of analysis.

As a male myself, I have always valued the importance of forming and maintaining strong friendships since my school years with some of them extending up to date. These friendships have always been a source of support at critical times and every time I had the opportunity, I reciprocated that support with pleasure. I wondered what was like for the respondents to make friends and socialise and what challenges they might have faced with their friends. I was mindful that the way I was conducting the interviews might have been inevitably shaped by my personal background and experiences. Through adherence to reflexivity and ‘bracketing off’, I hope I have avoided contaminating their stories and I further hope that my presence allowed their stories to emerge.

Due to the open-ended nature of the RQs and my flexibility, a new question was added to the interview schedule which led to the emergence of a theme entitled ‘online interactions’. This would have been impossible if I were to use the interview schedule strictly or if I were to unduly lead the participants during the interviews. In that sense, through reflexivity and flexibility during interviewing there was an element of co-construction of the interview schedule through participation.

A methodological point merits description at this stage. The ‘autistic’ diagnostic label can be seen as a construct that is positioned and situated within specific social, historical, economical, medical and political powers. The interplay of all the above powers, makes the process of ‘interpreting’ a highly sensitive and cautious act. I have therefore treated any ‘empathy’ difficulties as located within the interaction between myself and the participants’ rather than considering this positioned just within the young men. The resulting ‘double hermeneutic’ can be seen as the interpretative act between myself (non-autistic) and the participant (autistic) accepting all the challenges this interaction might have generated. Researching this population would have been impossible without assuming a reflexive attitude throughout the research process.

As I have previously been in personal psychodynamic psychotherapy, when I was analysing the data, I was mindful not to offer any psychotherapeutic interpretations that were not grounded in the interviews. Last but not least, my group of university peers were also an invaluable source of support in terms of exchanging views and experiences of interviewing participants’ reflectively.

3.3 Participants (inclusion and exclusion criteria)

All participants were recruited from South London and Maudsley National Health Service Foundation Trust’s Children and Adolescents Mental Health Services Neurodevelopmental Service (SLAM NHS CAMHS NDS) where the researcher worked as a clinician for half of the recruitment period.

The study was initially presented in one of the weekly multidisciplinary team meetings by the researcher. Clinicians of the multidisciplinary team were asked to identify young people as potential participants with inclusion criteria being males, between 12-18 years of age, fluent in English, aware of their ASD diagnosis and with mild to moderate mental health difficulties only. Young people with severe mental health difficulties, youth offending, and substance misuse issues were automatically excluded. It is noted that all recruited participants had an AS diagnosis which is now subsumed under the ASD label. As already discussed in chapter 1, the term ASD Level 1 will be employed in line with current diagnostic classification.

Fifteen potentially interested participants were approached individually during routine appointments by clinicians following that briefing. Out of these, eight young people consented to participating in the study. All recruited participants were males, fluent in English, 13-17 years of age (participants were on average 14.7 years old) and aware of their ASD diagnosis. All recruited participants had an open referral with CAMHS and were receiving support for mild to moderate mental health and/or behavioural challenges in the context of their ASD diagnosis. All recruited participants resided in South London, were registered with a local GP and were attending mainstream secondary school education with two of them attending music schools. Half of them identified as White British and the rest identified as Black British, Mixed British and Indian British. Table 1 below summarises participants' demographics.

Table 1: Participants' demographics

Participants*	Age	Ethnicity	Education	Diagnosis	Other
01: Thomas	15	Indian British	Mainstream	Asperger Disorder	CBT for anxiety
02: Jake	17	Black British	Transitioning to college	Asperger Disorder	CBT for anxiety **Mum attended the interview **Was wearing a hat
03: Nick	13	Mixed British	Mainstream	Asperger Disorder	Psychological sessions for emotional regulation
04: Ashley	15	White British	Mainstream	Asperger Disorder	CBT for low mood and anger Identifies as gay **Was wearing sunglasses
05: Mark	14	White British	Music boarding school	Asperger Disorder	Anxiety
06: Bob	14	Mixed British	Mainstream	Asperger Disorder	Low mood ** was fiddling with a toy
07: Peter	15	Indian British	Mainstream	Asperger Disorder	Anxiety
08: Sebastian	15	White British	Music school	Asperger Disorder	Anxiety

*All participants' names have been pseudonymised to ensure anonymity

**The researcher allowed these special requirements respecting the participants' wishes

3.3.1 Rationale for decision over number of recruited participants

Consistent with IPA’s principles the sample was small, purposively selected, relevant, and homogeneous. A small sample is linked with the in-depth study of one particular phenomenon. Smith et al. (2009) proposed that four to ten participants are sufficient for a professional doctorate thesis. The elements of relevance and homogeneity refer to the similar characteristics shared by the participants to permit in-depth exploration of a phenomenon and subsequent generation of appropriate connections at an idiographic level (Smith et al., 2009).

3.4 Materials

With regard to data collection, a semi-structure interview protocol was developed. Furthermore, an audio recording device and a laptop both privately owned by the researcher were used. These materials were password-protected, and the researcher was the only person having access to them.

3.4.1 Overview of the interview protocol

The semi-structure interview protocol explored participants’ experiences of social relationships with friends and peers and further investigated the employment of camouflaging strategies during those interactions. More specifically, the opening part of the interview schedule (first two questions) aimed to ease participants into the interview, to build rapport and to provide the space to freely talk about their friendships and online socialising. The next questions were concerned with whether young men used any strategies when making friends and what challenges they might have experienced during social interactions. The next set of questions explored what was working well and what was not working well in terms of the boys’ social relationships. The final question explored potential experiential accounts of camouflaging during social interactions with friends and peers.

The interview protocol is outlined below, and Appendix 5 provides the full interview schedule including prompts and probes.

3.4.2 Semi-structured interview schedule

A. Opening

1. Can you tell me about your friends?
2. Do you have a best friend(s)? Please feel free and talk to me about them (him/her).
3. Do you socialise online? Can you talk to me about your experiences?

B. Friendships

4. How do you make friends? Do you use any strategies to make friends?

C. Challenges and issues

5. Is there anything you feel is preventing you from socialising with your peers?
6. Please take a moment and think of the last time that you had an argument with your peers. Can you describe me your experience?

D. What’s working/not working

7. Can you describe me what things are working well with your friends?
8. Can you tell me about what things are not working well with your friends?

E. Masking and camouflaging

9. Sometimes people when they are making friendships feel they need to present a certain image of personality that is not really who they are. Have you noticed that?

3.4.3 Development of interview protocol

The semi-structured interview protocol used in this study was developed through engagement with relevant literature as critically appraised in the previous chapter. The interview questions were developed in consultation with the researcher’s supervisor who had the oversight of this study. The main emphasis of the interview protocol was placed on how young men experience their social relationships with peers and friends as well as the potential use of camouflaging strategies.

After having interviewed the first two participants, the researcher sought supervision to review the interview schedule as from a participant’s ‘unexpected turn’ the researcher added a question to the protocol relating to online socialising. Smith et al. (2009) describes ‘unexpected turns’ as the aptitude to reveal unanticipated phenomena during the interview process. This wouldn't have been possible if the researcher was strictly following the initial interview schedule. Assuming a reflexive and curious stance enabled the researcher to use the interview protocol dynamically giving rise to a new theme following the participants' lead.

3.4.4 Rationale for employment of a semi-structure interview protocol

All research data were collected via semi -structured interviews. The researcher included relevant prompts and probes as these were of paramount importance, given the communication challenges of this study population. The researcher used open-ended questions as navigation for the interviews rather than imposing on the participants his own agenda. The researcher considered that the most suitable method of data collection was the employment of a semi-structured interview protocol. Smith et al. (2009) suggests that interviews offer room to develop rapport with the participants which, in turn, offers the opportunity to gain a finely textured and in-depth understanding of their thoughts, feelings, and experiences.

3.5 Steps to data analysis

In line with IPA's six-step analysis proposed by Smith et al. (2009), the researcher analysed the interview data as described below.

Step 1: Reading and re-reading of each transcript individually

In line with IPA's idiographic focus and in-depth analysis of particular cases, the researcher read and reread the interview transcript for each participant separately until he 'immersed' himself with each interview transcript. To achieve further immersion the researcher listened again to the recorded interview to bring back the atmosphere of the interview while reading his reflexive diary. The researcher read the interview transcript as many times as necessary until he wrapped himself up with the corpus of the data (Eatough & Smith, 2006).

Step 2: Initial noting of descriptive, linguistic, and conceptual elements

The next step involved the researcher re-reading the transcript and underlying phrases and/or words that grasped his interest. This led to generating corresponding comments for each transcript. All interview transcripts were printed in the center of A4 pages leaving left- and right-hand margins for subsequent use by the researcher.

The researcher used the right-hand margin to make comments regarding descriptive and linguistic elements. The comments at this stage were primarily involved with paraphrasing, summarising and making preliminary interpretations.

Step 3: Development of emergent themes

The researcher then used the left-hand margin to create titles for the emergent psychologically conceptual themes considering the notes he had already made on the right-hand margin. A table was then produced for each participant placing all emergent themes in a chronological order of appearance (left-hand margin) allowing for the themes to be traced back in the interview transcripts, as shown in Appendix 6.

Step 4: Searching for connections across emergent themes

This step relates on how the researcher thought the themes fit together based on the table of chronological order mentioned above. In order to organise and draw together the emergent themes the researcher created a new table for each participant. In this table, themes were clustered according to similarities and differences, convergences and divergences. This process was based on inductive reasoning to facilitate movement from the general to the specific in relation to the RQs. This new table provided an overall structure of the more important aspects of each participant's interview in line with frequency of appearance and relevance to the RQs. All eight tables of emergent themes are provided in Appendices 7-14.

Step 5: Moving to the next transcript

This step involved moving to the next participant's transcript and repeating the same process. The researcher reiterated the exact process (steps 1-5) for all participants' interview transcripts separately for the whole data set.

Step 6: Looking for patterns across all cases

At the final stage the researcher laid all eight tables out on a large surface to have a visual map of the emergent themes to help him make better sense of the data up to this stage. The researcher looked across all eight tables to identify patterns of similarities and differences, divergences and convergences across them. Sometimes themes were acting as magnets pulling other themes towards them (convergence) whereas some other times they were moving away from each other (divergence).

The researcher dropped all the themes that didn’t have sufficient claims to be included in the master table or that were not relevant to this study’s RQs.

For any theme to qualify for entry to the master table it needed to appear in at least half of the study sample, i.e., four participants. For further information on how the data were organised, please refer to Appendices 15 and 16. Moreover, a table with analysed themes across participants with corresponding key extracts was developed (see Appendix 17 for a sample table). As a result, the researcher developed a comprehensive master table with five superordinate themes and their 16 corresponding subordinate subthemes in total as presented in the analysis chapter.

The researcher tried to stay close to the above step-by-step approach of doing IPA. It should be noted that IPA is not prescriptive in nature and provides a set of flexible guidelines (Eatough & Smith, 2006). Appendices 18 and 19 provide information on the symbols used during the transcription and a sample of an analysed interview, respectively.

3.6 Procedure

3.6.1 Recruitment

The study and its aims were presented in a multidisciplinary team meeting by the researcher and interested participants were initially identified by his clinical colleagues during routine appointments. Interested participants were briefly introduced to the study by the clinicians and were handed information sheets describing the study and what their participation would entail. Interested participants were told that this study’s aims were to find out what making friends is like for them as well as to further explore potential challenges they might experience with their friends. Three different versions of information sheets were used: information sheet for parent/carer (Appendix 20), information sheet for young person aged 12-15 (Appendix 21) and information sheet for young person aged 16-18 (Appendix 22). Following discussion with their clinicians, interested young people and their parents/carers were asked to sign a form expressing their interest and agreeing to be contacted by the researcher to further explain the study in more detail. For this purpose, two forms were provided: one for the parent/carer (for children aged 12-15) and another one for young people aged 16-18 (Appendices 23 and 24 respectively).

When the researcher received the signed expression of interest forms, he phoned parents and interested participants to introduce himself, answer any questions they had about the study and ascertain whether they were in verbal agreement to participate in the study. Following the telephone conversation, all interested young people and their parents/carers were sent relevant forms to obtain written consent to participating in the study. Three different consent forms were used for the purposes of this study: one for parents/carers (of children 12-15), one for young people 16-18 and an assent form (for children 12-15) as shown in Appendices 25, 26 and 27. These were returned via their allocated clinician or directly to the researcher prior to the interview. Upon receipt of the signed consent and assent forms, participants were phoned by the researcher to arrange a date for the interviews at their local CAMHS clinic.

3.6.2 Interviews

Eight participants were interviewed individually by the researcher in the CAMHS NDS community clinic. All interviews took place in a quiet room in the CAMHS clinic free from disruptions. On the interview day the researcher introduced himself in person to both parent/carer and young person and thanked them for agreeing to participate in the study. Then the researcher went over the information sheet with the young person and their parent/carer. The researcher explained to each participant that he would be asking questions about what making friends has been like for them and about what challenges the participant might have experienced with their friends and peers. The participants were provided with opportunities to ask questions and it was emphasised that their participation was voluntary and that they had the right to freely withdraw without any adverse outcomes at any time and up to a week after the interview. The researcher explained that all their responses were going to be audio recorded. The participants were made explicitly aware that participation in this interview was for research and not clinical purposes.

Participants were also reminded that they had the right not to answer questions they didn’t feel comfortable with. Participants were offered the option to take a break at any time during the interview if they wished. The researcher explained the limits of confidentiality and data management process as described in the information sheets. Then the researcher checked with parents/carers and young people that all informed consent and assent forms were signed and dated as appropriate. A copy of the signed consent form was given to each participant for their records. Parents were then requested to leave the interview room and wait in the reception area for the duration of the interview. The researcher checked with the young person if they were ready to start the recording and he started the interview.

The interviews lasted between 20-40 minutes and were audio recorded. The researcher made all efforts possible to meet any special requirements the participants might have had in line with the principles of participatory research in autism (MacLeod, 2019). For example, one participant asked to be interviewed in the presence of his mother and this was agreed based on the understanding that she wasn't to intervene during the interview. Another participant was wearing sunglasses and another one was fiddling with a toy. The researcher accommodated for these respecting the participants' wishes and potential sensory sensitivities. The researcher allowed time for participants to process questions posed and rephrased questions when necessary.

Upon completion of the interview, participants were debriefed by the researcher who thanked them and asked them if they had any questions related to the interview. A debrief sheet was provided to each participant (Appendix 28). Finally, the researcher gave a £10 book voucher to each participant to thank them for their time and participation. All the above steps were followed by the researcher for each of the participants in the exact same order.

3.7 Data recording, management, and storage

All participants' interviews were audio-recorded on a password protected digital sound recorder device by the researcher. The audio material was then transcribed verbatim by the researcher on his password protected laptop with him being the only person who used both the laptop and the digital audio recorder. All participants' research data were pseudonymised and given a number during the transcription process. The participants' anonymity was fully and always protected, and their data were treated with the strictest confidentiality. All the pseudonymised interview transcripts were safely locked and stored in a locked cabinet at the researcher's home address. After the submission of the research thesis, the interview material was safely destroyed with the audio material being deleted, and the written transcripts shredded. London Metropolitan University retains an electronic copy of the analysed anonymised interview transcripts, according to the University's policy.

All personal information collected for this study (i.e., consent/assent forms and expressions of interest forms) were stored at a secure locked cabinet at the NHS office for six months after the end of the study and were safely destroyed in the NHS office. All data management processes were clearly described in the study information sheets.

3.8 Quality assurance

Yardley (2000) describes the following principles regarding quality assurance in qualitative studies: sensitivity to context, transparency and coherence, validity, commitment and rigour. The researcher adhered to all those principles throughout this study as described below.

Sensitivity to context was exhibited throughout the analysis of the study's results where the researcher interpreted the participants' experiences carefully and respectfully using verbatim extracts as evidence to support his claims for the interpretations offered. The researcher employed tentative language during the interpretation to avoid what has been described as 'interpretative violence' (Willig, 2013; Teo, 2010). The employment of IPA for the purposes of this study provides context sensitivity 'through close engagement with the idiographic and particular' (Smith et al., 2009, p.180). Throughout this study the researcher adopted a pluralistic stance towards his research acknowledging the proposition that multiple and diverse interpretation of the data can be possible and inevitable. To acknowledge this, is for the researcher to conduct this study ethically (Willig, 2012). This is in accord with the CoP values of focusing on subjective experiences as well as on relational ways of being whilst attempting to shed light into human experience via paying close attention to an idiographic approach (Willig, 2013).

The researcher's zealotic perseverance was demonstrated throughout this study for over a period of five years having accepted a challenge to research a population traditionally regarded as 'hard to engage' (Lewis, 2009; Orsini & Davidson, 2013). It should be noted that the recruitment process lasted 15 months as the researcher decided to extend his recruitment period to ensure he had rich data for analysis. This demonstrates both commitment towards the research project and rigour in terms of strengthening the study's sample size. Undertaking a thorough idiographic analysis demonstrates rigour, as the researcher engaged with the data analysis not only at a descriptive but also at an interpretative level adopting a curious and empathic stance (Smith et al., 2009).

Transparency and coherence were demonstrated as the researcher offered a detailed explanation of how the research was conducted throughout all stages. For example, this was demonstrated through a detailed description of the recruitment process and of how the interview schedule was initially developed, reviewed, and implemented. Additionally, during the analytic process the use of quotes directly extracted from the interviews also contributed significantly towards the transparency of this research. The researcher made active use of supervision and all analysed interviews were submitted to his supervisor to be reviewed hence assuming and ensuring an open, transparent, and coherent position towards his overall research study.

3.9 Qualitative validity

Validity has been defined as 'the extent to which our research describes, measures or explains what it aims to describe, measure or explain' (Willig, 2008 p.16). All the analyses conducted for the purposes of the present study and the connections made by the researcher between the original transcripts and generation of themes have not received any external reliability by an independent researcher.

However, at all stages the researcher's supervisor had a close oversight of the analytic claims offered. Validity was further enhanced by the researcher's demonstration of reflexivity by constantly reviewing his own role and engagement during data gathering analysis and discussion. The trustworthiness of the analysed data was demonstrated by the researcher's adherence to reflective practices, such as his reflexive diary, 'bracketing off' his own preconceptions and analysis of all interviews at a deep idiographic level, as discussed in the 'Personal reflexivity during data analysis' section. The researcher also kept a detailed paper trail from the interview data that provides evidence that all interpretations offered were grounded in empirical data.

3.10 Ethical considerations and approvals

Before any research activity took place, this study was granted relevant authorisations. The study was approved by London's Metropolitan University's ethical committee (Appendix 29). The researcher recruited from a NHS service and due to this, he had to justify his research project in person before a Research Ethics Committee (REC) resulting in receiving a favourable opinion (Appendix 30). After scrutinisation by the REC, the researcher, subsequently, received a letter of approval from the Health Research Authority (HRA) as shown in Appendix 31. Following these approvals, the researcher was ready to embark on his recruitment process. All materials used in this study were scrutinised by both the REC and HRA and following minor amendments, they were approved as appropriate for the purposes of this study. For all amendments, please refer to Appendix 32 (email exchanges).

Furthermore, indemnity insurance was in place by London Metropolitan University (Appendix 33).

3.10.1 Mitigation of ethical issues

In order to address the ethical parameters inherent in this research and in line with the British Psychological Society's (BPS) code of human research ethics guidelines (BPS, 2014), the researcher has mitigated the risks as follows.

3.10.2 Informed and valid consent

The study participants were 12-18 years of age with a diagnosis of ASD, thus considered as young people belonging within a vulnerable population. Due to this, the researcher has sought consent via written means from both parents/carers and young people following explanation of his research in a clear and accessible manner. The researcher further provided the participants opportunities to ask any questions they might have had about the study. Prior to the interview, the researcher reiterated to the participants their right to freely withdraw with no adverse outcomes.

3.10.3 Risk assessment and management

A prior assessment of potential risks was reflected by the researcher's inclusion criteria. The researcher had in place a distress protocol as a precaution to deal with the possibility that some participants may become distressed and/or agitated during their interview (Appendix 34). This protocol was devised in case of emergencies, which could not be foreseen. It should be mentioned that there was no need for the researcher to use the distress protocol as none of the participants became distressed during the interviews. The researcher is a skilled clinical practitioner with experience in working with autistic individuals and he has training in managing situations where distress occurs.

3.10.4 Information sharing, safeguarding young people

Confidentiality and its limits were discussed and agreed with the parent/carer and the young person prior to participating in the interview as described in information sheets and communicated verbally with the participants. The researcher agreed with the participants that he would only share information with the parent/carer and the young person’s CAMHS clinician should he believed the young person or someone else was suffering or was likely to suffer significant harm. The researcher has safeguarding level three and specialist training in safeguarding children and young people. The researcher didn’t have to take this sort of action for any of the participants involved in this study.

3.11 Dissemination of findings

Summary reports were sent via e-mail to the HRA and the study participants (Appendices 35, 36). An article will be submitted for publication to a peer-reviewed journal for consideration in due course.

3.12 Alternative methodologies discounted

3.12.1 Quantitative methodologies

Quantitative methodologies were considered during the initial stages of this study; however, they were deemed inappropriate to address the study’s RQs that are primarily concerned with the exploration of the lived experiences of autistic young males.

3.12.2 Thematic analysis (TA)

TA was considered as a method of analysis to address this study’s RQs. TA is a method for organising, analysing and recognising patterns in a variety of qualitative data. As a method to data analysis, TA is not bound by theoretical commitments, nor it provides a theoretically informed methodology for research. This flexibility has been regarded as one of TA's major strengths and as such it can be employed to address any type of research questions (Braun & Clarke, 2013).

Unlike TA, the methodology of IPA has a strong phenomenological theoretical framework that is concerned with meaning making, understanding and interpreting the lived experiences at an idiographic level. As such it was decided that phenomenological lenses were required to explore and analyse in detail the lived social experiences of young autistic males. Furthermore, in terms of the analytic focus, IPA's procedures are different from TA's procedures in the sense that IPA focuses on the in-depth analysis of each case individually before theme development across cases (Braun & Clarke, 2013). IPA's idiographic focus was thought to offer a thorough exploration of a smaller number of cases aiming at in-depth investigation of first-hand accounts of lived experiences for autistic young males.

3.12.3 Discourse analysis

The RQs of this study are designed to elicit the young people's thoughts, feelings and experiences rather than looking at the language used to describe these perceptions, which would be the focus of discourse analysis. Discourse analysis emphasises at the language and textual levels with its constructive and functional elements (Potter & Wetherell, 1987), therefore, was deemed inappropriate.

3.12.4 Grounded theories

The current study is concerned with connecting the young males' emergent themes to existing literature rather than developing explanatory attributions about these themes (Willig, 2013). Grounded theory aims through hypothesis testing and theoretical saturation to develop a theory which is generalisable to a broader population (Dallos & Vetere, 2005). Grounded theory methodologies are looking at generating theory understanding rather than focusing on the texture and quality of the participants' experiences (Glaser & Strauss, 1967), hence deemed inappropriate for the purposes of this study.

ANALYSIS CHAPTER 4

Overview

In this chapter the researcher analyses the results of an IPA study of eight young boys' experiences of their peer friendships in the context of their ASD diagnoses. Five superordinate themes with sixteen corresponding subthemes emerged from the participants' experiential accounts following the IPA's six-step analysis as proposed by Smith et al. (2009). Table 2 below presents the master table of themes generated from this study and a summary of the findings follows. For more information regarding data organisation, please refer to Appendices 6, 15-17.

Research questions

This qualitative study explored the employment of camouflaging strategies of autistic male adolescents within the context of their peer friendships. The main research questions addressed were as shown below.

How do autistic male adolescents experience their peer friendships?

How, if at all, do they experience the use of 'camouflage' in their social communication when interacting with peers?

Table 2: Master table

Superordinate themes	Subordinate themes
Experiences of friendships and socialisation	Friends as source of support
	Experiences of bullying and arguments: '*it was so really bad'*
	Online interactions
Common interests	Friendships mediation via common interests
	Benefits of common interests: *'is like I kind of fit it in a way, not just like outcast in a way'*
	Intersection of common and special interests
Strategies when making friends and socialising	Observing and joining in
	No need for strategies
	Dealing with conflict: *'I try to avoid any conflict'*
ASD diagnosis and experiences of socialisation	Negotiating the differences
	Disjunctures in empathy: **'***I find it a bit like hard to realise what people are thinking'*
	Mental health conditions and socialising
	Making comparisons: '*disability as a leak'*
Experiences of camouflaging	Camouflaging strategies: *'it's like a disguise'*
	Motivations and functions
	Impact on self and consequences: '*I can't be me*'

Summary of findings

Initially, participants talked about the importance of having friends and best friends. Some expressed a desire for loneliness that was primarily influenced by social communication difficulties rather than a genuine desire for isolation. Friends were identified as source of support and participants described positive impact of friendships on their mental health, education and socialisation. A few talked about experiences of bullying and increased argumentation. Participants shared their positive experiences of online socialising, potential risks and differences between socialising online and face to face interactions.

The second theme encapsulates the boys' experiences of having common interests with their friends, a central characteristic in their daily social encounters with them. The participants discussed the impact of engaging in common interests with friends on their mental health and self-esteem. Few of the boys described the junction where common and special interests crossed and discussed how special interests can negatively impact their willingness to socialise.

In the third theme the boys talked around having developed strategies to make and maintain friends. Some boys felt no need to employ any strategies and provided their views as to why this was the case. The boys have developed strategies to navigate social situations and deal with conflict. Most of the boys assumed avoidance strategies and fewer of them dealt with conflict through embodiment. Some of the boys described the need for strategies more explicitly, potentially suggesting different levels of understanding.

In the next theme participants talked about their ASD diagnosis and how it may impact their social life. Some of the participants described how struggling to understand what others think and feel adversely impacts their social encounters. Nearly all participants shared experiences of how their secondary mental health diagnoses can take a toll on their social lives with most of them making comparisons between themselves and other young people autistic or not.

In the last theme, the boys talked about their experiences of camouflaging. Six young men were found to employ masking strategies whereas two of the boys discussed no need for application of such strategies. The participants spoke of their motivations and corresponding functions of masking (or not) and discussed the primarily negative impact of masking on their self-identity.

4.1 Superordinate theme: Experiences of friendships and socialisation

4.1.1 Subordinate theme: Friends as source of support

Thomas describes having friends as a necessity to navigate the school environment despite an expressed desire for loneliness:

> ‘I just have friends (.) because it’s a bit easier to be at school and have friends. If I (.) didn’t have to go to school I wouldn’t really want friends I am happy by myself’ (Thomas:36-39)

Thomas expresses a limited desire to have friends. He further reveals feeling content with himself. Thomas seems to suggest that having friends is necessary in order to navigate the complexities of the school environment. It seems as if having friends is a precondition for Thomas to endure the school environment. For Thomas having friends can be seen both as a necessity and source of support at school.

Jake talks very keenly about his friend and describes the various benefits from having a best friend:

> ‘He is a really good friend smart, kind and (.) he helps me a lot when I am struggling (.) ‘um’ for for example (.) ‘um’ if (.) if I am like I think timid (.) cause I am really timid John helps like me to bring up my confidence and I’ve got better time to college’ (Jake:30-33)

Jake discusses how his best friend is a great source of support when struggling with social competence and potentially social anxiety. By using the words ‘timid’ and ‘really timid’ Jake describes vividly his struggles with social interaction. Jake is deepening his answer by saying how his best friend is helping him to increase his self-confidence which may suggest low confidence during social interactions. Jake moves even further and makes a temporal projection. He positions himself into college and discusses how his increased self-confidence will help him to have better time by potentially capitalising on the skills and support gained through his friendship.

Bob reciprocates the support towards his best friend:

> '… I was like I was there to encourage him to be a voice actor because he wasn't sure about like whether he should or shouldn't as is like, I was there to kind of like encourage him to say (.) 'you should try it' because it's like he is good at it' (Bob:74-77)

In the above extract Bob is the one who supports his friend to become a voice actor. Bob encourages his best friend to become a voice actor when in doubt as to whether he should do it. Bob has the ability to recognise his friends' talents and qualities and encourage him to pursue his aspirations. It appears that Bob is not only at the receiving end of support but is also able to reciprocate this in his friendship.

Peter describes how his friends are supportive towards each other:

> 'They are usually really caring if I have a problem they help me, if they have a problem I help them just like (.) like anything in general but like it's just like (.) I don't know it's just like about a bond' (Peter:49-51)

Peter describes how he and his friends reciprocate caring feelings when having problems. Peter places the caring element in his friendships in a prominent position. Peter is able to reciprocate these feelings which suggests a good emotional understanding. Even though a bit ambiguous and hesitant towards the end of his answer, Peter goes a step further in suggesting that the reciprocal caring aspect is the one that adds to the quality of the bond.

4.1.2 Subordinate theme: Experiences of bullying or arguments: 'it was so really bad'

Ashley provides an example of having regular verbal arguments with his teachers:

> '…So I could do something, wear (.) wear a pair of sunglasses to school, and they would take them off. And I would ask, 'why should I take them off?'. They would come up saying 'it's against the rules and it's very distracting', so then I ask 'okay so what about those sunglasses hurts anyone?' you know, what does it actually do? And they just can't answer. So I start getting angrier and angrier, wanting an answer for it, because sunglasses don't hurt anyone at all. And then if it gets to the point where they keep making me a bit more angrier I just start getting verbal. So, you know, I can be very verbally aggressive against lots of people. I was just saying 'if you can't keep a class focused because of a pair of sunglasses, you're a pretty piece of what for a teacher'. And those are my common arguments that I have with a lot of teachers' (Ashley:282-293)

Ashley gives a rich experiential account of having 'common' arguments with his teachers. It appears that Ashley doesn't seem to fully grasp the 'unwritten' social rules of the classroom environment and this is then perceived as provocation by his teachers. He refuses to comply with the teacher's request and escalates the argument to the point to be perceived as rude and verbally aggressive.

The predominant feeling that seems to encapsulate Ashley's classroom experience relates to a gradual escalation of anger and verbal confrontation reaching the point of verbal aggression and offensiveness. It appears that Ashley struggles to control and contextualise his anger and therefore be able to successfully regulate it. The severity of the above behaviour reaches the point where teachers are 'mad about him arguing back' suggesting teachers reaching a point of 'madness', not being able to tolerate Ashley's behaviours. Ashley begins and ends his answer by saying that he has 'common' arguments with 'a lot' of teachers suggesting a frequent pattern of similar behaviours in severity and intensity.

When Jake was asked whether he had encountered any difficult experiences with peers:

> ‘It was really bad (long pause)’ (Jake:119)

The researcher allowed additional time and re asked the question. Jake then said:

> ‘It was really bad. I am not sure about that. I don’t know how to explain it. It was so really bad’ (Jake:123-124)

The question evoked very powerful feelings for Jake. There was one certainty in Jake’s answer; the experience was ‘so really bad’. It can be argued that Jake avoids answering the question due to his experience being too traumatic ‘so really bad’ therefore lacking the words to describe it: ‘I don’t know how to explain it’. Jake might have blocked off the experience from his consciousness as he appeared confused and overwhelmed simultaneously. Perhaps a form of dissociation. Jake was given the option whether he wished to skip the question, which he did.

Sometimes arguments escalated to physical fights perpetrated by participants following provocations from their peers. Nick describes his experience as follows:

> ‘I’ve had a few fights at school, that was only two and it was mostly because it was just people being rude to me, I’d start off and people would be saying ‘You want to have a go?’, ‘You want to have a go’? That sort of stuff. So, basically, I did give them a go and that was the end of that’ (Nick:170-173)

Nick has initiated two physical fights with his peers following provocations from them. Nick responds back to verbal provocations by initiating and physically fighting his peers. It seems that Nick transfers the verbal provocation into the physical sphere as a means of resolving arguments. Nick doesn’t seem to consider the repercussions of his behaviour. By saying ‘only two fights’ he might be trying to minimise the severity of his behaviours. Nick might not have the skills to de-escalate the argument via verbal means; on the contrary, he initiates a fight to resolve the argument. Nick embodies the experience of anger and resolves provocations via physical fighting.

Ashley describes graphically his experiences:

> '…And then they sent me to a detention room where I got bullied even more in there. I kept on getting constantly restrained there, because they kept thinking that I was trying to do something to her and whatever. So then after a while, my mum came around, and decided that I left the school. It still continued in the area that I lived in, because the kids would nonstop make fun of me for you know, what I'm doing, or how I you know, learn' (Ashley:376-382)

Ashley explains how he was 'sent' to a detention room where he was physically isolated due to fears of trying to do something malicious to the teacher. Ashely didn't 'go' there on his own volition. Instead, he was being 'sent' against his will.

In the detention room he was being bullied 'even more' suggesting that the bullying was happening prior to being sent there. He was 'constantly restrained there' suggesting a regular pattern of physical violation and intrusion of his body and its boundaries. There is a very strong embodied experience attached to Ashley's description. The physical body and its control due to perceived safety concerns. The bullying was so bad that his mother had to intervene to change schools. One can infer a difficulty, potentially a conflict between the family and the school regarding identifying and supporting Ashely's needs. The bullying continued in the local area that Ashley was living in by other children. He was being bullied for what he was doing and for how he was learning suggesting that him being different from others was not easily tolerated with him becoming an easy target. It seems Ashley's identity was under constant attack by others, both verbally and physically.

4.1.3 Subordinate theme: Online interactions

Jake shows a good awareness of potential risks when socialising online:

> 'When I am socialising I have to be careful to the people to the people I am talking to (.) because (.) because (.) he may seem as a person there but at the picture on it it could be like could be fake and it could be like taking your details…' (Jake:98-101)

Jakes seems to be cautious when socialising online regarding the risks of potential exploitation stemming from fake profiles. He seems to be wary when talking online to people in terms of keeping himself safe and the interactions smooth.

Bob describes issues of trust and disclosure of personal information:

> ‘I will get to know people that I can trust and it’s like I don’t try things like as get to give too much personal information unless, like I do trust them more (.) it’s like overtime I ‘ll open up to them but (.) but overtime, I ‘ll just see what sort of person they are through online and then I will judge for myself ’ (Bob:13-16)

Bob raises issues of trust as of paramount importance during online socialising. Bob is cautious when he gives personal information whilst is having an understanding that trust builds up overtime. He would judge what sort of person someone is before befriending them.

Bob deepens his answer by describing himself ‘more of an online person’:

> ‘well the thing is like that like I socialise online because of the fact that I am more of an online person. And is because of that (.) is like (.) that I don’t know that many people or rather I don’t know anyone in real life. Is like that’s is like I meet people (.) because I know a lot of people from US but I hardly know anyone from like (.) UK’ (Bob:183-186)

Bob reveals that he doesn’t know anyone in ‘real life’. It can be tentatively suggested that Bob turns to online socialising due to having social difficulties or limited options in his real social life. Bob’s face to face interactions appear more ‘real’ compared to online socialising. Bob adds a topological aspect of knowing people from the USA whilst he knows no one in the UK, where he lives. This distance potentially makes the interaction and the whole experience less ‘real’. It seems that meeting people online represents an alternative pool of socialisation for Bob whilst acknowledging that the medium somehow differs from the ‘real life’.

Ashley talks about his online socialisation experiences:

> ‘It’s really good. We are part of many groups, and that we choose to join. And the groups that we choose have to do with theorising and analysing certain subjects that we like to talk about. That’s what we tend to do with our experiences with social media’ (Ashley:32-35)

Ashley describes his online experiences as really good with social media representing a forum for learning and critical discussions for him and his friends.

According to Mark:

> ‘It doesn’t have enough any sort of emotional interaction as such’ (Mark:247)

Mark expands further:

> ‘well is sort of saying that they are feeling fine but they aren’t if they would say it on line it will be much easier to hide that fact that they are not feeling ok as if you were sort of in person’ (Mark: 252-254)

Mark seems aware that online socialising represents a different experience as opposed to physical interactions. Mark describes the absence of emotional interaction during online socialising as the lack of the ability to contextualise and make inferences about the emotional states of others. It can be said that Mark finds it somehow more difficult to fully interpret what others are feeling when interacting online. It appears that for Mark the lack of physical presence during online interactions provides the opportunity for others to conceal and perhaps ‘camouflage’ their true feelings.

4.2 Superordinate theme: Common interests

4.2.1 Subordinate theme: Friendships mediation via common interests

Thomas describes having friends with common interests:

> ‘I usually make friends with people with common interests so (.) making music together and playing sports, skateboarding, that kind of stuff and yeah (.) sometimes even like revising for tests and stuff’ (Thomas:20-21)

Thomas usually befriends people with common interests and this seems to be a central and defining aspect to his friendships. By using the world ‘usually’ Thomas possibly refers to a typical pattern by which having common interests with his friends’ serves as a criterion in order for someone to qualify as his friend. Thomas also incorporates an educational aspect into his answer by grouping learning activities with friends into common interests.

In a similar vein, Nick talks about the significance of having friends with similar interests:

> ‘…my friends are just the people around me, who ‘um’ sort of like me, like simi… like people who like similar stuff that kind of thing…’ (Nick: 3-4)

Nick defines his friends as the people around him suggesting that his friends occupy a space, potentially signifying the uniqueness of their relationship. As with Thomas, Nick describes having common interests with his friends as a central aspect to his friendships. Interestingly, both participants spoke of having similar interests with their friends at the very beginning of their interviews potentially suggesting the importance they attach to it. Similar interests with friends seem to be a basic ingredient for friendships.

Similarly, Ashley shares his experience:

> ‘Well we’re friends as we have a lot in common with each other, we’re interested in the same things, and like talking about the same things, and we both have different ways of thinking of how see the world. So we like to have our friendship through that’ (Ashley: 9-12)

Ashley offers an additional explanatory layer of the importance of having similar interests with his friend. He seems to initially suggest that his friendship exists due to the common interests he shares with his friend. Hence, it can be said that Ashley offers a causal attribution. Ashley expands further suggesting that the friendship is maintained via the common interests. He discusses that despite the different ways of thinking to his friend, their common interests offer a sense of enjoyment as they 'like' to have their friendship through that. It seems that his friendship is initiated, reciprocated and maintained by sharing common interests.

Bob describes his common interests with his friend when it comes to anime:

> 'What I like about him is that (.) is like me and him having similar interests and is that (.) is like, sometimes if I want to get into like an anime or is like if I don't know whether I should or shouldn't, like (.) I kind of ask him if I should try it…' (Bob:61-63)

Bob discusses how having similar interests strengthens the friendship; that is their relationship being a joint reciprocal venture by saying 'me and him'. Bob also discusses that when in doubt or when needing advice his friend is present to be consulted upon and offers his opinion suggesting a learning aspect attached to his friendship via their common interests.

4.2.2 Subordinate theme: Benefits of common interests: 'is like I kind of fit in, in a way, not just like outcast in a way'

Some boys spoke about how engaging in areas of common interests with their friends has a positive impact on their mental health.

According to Thomas:

> 'If I like to do something and they like to do something we 'um' (.) do it (.) and I am not (.) I am not anxious or anything I am just (.) it (.) it always works so well' (Thomas:129-132)

Thomas describes how engaging in jointly likeable activities with friends positively impacts on his anxiety levels. Thomas's anxiety levels are not just dropping; they are eliminated. Thomas is not anxious at all when engaging in common interests with friends. It could be tentatively argued that when Thomas is exposed to unfamiliar activities his anxiety levels are increasing. Engaging in activities both him and his friends enjoy ‘always works so well’. This potentially signifies that the whole experience goes smoothly without experiencing any difficulties.

Thomas continues:

> ‘…I feel confident doing those things, I don’t (.) I am not scared that people will judge me and (.) yeah (.) I just it is something we both enjoying doing like without any problems’ (Thomas 148-151)

Thomas describes feelings of enhanced confidence when engaging in areas of common interests with friends. This increased confidence can further reduce or even eliminate fears of judgement from others. Thomas feels competent in these activities and this seems to be reducing the feelings of exposure towards others. In his closing sentence, Thomas touches on feelings of joint enjoyment and the lack of any problems while engaging in mutually likeable activities with friends. Overall, for Thomas engagement in commonly likeable activities with friends eliminates his anxiety levels, enhances his self-confidence and gives rise to positive emotional states.

Bob gives his account:

> ‘The only good experience I can say is just like whenever (.) whenever I do like (.) sometimes play a game or is like when talking about something that I am interested in and that’s about all I can say’ (Bob:156-158)

Bob gives a slightly different account by saying that engaging in activities both him and his friend are interested in represents the only good experience he has. One might say that such activities serve as a ‘safe haven’ where he can have some fun, in an otherwise limited landscape of positive social interactions.

When asked how it feels to be involved in those activities Bob says:

> ‘Is like I kind of (.) fit in a way, not just like outcast in a way’ (Bob:165)

It seems that engagement in areas of common interests opens up a space for Bob not to just be ‘like an outcast’ but also to ‘fit in’ potentially helping him to enter social interactions, enhance connections, contribute to activities and assimilate with peers. It appears that Bob feels ostracised if it weren’t for these activities. There is a sense of loneliness; perhaps having common interests serves as a ticket to enter peers exchanges.

Similarly, Sebastian discusses how common interests can be used as an avenue to initiate contact with others and potentially make new friends:

> ‘I went to a school trip last week I just got back on Sunday. Belgium. For music which is pretty good. And I socialised with quite a lot of people on the trip like people I wasn’t friends with before and stuff like that and ‘um’ yeah, so it was really nice to be on a trip and stuff’ (Sebastian:212-215)

Sebastian’s interest in music has provided him the opportunity to initiate social contact with peers who were also interested in music whilst on a school journey. Sebastian potentially suggests that talking about common interests opens up space for new friendships and offers opportunities for socialisation whilst contributing to positive feelings.

Ashley discusses additional benefits of sharing common interests with his friends:

> ‘Well when it comes to activities I seem to encourage them to at least give some help, if they say ‘oh no I don’t know if I can do this’, I’d encourage them on how to do it, or I give them good advice on how and what to do it within that time. Like you know, I seem to be making these activities really liked, and they like to do them whenever they can’ (Ashley:188-193)

Ashley encourages and gives good advice to his group of peers when they are in doubt as to whether they can accomplish an activity and how they can be successful in it. In that sense, there is a teaching element attached to this interaction. Ashley seems to be attracting attention via the activities he has in common with his friends by assuming and potentially enjoying a central teaching and advisory role while making the activities more likeable for his peers. As with previous accounts, it seems that social interaction is mediated via common activities with peers.

4.2.3 Subordinate theme: Intersection of common and special interests

Despite the positive aspects of having common interests with friends and peers, some young men described divergent experiences.

Mark adds a different connotation when talking about special interests he shares with his friend:

> ‘We are both very interested in lots of music my genre ‘um’ (.) he is quite very into cars when I used to be (.) that is sort of a delay of years ‘um’ (longer pause) how much more can I say really?’ (Mark:62-64)

Mark firstly stresses out the importance of both him and his friend sharing a common interest in music. Mark’s friend is also very much interested into cars whereas this is no longer the case for Mark. It seems that Mark has now ‘progressed’ as he developmentally compares himself to his friend when talking about his interest in cars. This comparison places Mark in a somehow ‘superior’ or ‘advanced’ position in terms of progressing to more age appropriate interests as it is his friend who has a sort of ‘delay of years’. Through his answer Mark offers a developmental narrative in relation to special interests’ progression by demonstrating an ability to compare past and current self to that of his friend’s. The use of the word ‘delay’ offers a deficient model of explanation as if Mark’s friend is behind to what is anticipated for their age.

Thomas’s views:

> ‘We have common interests and we can ‘um’ (.) agree on those things and ‘um’ (.) do things (.) because of our common interests’ (Thomas:124-126)

From Thomas’s account, it seems that common interests can help him reach agreements with friends. He stresses that it is exactly because of those interests that interactions are positive attributing a causal role to the interests him and his friends have in common. As if to say that if there are disagreements and lack of common interests there will be no interaction. Thomas seems to indirectly describe the overlapping between common and special interests and how this could mediate social interactions.

Bob describes how not having similar interests with others prevents him from interacting and getting to know them:

> ‘The reason (.) and part of the reason why I don’t really know that many people as well, and also how I don’t open up to people that much as well is cause (.) I am not really into whatever anyone else is into. And is that whatever everyone else is into is something that I am kind of not into. So it’s just (.) I don’t know’ (Bob:136-140)

Bob seems to be aware that his areas of special interests are different from other people’s. He is making a causal attribution by suggesting that not being into whatever anyone else is, prevents him from knowing or meeting new people and opening up to them. Here, one can see how social contact and opportunities for socialisation are mediated and initiated via engagement in common interests and activities. Not sharing special interests with others may inhibit chances for further socialisation.

Bob continues:

> ‘I used to like be a Sonic fun and is like I used to just be kind of one sonic kid that just likes it and it’s kind of a bit obsessed with it. Now I try not to talk about it like that much of how much of a fun I am of things because (.) In a way I do kind of get obsessed with stuff a bit (he emphasizes the word) but is like (.) not too much (.) because of the fact that is like (.) I don’t want really be like that again’ (Bob:202-206)

In the opening sentence Bob describes how he used to be ‘one’ sonic kid potentially suggesting he was standing out due to his special interest. He might have felt different in that aspect. Bob further admits that he was a bit ‘obsessed’ with it. Interestingly, Bob uses the word ‘obsessed’ as an attempt to describe the magnitude of his special interest in the exclusion of sharing other interests with peers. Bob is aware that he can get obsessed with things. He realises that this is not helpful in terms of how others perceive him and as such he is consciously trying to control it by avoiding excessively talking about it. Bob understands how he is perceived by others and, as a result, he makes conscious efforts to control his behaviour by talking less about his special interests. Bob acts against his natural inclination by exerting conscious control to himself when it comes to his special interest. Bob appears to have a good understanding of the social rules and the need to conform to them.

At the closing sentence Bob acknowledges that ‘he doesn’t really want to be like that again’. Bob possibly refers to his past self where he was unable to control himself when talking about his special interests. It can be proposed that Bob has previously paid a social toll in terms of standing out from his peers in relation to this.

Similar to Bob, Sebastian is making a connection between his special areas of interests and his social relationships:

> ‘um’ partly because I kind of don’t socialise with people I don’t have a massive group or anything, partly because ‘um’ I am most, like, the think basically I am spending my time in the things I am interested in like not I don’t like many people not yet ‘um’ yeah’ (Sebastian:226-229)

Sebastian seems to be making a similar causal attribution to that of Bob’s. Sebastian describes how he doesn’t socialise with others and he doesn’t have a ‘massive group’ of people because he prefers to spend time in the areas of his special interests in the exclusion of other activities. Sebastian seems to spend a lot of time alone, perhaps isolating himself. There is a sense of aloneness. This appears to reduce the chances for social encounters and development of more friendships serving a potential inhibitory function. At the end of his sentence Sebastian says that he doesn’t like many people; at least not yet. Sebastian seems to be projecting himself into the future in the anticipation or even wish to ‘like many people’.

4.3 Superordinate theme: Strategies when making friends and socialising

4.3.1 Subordinate theme: Observing and joining in

Nick cautiously monitors others before approaching them:

> '… I hate it when people will come up to me and that sort of thing, but yeah, some of them get deterred and some of them don't, it depends. And then after that basically, I've been monitoring everyone for a while, judging like, who I like and who I don't, and then after that's basically it, after that the people I do like I'll go to say hello and that sort of stuff, after persuading my mind to let me, but yeah' (Nick:85-90)

Nick describes others approaching him as a kind of strong perhaps aversive experience. Nick shares that some people get deterred when approaching him, but he does not explain further as to why this might be happening. Nick's main strategy when making friends is to carefully monitor others. Once he decides he likes them he goes to talk to them. Nick's mind needs persuasion when interacting with others. One could argue that social communication doesn't come instinctively and requires conscious effort. It seems as if Nick's natural inclination, 'his mind' is not 'allowing' him to speak and freely interact with others. It appears that Nick 'forces' his mind to socialise.

Nick further discusses how he chooses potential friendship candidates:

> 'I will be sitting in the back 'um' of the classroom where I always am and then when someone, I will basically be looking over to see if there is anyone, I could be friends with and who wouldn't be my enemies, who would and that sort of thing' (Nick:93-95)

Nick offers a vivid description of his experience of the classroom environment. Nick 'always' sits in the back of the classroom. This potentially offers him a 'vantage point' to observe others. From that point Nick can observe the whole classroom environment. Nick enters prospective friendships from a rather suspicious point of view. He classifies potential candidates quite arbitrarily as friends versus enemies. He doesn't seem to be positioning them somewhere in between such as friends, not friends, peers and acquaintances. This suggests a rather polarised way of thinking when it comes to his description, perhaps understanding of peer friendships and social relationships.

Peter checks on potential friends' personalities:

> 'When I make a friend, I usually check on their personality if they are nice or not just to know stuff. All my friends that I have they are usually nice to me' (Peter:5-7)

Peter's main strategy when making new friends is to check on their personality, even though he does not say how he achieves that. Peter expresses a need for others to be nice and corroborates this need by saying that all his friends are usually nice to him. Similar to Nick, Peter seems to indirectly suggest that others are 'either nice or not' potentially signifying a dichotomous and skewed conceptualisation of human social interactions. Peter's account may also reflect a difficulty dealing with ambiguous social interactions, hence the need for 'niceness'.

Other boys described how they would join in discussions and give opinions as means of making friends. According to Thomas:

> 'I'll just mention something to them and if they are talking about something I will join in I will give my opinion. So (.) they could (.) they could kind of get to know me' (Thomas:55-57)

Thomas joins in discussions and gives opinions. By doing this Thomas opens up the opportunity for others to get to know him via expressing his opinions. Thomas seems to take initiative to join in discussions.

Sebastian seems to partially echo Thomas's view:

> 'um' try to 'um' talk about stuff they are interested in, try to make them laugh I guess (longer pause) yeah that's it' (Sebastian: 126-127)

Sebastian initially tries to bring up topics for discussion he knows others are interested in. However, he expands by saying that he will try to make them laugh, alluding to the importance of humour in human relationships. Yet, he appears a bit uncertain as to whether this is the case as he would hesitantly ‘guess’…

Sebastian elaborates further:

> ‘I don’t I don’t really know (.) is ‘um’ actually I think I am trying to be funny to myself but is not that funny I don’t really know (longer pause) so ‘um’ I will act like as a tv character or something is not really …’ (Sebastian:107-110)

After additional prompting Sebastian continues:

> ‘… just like I don’t know I’ll use mannerisms or pronunciations or something. It is like (.) I don’t know’ (Sebastian:116-117)

There is a sense of uncertainty; perhaps confusion in Sebastian’s answer when he describes how he uses humour during peers’ interactions. Sebastian tries to be funny to himself, but then he changes his mind. Sebastian acts as a TV character during social interactions. He uses mannerisms and pronunciations but is uncertain about his motivations for doing so. In the light of all the extracts combined, Sebastian possibly tries to attract his peers’ attention by ‘trying to make them laugh’; assuming the role of a ‘joker’, a different persona. This particular experience seems to be largely unexplored as he hesitates, tails off and appears confused, potentially embarrassed and uncertain regarding his motivations. Sebastian might be struggling to effectively regulate his humour during his interactions with peers.

4.3.2 Subordinate theme: No need for strategies

Thomas presents with a heightened awareness of perceived judgement by his peers:

> ‘I find people who (.) are more (.) nice and don’t (.) they are not as judgmental because (.) people who are judgmental I can find str… I can find being around them really stressful and (.) people with similar interests and (.) yeah (.) nice people’ (Thomas:45-48)

Thomas socialises and prefers to make friends with people who describes as ‘nice’. He defines ‘nice’ people, as those who are not judgemental. He then gradually and hesitantly admits that he finds it ‘really’ stressful being around judgemental people.

Thomas befriends people who are nice to him, non-judgemental, with similar interests. It can be argued that Thomas expresses and, in a way, simultaneously anticipates positive interactions with ‘nice’ people as he struggles to cope with judgement. By socialising with ‘nice’ people he seems to keep judgmental people in safe distance. On a superficial level, Thomas presents with a limited need to employ strategies whilst at a deeper level he might be trying to avoid perceived threats of judgments.

When asked whether he employs any additional strategies, Thomas continues:

> ‘I think (.) not really. Because I am not the most outgoing person. Most of the time it’s them who want to be friends with me’ (Thomas:51-52)

On a first level, Thomas says he is not ‘really’ employing any strategies. He describes himself as ‘not the most outgoing person’ indirectly suggesting that he is not confident in his social interaction with peers. Most of the time it is others wanting to be friends with him as if he does not have a say when developing friendships. It is others who initiate social interactions. One can suggest that Thomas leaves it up to others to choose him as a friend potentially due to low self-confidence and fears of judgement. In the process of analysing the above extract the researcher wonders where Thomas’s voice is when socialising. Would he be open indiscriminately towards anyone who wants to befriend him? This seemingly passive stance might make Thomas a vulnerable young boy.

Ashley offers a similar explanation adding another parameter:

> ‘Well as in my personal experience over the years, as I’ve aged, I don’t make friends. Usually, it’s people come up to me asking if they want to be my friend. When it really comes to me and my social life I seem to not really talk to other kids, I seem to keep myself to myself, but they seem to come to me. When it comes to me in an activity that I’m good at, because I’m quite the team person, when it comes to it. So, they come to me, you know, they have a chat with me first, and you know after a while they’ve got to know me at least. That’s when they decide you know ‘I like this guy’ or ‘I don’t like him’ (Ashley:131-139)

Ashley firstly offers a developmental explanation by suggesting that throughout the years he hasn’t made friends. Similar to Thomas, it is others who approach him and ask to become friends. Ashley has a reduced need to talk to other kids, he prefers to be alone, he doesn’t initiate social contact. It is usually through an activity that he is good at, when others initiate contact and befriend him. Ashley’s friendships are initiated, facilitated and mediated by activities he is good at, seemingly serving as a pre-condition for social contact. As such, he becomes likeable gaining recognition and becoming a ‘team person’. These activities seem to offer chances for social interaction making him a team player despite his otherwise expressed tendency for loneliness. As with Thomas, Ashley does not seem to take active part in the decision making when it comes to friendships. It is other people deciding whether they like him or not.

Mark does not feel the need to employ any strategies either:

> ‘There is not really a good reason I just don’t don’t need to go out of my bed really to talk to people. But I ‘um’ any strategies? I wouldn’t say so. If someone is going to be your friend, then certainly you wouldn’t have to employ strategies to ensure they like you. But (.) no. it’s often well in most cases that are being our mothers knowing each other for some reason and (.) then ‘um’ yeah’ (Mark:127-131)

As with Ashley, Mark doesn’t feel the need to go to talk to people. There is a limited need for socialisation and desire for aloneness. Mark explicitly denies employing any strategies. Mark appears certain about his answer as if employing strategies to make friends is not necessary or as if friendships occur automatically requiring no effort or competencies. Mark seems quite naïve in his understanding of social relationships. Mark’s mother appears to be a source of socialisation with her taking the initiative for social contact. Mark appears uncertain as ‘for some unexplored reason’, it is the mothers who bring their sons into contact with peers. This raises the question: if it weren’t for Mark’s mother, would Mark have the need to ‘leave his bed and talk to people?’

Bob gives more of a ‘mixed’ picture:

> ‘Is like if someone I don’t like (.) is like I am trying to be friends with, I will just like not bother with them or trying to be around them. But it’s that, if I do like them, I’ll try befriend them to see if I can trust them because I have minor trust, not minor (.), a lot of trust issues (.) and I think one of them is just opening up to people (pauses) that much. I don’t know how to open up to people that much’ (Bob:86-90)

Bob seems to be making a distinction when it comes to application of strategies. If he doesn’t like someone, he would just quit the effort immediately. If he does like someone, he will try to befriend them to check whether they can be trusted. Bob seems to be having major underlying trust issues impacting on his ability to open up to people. He seems to enter human relationships from a suspicious starting point concluding it is due to those issues that he doesn’t know how to open up to people. Lack of trust seems to have a corrosive impact on Bob’s social life as it inhibits him from opening up to others.

Bob deepens his answer:

> ‘…if I open myself up, I could be opening myself to someone either using me, hurting me or just taking my kindness for granted. And is like (.) I am caring but is that sometimes I don’t like when I am used for whatever purpose’ (Bob:106-108)

Bob feels very vulnerable as he discusses the potential threats from opening up to others. Bob shares powerful anticipatory fears of being used, hurt and his kindness taken for granted. He describes a potentiality of being ‘hurt’, as if he is being targeted by others. If that’s the case, he needs to defend himself. There is a sense of fragility and increased vulnerability. He describes himself as caring and kind, but it is that sometimes he feels ‘used’ and potentially exploited by others. Despite describing good qualities for himself this doesn’t seem to be the case for the intentions of others. Bob possibly feels an easy target for others to exploit. All the above could impact his ability to open up and make friends whilst operating from a suspicious position as a means of defending himself against perceived fears of being ‘used’.

4.3.3 Subordinate theme: Dealing with conflict: ‘I try to avoid any conflict’

Thomas reveals how he consciously tries to avoid any conflict:

> ‘… I try to avoid any (.) conflict (.) any (.) if they don’t agree, if they don’t agree with me I won’t argue I’ll just leave it’ (Thomas:77-78)

Thomas avoids any conflict with his peers. Thomas uses the word ‘any’ twice potentially implying that he does not feel confident in having the skills to handle arguments or ambiguous and conflictual social situations. When there is a disagreement, he would ‘just leave it’. Thomas appears to equate disagreements to conflicts, which is not necessarily the case during social interactions. Thomas seems to present with a limited understanding of what having an argument constitutes, which may have skewed the way he perceives and anticipates conflicts with others. It can be said that avoiding conflict serves as a protective coping strategy against demanding social encounters given that conflict resolution would require confidence and well-developed social skills.

Peter prefers to be a ‘good person in general’:

> ‘I like to (.) just be (.) a good person in general, because if you do bad things nothing is going to happen. Is better to have like more allies with you than more people against you so I like to be nice to everyone, I like to have fun with them, just to help anyone to help make them happy that’s it’ (Peter:72-76)

Peter seems to implicitly expect that by being a good person nothing bad will happen to him. By acting this way, he anticipates more allies than enemies. Peter seems to have developed a general rule of ‘being nice to everyone’ in the anticipation of pure positive social encounters, which is not necessarily the case in social relationships. He arbitrarily makes a distinction between allies and enemies as if human relationships are falling within this binary. Peter presents with wishful thinking by selectively predicting future positive outcomes in his interactions with peers. Peter has a somehow simplistic understanding of the nuances and complexities of the social landscape. He describes peers’ relationships from a rather ‘dichotomised’ viewpoint. Furthermore, there is an element of Peter trying to positively control the social environment towards favouring positive interactions. This general rule pre-empts his social interactions towards the positive end of the dichotomy.

As opposed to the above accounts where the boys developed strategies to deal with conflict in a rather ‘avoidant’ manner, Nick embodies the conflicts and talks about his lived experiences:

> ‘There is just people, people will see me a different person so (.) but lots of them just see me as bigger than them, has gotten into fights before and doesn’t actually get a single scratch on so they don’t really want to go’ (Nick:209-212)

It seems that through fighting Nick resolves provocations and arguments with peers and by being successful in these fights he anticipates no future provocations. One can think ideas around gender, the male body, physical strength, masculinity, expression and embodiment of anger. Having won fights seems to have an ‘anticipatory-protective function’ for Nick. Nick embodies his anger and tries to resolve provocations via physical fighting. A comparatively larger body coupled with previous successes in fights prevents others from ‘having a go’ at him. Nick keeps others at a safe social distance whilst protecting himself. This has possibly taken a toll on his social interactions and the way he is being perceived by peers with Nick insinuating that his peers are afraid of him. Perhaps Nick has learnt that by instilling fear in others he keeps himself safe. The researcher is not surprised when considering Nicks’ previous extract around classifying peers as either friends or enemies as his perception might set the scene for increased physical altercations and challenging interactions.

Ashley describes his ideas of being classed as ‘strong’:

> ‘You know sometimes I can be classed as strong in my group of friends I have. I’m being classed strong even though that I am clearly not. So I may look like you know, sort of you know, strong looking dude, who isn’t to be messed with a lot, even though that I’m clearly not. People could, you know,

> mistake me as strong, even though that I am physically not capable of giving a punch…’ (Ashley:339-344)

As with Nick, Ashley seems to be implying that looking strong protects him from others who might be looking to ‘mess’ with him. He understands the importance of being judged on how he looks and he, therefore, maintains a strong body image. Ashley possibly uses his body, his masculinity, as a façade against threats, whilst admitting lacking the physical corresponding ability to defend himself let alone initiate a fight. Ashley pretends to be strong and being classed as strong, even though he feels he is not, may serve as a protective shield or a ‘façade against potential threats’. Both Ashley and Nick use their bodies as protection with Ashley using it as a façade, and Nick using it as way of keeping others at a safe distance.

4.4 Superordinate theme: ASD diagnosis and experiences of socialisation

4.4.1 Subordinate themes: Negotiating the differences

Ashley describes how his ASD diagnosis affects his social life:

> ‘Well apart from my friends, who also have autism, like me, yes it does affect (.) my autism does affect my social life. It affects me a lot, because when it comes to me being autistic I’m always afraid that I will be discriminated for it you know, as I have many times in schools, and in different ways of socialising with kids. I always worry I might say something they won’t like or say that I don’t know something because I’m autistic’ (Ashley:221-227)

Ashley’s ASD diagnosis affects him ‘a lot’ when interacting with NT peers whilst it does not affect him when interacting with his autistic friends. Ashley voices frequent fears of discrimination due to different ways of socialising and due to being on the spectrum. Ashley and his autistic friends share something unique amongst them, hence the differential impact on their social life. One may hypothesise different ways of existing and socialising between autistic and non-autistic people. As if he suggests that ‘being autistic’ represents a totally different way of being that permeates through all his interactions with NT others.

Ashely further reveals that he has been discriminated many times in school due to his diagnosis. He ‘always’ worries that he might say something that won’t be well received or that others might think he does not know something because he is autistic. Ashley seems to be fearful about saying something socially inappropriate and about having a different learning style. Ashley doesn’t seem to feel understood and accepted in his school environment. Ashley seems very well aware of his differences, and this potentially reflects his attempt to make sense and negotiate those differences in the school context. By using the possessive pronoun (my-autism) Ashley potentially infers that autism is part of his self and incorporated into his identity.

Similarly, Peter shares the following:

> ‘I might be like fidgeting a bit too much and I shouldn’t, because fidgeting is normal but when I was like doing a bit too much and sometimes, I wouldn’t (.) I don’t understand how people feel (.) cause if they were sad I wouldn’t know (.) so I just act like normal, like everything was ok. But now, I will say is less, not as much. Only thing I would think is like (.) say if I get like (.) happy or sad it might just be like a little bit more like how maybe a normal person will feel (Peter:138-144)

Peter discusses how different facets of his diagnosis affect his social relationships. He starts by describing potentially a sensory need, fidgeting. He acknowledges that to a certain degree fidgeting is ‘normal’, but when it was excessive, it was perceived as problematic. Peter is able to contextualise and see the impact of his fidgeting on how is being perceived by others. By using the phrase ‘I shouldn’t’ he seems to feel he violates a rule of social conduct. Peter gives a very powerful description of what is perceived as ‘normal’ in the context of his social relationships by potentially positioning himself towards the ‘abnormal’ side of a continuum. He is aware that he stands out when it comes to fidgeting, urging him to negotiate his ‘difference’ to others.

Peter then talks about his struggle to mindread other people’s feelings. Due to this he will ‘act as normal’ ‘pretending’ that everything is ok, in his attempt to potentially ‘legitimise himself amongst normals’. He expands by offering a developmental course to this struggle. Presently, he won’t fidget as much as in the past, suggesting a developmental trajectory of improvement in that area. He then progresses by saying that he somehow has difficulty regulating his feelings be it happiness or sadness compared to what a ‘normal’ person would feel. Peter inevitably feels the need to comply with the surrounding ‘normal’ mainstream current. Peter feels different to what is perceived as normal hence the need to ‘act normal’ by pretending. This may well be an attempt to negotiate his identity in the surrounding mainstream normality by altering traits of his ASD diagnosis.

Sebastian gives an alternative picture:

> ‘I just be really paranoid about like people know and something like that ‘um’ (Sebastian: 158)

Sebastian seems preoccupied with others potentially knowing about his diagnosis to the point he feels paranoid and possibly conceals the fact that has autism. Those feelings of paranoia, a fragmentation of meaning making possibly interferes with the accuracy of his attributions towards others. This, could in turn, predispose Sebastian towards assuming a highly suspicious position in his social encounters with peers.

When asked how having ASD impacts his social interactions Sebastian said:

> ‘um’ as in the fact that I am like (.) like I literally have Asperger’s so like (.) what Asperger’s should make me do around people? I answered that previously thanks’ (Sebastian: 164-165)

Sebastian becomes somehow defensive to the point where he doesn’t want to answer the question. He becomes uncomfortable when talking about his diagnosis possibly meaning that he hasn’t had the chance to think around its various implications let alone to accept or incorporate the diagnostic label. By saying ‘what Asperger’s should make me do’ Sebastian gives indirectly a transformational power to the diagnosis as if it could make him ‘do’ things to other people, hence affecting his social life. Sebastian’s defensiveness may also be explained by the researcher’s knowledge of his diagnosis, which places Sebastian in a paranoid position towards him affecting his engagement and willingness to further answer the question.

In sharp contrast, the participants below felt that their diagnoses did not affect their social lives. Nick says:

> ‘No not really, so most of my year know that, most of year 7 know that, but (.) no, not really doesn’t really affect anyone, because everyone knows me for at least six months, so it doesn’t really change who I am at all, I’m still me, like why would it change or anything like that’ (Nick:118-121)

Nick denies his diagnosis having any impact on his social relationships even though his fellow students are aware of his diagnosis. Not only he suggests that his diagnosis does not affect him ‘at all’, but also that it does not affect anyone else. Nick possibly attempts to normalise the impact of his diagnosis as if by just others knowing he has ASD, resolves all the potential obstacles. He arbitrarily places a time frame of six months of others knowing him but is unclear how that relates to the question asked. Despite having ASD, Nick claims to still be himself as if there was a disruption of continuity in his narration of time, before and after his diagnosis. Similar to Sebastian, Nick gives the diagnostic label a potential transformational power to change his self-identity, yet he denies any impact on self and others. On a first level of analysis, Nick seems to completely deny the diagnosis having any power to change his core identity whereas, on a deeper level, Nick seems to be trying to normalise his experience. Does Nick pretend to be normal?

Similarly, Mark denies any impact of his diagnosis and gives a different explanation:

> ‘Not really. Hardly. Because basically people I do talk with they were also being suspectively diagnosed with (…)’ (Mark:173-174)

Despite Mark denying the diagnosis having any impact on his socialisation, he makes a suspicious attribution that his friends also might have ASD. He potentially suggests that it is easier to socialise with them due to having similar characteristics. Maybe they act as a source of support or provide him a sense of belonging. Similar to Sebastian, Mark seems to be secretive about his diagnosis, which raises the question whether he has accepted it. The researcher retains a suspicious position as to whether Mark is open to his peers about his and their potential diagnoses.

When queried what makes him think that his friends also have ASD, Mark said:

> 'Well because they act similarly to me, talk similarly to me, and obviously, I have been diagnosed so (…)' (Mark:184-185)

The above extract verifies the researcher's previous tentative interpretation. Mark claims that ASD does not affect his social life with his friends as they share similar characteristics. Although he cannot confirm their diagnoses, it seems that by sharing similar traits their socialisation remains unaffected. Mark being on the spectrum and having peers who (potentially) have ASD, may ease social interaction due to similar traits and ways of socialising. This might be offering him a sense of belonging and perhaps connection.

4.4.2 Subordinate theme: Disjunctures in empathy: 'I find it a bit like hard to realise what people are thinking'

Throughout their interviews some boys discussed how struggles with 'mind reading' may impact their peers' relationships.

Thomas describes:

> 'I feel they say something about me or thinking something. I find it a bit like hard to (.) realise what people are thinking' (Thomas:72-73)

Thomas progresses with a richer experiential account:

> 'I think (.) 'um' I am always a bit (.) like no, this is about what people think of me, so I can't go out there and make friends, because I feel like people wouldn't like me. 'um' (.) if I didn't have that, I would be happy to make more friends and socialise' (Thomas:84-87)

Thomas seems to be constantly preoccupied with others talking and thinking about him. Simultaneously, Thomas reveals how he finds it a bit hard to realise what others think of him leaving a possibility open; as to whether his thoughts are accurate regarding his attributions towards others. By saying a ‘bit hard’ Thomas might be attempting to minimise the impact of the severity of this trait.

Thomas moves on from finding it a bit hard to always be a bit…? He is unsure. There is an escalation in his answering mode. There is a ‘no’, an active prohibition. Thomas becomes suspicious, perhaps negatively biased towards what others think of him. The word ‘always’ signifies not just a regular but also an absolutistic thinking pattern.

Thomas reveals having fixed ideas on how others think of him. This selective understanding possibly interferes with the accuracy of his own thoughts. Thomas makes a connection of this trait with his ability to go out and make friends as he seems negatively preoccupied that other wouldn’t like him. He doesn’t seem confident in his qualities as a friend. Thomas admits he would have been happier to make friends and socialise if it wasn’t for this trait. This may suggest that the above characteristic makes him rather unhappy as it contributes towards his aloneness and has a dire impact on his socialisation.

Similarly, Peter shares his experience:

> ‘…sometimes, I wouldn’t (.) I don’t understand how people feel (.) cause if they were sad I wouldn’t know (.) so I just act like normal, like everything was ok’ (Peter: 140-142)

Peter also reveals his struggle to understand how people feel. Due to this, he admits that he would ‘act normal’, possibly trying to compensate for his difficulty. Peter acts ‘normal’ perhaps out of fears his difficulty being exposed to others or coming across as different. Peter understands and possibly compensates for his difficulty by pretending to be normal. Interestingly, by using the word ‘act’ Peter gives a theatrical or performative connotation to his answer.

When the researcher enquired Mark what qualities his best friend likes about Mark:

> ‘I wouldn’t know what he thinks of me actually you have to ask him it’s rather awkward’ (Mark:101-102)

Mark verifies that he doesn’t know what his best friend thinks of him. Neither he hypothesises, nor he tries to elaborate further. He feels uncomfortable to the point he describes the situation ‘rather awkward’. There is an element of literalness in his understanding as he directs the researcher to check with his friend signalling the end of his answer, which makes the researcher wonder about the nature of his relationship with his ‘alleged’ best friend.

The boys below struggled to identify their own feelings in different social situations. When Nick was asked how he felt about entering fights with peers he said:

> ‘I don’t really feel happy, sad or anything when doing that sort of thing’ (Nick:182-183)

Nick seems to be struggling to identify his own feelings when entering fights with peers. Due to the potentially overwhelming nature of his experience, Nick might be blocking off his feelings from consciousness; perhaps he even feels detached and disconnected, a described nothingness. This could be a coping mechanism. Whatever the reason might be, Nick struggles to name his feelings.

Similarly, according to Ashley:

> ‘So we both are usually in the same mood, we seem to have a mood of, you know, not a happy mood and not a sad mood, we’ll just have a blank straight face…’ (Ashley:116-118)

Ashley and his friend usually have the same mood that is neither happiness nor sadness but rather something that appears to be in between; what he calls a ‘blank straight face’. Ashley described a blankness, what appears to be no feelings at all. Ashley describes a friendship where he cannot distinguish between his and his friend’s feelings, an identification of emotions perhaps. Ashley and his friend ‘usually’ have the same feelings potentially suggesting he has become enmeshed within that relationship.

Interestingly, both Nick and Ashley seem to have placed their feelings on a continuum with the two polarised ends being happiness and sadness. They both seem to struggle to recognise the emotional nuances in between.

4.4.3 Subordinate theme: Mental health conditions and socialising

Most of the boys discussed how secondary mental health conditions impacted their social relationships.

Ashley shares his experiences:

> ‘My depression affects me (long pause) Yeah so my depression affects you know, me and my social life because I don’t tend to socialise as much as I used to. (.) I tend to purposively isolate myself, you know I just tend to sit in my room, have a dim blue lamp and just read, and have my drink, tea or whatever. So I tend to isolate myself purposively, because I don’t want it to be that my sadness influences them onto them being sad as I am. I don’t want to influence them, so you know, they get the same influence as I have’ (Ashley:197-204)

Ashley describes how ‘his’ depression affects the self and his social life. The pronoun ‘my’ potentially signifies that having depression is incorporated and a part of Ashley’s self. He ‘owns’ the depressive experience, he feels in charge of its management. Ashley further describes a developmental course of his depression. Ashley used to socialise more which is no longer the case due to his depression. There is a clear description of a limited desire for socialisation, an expressed need for isolation and aloneness. Perhaps by wanting to emphasise, he stated on two separate occasions that he purposively isolates himself in his room; there is a dual sense of enclosure in his description both topological and intra psychic. Ashley does not want to negatively influence his friends with his sadness, assuming a caring position towards his friend. Ashley gives depression an immense power, as having the absolute potential to convey the sadness he experiences to his friends. Ashley seems to be protecting his friends against the contaminating effects of his sadness as he experientially knows what it is like to suffer from depression.

Bob shares his experience:

> ‘Because (.) like with my depression is like I don’t really know how to open up to that people and like my self-confidence is shit is like I am trying my best but is like I am struggling and most of the time I am by myself and is like (…) I don’t really know what else to do. So that’s normally why I (.) just kind of talking away to (.) because I don’t really know where else to go, who else to trust and what to do. Because I keep trying but I keep failing’ (Bob:122-127)

Bob gives his account on how his depression, low self-confidence and difficulties to trust and open up to people interrelate with each other and potentially result to a sense of helplessness, feelings of loneliness with a dire impact on his already isolated social life. His powerful and rich experiential account of repeated failed social encounters is accompanied by a generalised sense of helplessness in all possible planes; where to go, what to do, whom to trust. Bob’s depression permeates all aspects of his social life as it involves topological, skills-based and relational aspects. There is a sense of social isolation, entrapment and disorientation despite his best efforts. The closing sentence gives an impression of perpetual trying but failing as despite the efforts the outcome is predetermined which in a sense graphically describes the core of the depressive disorders; helplessness. Bob’s depression limits his motivation to open up to people. His self-esteem is ‘shit’; an excrement. Something his body does not need hence he needs to let go the waste product.

Peter discusses the impact of his anxiety on his social encounters:

> ‘I think like (.) maybe my anxiety. Cause sometimes I don’t know like, I will know them, I will be ok with them, but sometimes I might just be a bit too shy to come to words with them. It has ‘um’ happened (.) but eventually I managed to pull and talk to other people’ (Peter:102-105)

Sometimes Peter’s anxiety contributes to difficulties with peers. Despite knowing them and being ‘ok with them’, he might be ‘a bit too shy’ to talk to them, which could be related to an underlying anxiety about his confidence regarding his verbal communication skills. He might be fearful of exposing himself to others. Despite a certain level of familiarity with his friends, his anxiety is still present as if it pre-exists. Finally, he instils hope by drawing on past times where he successfully managed to overcome his shyness and talk to people.

Sebastian becomes preoccupied with his bodily functions when around people:

> 'I tend to be quite awkward I guess around people. 'um' (longer pause) 'um' so I get (.) I tend (.) to get kind of paranoid about things like whether I am sweating, or I don't know (.) whether my breath smells or something like that I'll be paranoid or If I have like a bit of dry skin on my face or something I will be paranoid of like (.) something like that' (Sebastian:132-136)

Sebastian reveals feelings of awkwardness when around people to the point of rumination and severe preoccupation with his otherwise normal bodily functions. The level of his preoccupation is so intense that makes him feel paranoid and potentially threatened that something catastrophic will happen. It appears that Sebastian's self-absorption does not give him head space to think around others' mental states and properly appraise. His attributions become clouded as he becomes paranoid even though his is well aware of this; as if two conflictual powers are pulling him towards opposite directions and he is left in the middle helpless, overwhelmed and confused.

4.4.4 Subordinate theme: Making comparisons: 'disability as a leak'

Peter makes diagnostic comparisons between him and his friends:

> '…my friend I was talking about that had depression he has like autism but he is like less than mine. Cause with me and him you can't really tell we have it, but we do. And usually it makes me feel good cause like I am not the only one. 'um' with my other friends, they might have dyslexia, might have speech impairment, and that's like, is sort like, it feels good cause like you are not the only one that has these things other people will have it too' (Peter:260-266)

Peter makes a direct diagnostic comparison to his friend with autism and depression. His friend ‘has it less’ than him, suggesting that Peter sees different levels of functioning within the spectrum whilst placing himself at a lower level. By using the possessive verb ‘have’, Peter refers to autism as a condition that is possibly incorporated into himself. Peter further introduces the idea of an ‘invisible disability’ potentially implying that ASD is not a condition that others can detect by externally observable signs. By saying ‘you can’t really tell that we have it but we do’, Peter adds the additional layer of how others perceive them: as not having something they actually have. Peter seems to operate at two levels; the observable and the non-observable, a perhaps hidden one. This may add a component of internal conflict; between what Peter looks like externally, his difficulties stemming from his ASD, and the expectations raised by NT others.

For Peter having friends with ASD and other ‘impairments’ is ‘really good’. This seems to offer a sense of belonging to a group of people due to sharing similar characteristics, which may help reduce feelings of aloneness and differences stemming from the diagnostic labels; it could even be seen as a source of support. Sharing a similar diagnosis with others potentially reduces the diagnostic burden as ‘other people have it too’.

Ashley talks about the centrality of socialising only with people on the spectrum and offers a very powerful metaphor:

> ‘I prefer to keep myself to myself with my friends, I like to keep, you know (.), my space (.) my existence in with their existence there. Yeah so I like being there with them instead of talking to the other people. (long pause) You know, we are like a tribe we are, lost out to other people’ (Ashley:180-184)

Ashley describes a strong desire, a need for exclusivity. He likes to keep his existence within the existence of his best friends who are also autistic and separated from others who are not autistic. As if being on the spectrum is a kind of neurodiverse club open to members only. By using the metaphor ‘we are like a tribe, we are lost out to other people’, Ashley offers an illustrative explanation of what is like being on the spectrum; a tribe, a segregated group, not necessarily having the will to mingle with others outside the tribe as they do not necessarily understand and accept different ways of being. Maybe others are not welcomed either. A tribe is surrounded by the mainstream, is smaller in numbers having potentially more archaic customs therefore perceived as somehow weird and difficult to assimilate into the mainstream. By using the word ‘space’ Ashley adds a topological / geographical element to his answer. The way he and his friends occupy space is different. To survive from the surrounding mainstream, they have to support each other and defend themselves through their similar but tribal ways of being. The use of word ‘existence’ adds a philosophical flavour as if being on the spectrum permeates all different facets of his and his friends’ lived experiences.

When talking about his disability Ashley uses another powerful metaphor:

> ‘Surely they would say it to me ‘Oh your disability is a leak in this world, no one likes autistic people, get out of here.’ But now it’s sort of died down you know, I can sort of relax in hope of not getting criticism for my autism’ (Ashley:385-388)

Ashley vividly describes others’ perceptions of ‘his disability’. Ashley’s disability is perceived as ‘a leak’, a spill, a disruption to the main current of society that perhaps needs fixing. Ashley deviates from the current, the mainstream trend and as such he is not likeable, not tolerable, to the point he feels unwelcomed possibly threatened with dislocation, ‘get out of here’. As if Ashley is not even physically allowed to occupy the same space as the mainstream majority does. His disability is a leak in this world; as if the construction of disability and the negative inferences ascribed to it permeates countries and crosses geographical boundaries; it is rather something universal.

However, this has now ‘died down’ suggesting that as Ashley has grown up there has been a reduction of others’ negative attitudes towards his disability. Perhaps he has become more able to advocate and defend himself against those perceptions or has developed immunity to negative comments. Ashley is now able to ‘sort of relax’ as if to say this wasn’t the case throughout his earlier years. He ends his answer by instilling hope of not getting further criticism for his autism.

Bob’s extract below illustrates his lack of ‘privilege’:

> ‘…I would rather have someone that I know I can invite over because (.) my sister (.) she has friends that like (.) she can just invite over (.) I don’t have that privilege like everyone else does, but (.) is like I am trying’ (Bob:190-192)

Although Bob welcomes the option to invite someone over to his place, he feels he doesn’t have that many options when it comes to socialising. His desire is to have friends and socialise. However, his options are rather limited. Bob directly compares himself to his sister, who has friends that she can invite over. He goes deeper by suggesting him ‘lacking this privilege’ that everyone else has. In that sense, Bob compares himself to his sister and everyone else (potentially referring to the neurotypical majority) as being privileged and in a superior position when it comes to chances for socialisation. Despite the odds, Bob is still trying, yet he may be feeling excluded. Bob seems to be inferring that he has fewer chances for socialisation as compared to neurotypicals and the reason for this is his ASD diagnosis. For Bob socialising freely is not a given as it seems to be the case for the NT others.

Sebastian compares himself to his ex-girlfriend, who was more popular:

> ‘At one point I did have a girlfriend for over a year, and then she had more friends than me she was more popular, and I kind of associated her with more popular people and stuff and I got into few parties and stuff like that ‘um’ and yeah so I went to a few parties but I didn’t always enjoy that ‘um’ too many people and stuff’ (Sebastian:205-209)

Sebastian directly compares himself to his ex-girlfriend who had more friends than him, thus classified as ‘more popular’. Sebastian was possibly associated with more popular people and got invited to parties. However, Sebastian explains that he didn’t always enjoy being around too many people, a possibly overstimulating or overwhelming experience. Sebastian seemed to have increased his chances for socialisation through his girlfriend even though it was not always a pleasurable experience. It can tentatively be said that one of Sebastian’s unconscious motivations might have been to establish a more ‘popular’ status by proxy through his relationship.

4.5 Superordinate theme: Experiences of camouflaging

4.5.1 Camouflaging strategies: ‘it’s like a disguise’

Thomas tries to appear more confident than he is:

> ‘When I am trying to prove something I become more, I try to be more confident (.) than I am, and ‘um’ (.) I am trying just do things that make me feel uncomfortable just to make sure that someone, that people find me ‘um’ (.) find (.) think (.) that people like me. But actually, I don’t, I am really uncomfortable doing that and I would prefer to just not, not be as outgoing’ (Thomas:191-196)

When trying to prove something (the researcher wonders what), Thomas appears more confident. The verb ‘trying’ signifies that the attempt may not always be a successful experience and the outcome is by no means predetermined. There is an element of sustained effort perhaps due to his motivation to be liked, as if his underlying assumption is that he is generally unlikeable. The self appears to operate in conflict. Thomas tries to do some things despite not wanting to; perhaps the interface of his masking. He acts as ‘outgoing’ when in reality he is withdrawn and introverted. It’s unclear whether Thomas feels externally forced (by societal pressures) to put strategies in place to keep the self afloat in the uncharted waters of social interactions.

Ashley uses a ‘fake personality’:

> ‘well the only times when I use ‘fake personality’ as I call it,
> is in school a lot. Because, you know, I do it as a way of getting along with other people who don’t have autism like me, as I think (.) If I want to talk to someone about a certain thing, but they’re not autistic, they speak in a certain way, I’ll speak that way. Because I can imitate a wannabe gangster voice quite well. You know, I can just be like them, completely change my body language, be totally someone different, because I never talk to them, and they’ve never seen me before. So I can just put on a fake voice and you know, a fake body image, I can just

> be so sloppy or be tough. I can give them the fact that I don't have a disability, I'm completely normal. (.) So like a disguise for me' (Ashley:393-403)

Ashley reveals that he uses a 'fake personality' at school with neurotypical peers. This seems to be a requirement, as if to interact with NT peers he necessarily needs to use 'a fake personality' to navigate their social world. Ashley is aware of the different ways of socialising between ASD and non-ASD individuals; perhaps masking reflects the need to bridge that difference. By using the words 'the only times' and 'in school a lot', Ashley possibly tries to communicate his struggle during socialisation at school with neurotypical peers. Considering he attends school on a daily basis he must be using a lot of that fake personality.

Ashley admits that he has the ability to imitate speaking in certain ways, putting a fake voice or totally changing his body image. Ashley clearly describes having the competence and skills to use 'a fake personality' in order to interact with neurotypical peers by imitating their behaviours. Towards the closing remark of his answer Ashley reveals that he is acting this way to give others the 'fact' that he doesn't have a disability. This is like a 'disguise' for him. Such employment of masking strategies potentially reflects the way Ashley has internalised the stigma attached to his disability. The application of these strategies functions as a 'disguise' in order for Ashley to pass as normal and blend in with NT others. Ashley describes how 'he can be someone totally different'. This gives the strategies an enormous transformative power over himself, making him potentially someone different. The researcher wonders what the implications are for Ashley's 'real' personality. Does Ashley feel he is an inauthentic person as a result of his fake personality?

Bob shares the following:

> 'So is like if I was like loud like (.) it would be kind of annoying for other people to deal with (.) so is like (.) it will be strange for others because they know me as a quiet and sensible kid (.) but if I go about and like (.) in a loud manner then (.) I would be thought of differently' (Bob:239-242)

On a first level, Bob is aware that by acting loudly he would be annoying for others possibly suggesting that he struggles to regulate his loudness. On a second level, he understands that such behaviours would be strange as he is known to be a ‘sensible and quiet kid’. Because of his awareness he maintains an alternative image of himself; that of a sensible kid. He tries to influence what others think of him by maintaining an opposite persona in an attempt to hide his real self. If he acts how he ‘really’ is, he faces the risk of being thought of as insensible, potentially violating unwritten social rules while revealing his symptomatology and coming across as different. Bob shows others an opposite persona in order not to be thought of differently, perhaps fitting in to what is perceived as normal. Bob possibly maintains that reversed image to negotiate his ASD identity within the social context of his NT peers.

Peter admits the employment of camouflaging strategies:

> ‘Like for example, with my friends I usually hang out from school (.) like I’ll act more calm, just I might not go under their nose or anything (.) but with like my close friends I act like a bit (.) a bit (.) more ‘um’ I don’t know what is the word like I act more fun. Like I will act with them, but not like to the extent, cause I don’t know they might look at me like ‘what is going on’ (he smiles). But I will be like with other friends I’ll be like act just a bit different, not a huge amount of difference’ (Peter:321-327)

Peter starts by making a distinction. With peers from school he will act calmer to how he feels. In that sense, Peter suppresses his natural inclination, as Bob previously described. By saying he ‘might not go under their nose’, Peter has an awareness that he might be struggling to regulate his impulses out of fears others might find him annoying. As such he would act calmer and regulate himself. Then Peter makes a further important distinction: when with closer friends he can enjoy a bit more freedom to act; he would act more ‘fun’ but again up to a certain extent as he is aware that he might come across as different. In both cases however, Peter doesn’t allow himself to exceed a certain acceptable threshold in regulating his emotions. Similar to Bob, Peter seems to be constantly negotiating his ASD differences and his identity in the context of his peer friendships. He adapts his strategies based on an ongoing screening of his social surroundings; a feeling of being constantly alert, a chameleon's quality. The researcher wonders how exhausting this might feel.

Sebastian initially denies employing any masking strategies but, shortly after, he changes his opinion:

> 'um' I don't (.) I don't think I actively act as someone else but (um) (longer pause) I think do actually I do act differently around different people. I think 'um' I think when I first meet someone I probably won't go in a tandem about like music or anything because yeah (.) I'll save that like when I am friend with someone (Sebastian:270-274)

Sebastian denies acting as someone else only to quickly change his mind admitting that he does act differently around different people. Perhaps this was the first time Sebastian thought whether he employs masking strategies. It seemed a realisation that had just emerged! Sebastian says that when he first meets someone, he won't go in a tandem about music, his special area of interest. As if he understands that music does not necessarily fall within everyone's areas of interests; particularly new acquaintances. Sebastian expands a little further, explaining that he will save music as a discussion topic for when he becomes friends with someone in an attempt to prevent himself from tiring or annoying them. He seems to recognise that talking to others excessively about music won't be well received when attempting to befriend them. An established friendship status potentially provides Sebastian with more freedom and space to talk about music. Overall, from this extract Sebastian shows that he consciously calculates his actions and controls himself in order to gain a new friend.

The boys below felt no need to employ camouflaging strategies during their peers' interactions.

Nick describes:

> 'there's a big game at the moment called Fortnite. They all love that, but then the people that don't, get tormented, so a bunch of people pretend to love it

> but like people don’t bother with me because really they are a bit scared of that’ (Nick:203-205)

According to Nick, a large number of people love an online game but then people who don’t, get ‘tormented’. Nick uses a powerful word that vividly portrays the social pressures and the need to conform with the majority who likes Fortnite. Even though he is aware of this pressure, it doesn’t seem to apply to him as he thinks others are scared of him due to having entered fights (as discussed in previous extracts). One can argue that Nick is unapproachable, perhaps shielded against peer pressures to conform.

Similarly, Mark denies application of masking strategies:

> ‘Not really. I think people like you more for who you are rather than if you put across something that you aren’t’ (Mark:265-266)

Mark denies employing any camouflaging strategies and justifies his answer by possibly alluding to a concept of an ideal, authentic self. According to Mark, a self who is clean from the need for strategies is more likeable. One might say that Mark presents with a rather simplistic understanding of the social landscape. He seems to suggest that by always presenting his true self he will be accepted no matter what. He seems to anticipate unconditional acceptance by presenting his true self. In that sense, his answer is quite ‘all encompassing’ in that he perceives human relationships as pure, without even a minor need for small but maybe necessary social alterations.

4.5.2 Subordinate theme: Motivations and functions

When the boys were asked why they felt like employing camouflaging strategies, they shared their thoughts.

Thomas shares his views:

> ‘… I might say something that I don’t truly believe just to make sure someone would ‘um’ (.) like (.) for example, if there is just ‘um’ (.) if they are saying that

> ‘um’ (.) I (.) if they are talking about things they do I might say something, lie about something and say I do it, just to prove a point’ (Thomas:200-205)

He then continues:

> ‘In order for them to like me and think a different way about me’ (Thomas:207-208)

Thomas bravely reveals that he sometimes ‘lies’ to his peers by pretending he likes activities when he doesn’t. Thomas might feel unlikeable by principle and finds it difficult to otherwise relate to his peers, therefore, by lying, he thinks he becomes more likeable. This potentially gives Thomas a sense of belonging by sharing on a surface level similar interests and fitting more into his peers’ group. This seems to be opening up space for more social connections. By acting this way, he anticipates others to like him and think differently of him, potentially implying that he is similar to them. It seems that through the masking strategies Thomas tries to negotiate his feelings of being different to his peers. Overall, Thomas’s motivation when ‘lying’ is to ‘prove a point’, which seems to be serving the function of becoming more likeable, perhaps acceptable to others.

Ashley talks about the driving force to put on a ‘fake voice’:

> ‘Well for example if I was in a situation between a person who I didn’t know, but I wanted to talk to them, but I need to figure out a way how, then I’d put on the fake voice and act as if I’m from a different country, so I can do that quite well. I could just sound German if I wanted to, so then I’d learn, and they’d go ‘okay cool, you’re not someone with a disability so I can talk’. So then the other way, of me seeing (.) just to get a reaction. I do anything’ (Ashley:419-425)

When interacting with unknown and neurotypical others Ashley puts on a fake voice, pretending to be from another country. Ashley appears to believe that by default in all his initial interactions he needs to put on a fake voice to ensure he is not perceived as someone with a disability. By saying ‘you are not someone with a disability I can talk’, it shows how Ashley has potentially internalised the stigma attached to someone with a disability, hence he might think he gets rid of it by faking his voice. His motivation initially seems to be breaking the ice to talk to someone neurotypical whilst the underlying function appears to be twofold: to pass as normal and to get a reaction. Ashely seems to be very competent and confident in his abilities to mask as he can do that 'quite well' to even pretend he is from another country! Ashley feels the need to put on a fake voice in all his new social encounters. This potentially suggests different ways in socialising between neurotypical and neurodiverse people and the application of masking strategies could be seen as a necessity. The researcher questions what it feels like for Ashley to be in such situation; perhaps he doesn't feel accepted or 'a normal' part of the mainstream society. His self seems to operate in conflict with a sense of estrangement; he pretends to be German. That could leave him with very confusing feelings about his identity.

Bob discusses the extent to which he uses camouflaging strategies:

> 'Whenever I am in school' (Bob:214)

and he continues:

> 'well (.) most (.) when I am not like I either hiding in my room or being…' (Bob:216)

Like Ashley, Bob uses masking strategies a lot when in school potentially implying the enormity of the complexities he might be experiencing. The masking strategies seem to be serving the function of coping and avoiding difficult situations at school. Bob's motivation might be linked with a potential inner drive to 'survive the demands of the school environment'. Masking at school seems to be a necessity for Bob. He is hiding in his room, prefers not to be seen, an invisible presence. It is unclear what he is hiding from; what his fears might be. Does he have sufficient support? Is he lacking the relevant social skills to cope? Does he have other options but to mask? Does he try to protect himself? The researcher doesn't know. Whatever the reason might be, Bob is clearly struggling at school.

Peter's account:

> 'Usually is just 'um' get along. Cause as I said before is better to have more allies than like more enemies' (Peter:331-332)

By changing traits of his personality when interacting with others, Peter seems to have an initial motivation to get along with his peers, sooth and maintain smooth social interactions. This way Peter not only manages his differences but also regulates himself when interacting with others, whilst he aims for a bigger goal; gaining more allies than enemies, the potential function of this behaviour. When gaining more friends, Peter perhaps enjoys more social connections and relatedness, which seems to be his major drive when masking. Interestingly, his selection of words 'allies' and 'enemies' offers a divisive and polemic flavour, perhaps justifying his need to strategise and mask.

Sebastian gives his views:

> 'so unless I know someone is like quite into music or something or like just or something like that 'um' I wouldn't like to go on a long conversation or anything with someone to bore them or something like that. if I know them slightly better like 'um' I'll tell like jokes tell jokes you know what I mean like say less milder yeah do you know what I mean?' (Sebastian:276-280)

When meeting new people Sebastian exerts control over his tendency to reveal too much information about his special interest. He has an awareness that talking excessively about music to a new person can be overwhelming even boring for them. His strategy when masking seems rather economic in nature; by understanding the need to control how much he talks about music, he seems to save topics for future discussions. The underlying function for Sebastian appears to relate to an attempt to become more likeable with the potential motivation to increase the chances for acceptance and connection.

Sebastian adds another aspect to his answer. He controls his sense of humour by potentially 'fine tuning it'. He seems to understand that different levels of humour can be used at different stages of friendships with 'stronger' humour being potentially acceptable in more established friendships. Sebastian displays an understanding of different levels of tolerance in friendships whilst he appears a bit uncertain about the clarity of his answer. He tries to check his meaning making by posing the question to the researcher: ‘do you know what I mean?’ Sebastian came across as rather confused at that point giving the impression to the researcher that this territory hadn’t been fully explored.

4.5.3 Subordinate theme: Impact on self and consequences: ‘I can’t be me’

Ashley vividly describes his experience of putting on a ‘fake personality’:

> ‘Fake personality is blocking you from being you. So you like block you know, yourself wanting to be yourself, so you can put the other person who isn’t you, in front of you, if that sort of makes sense’ (Ashley:406-408)

Ashley seems to operate in conflict with his real self every time he uses a fake personality. Ashley’s real self is blocked against his genuine will; wanting to be himself. His experience looks as if he possesses two different, yet incompatible, personalities. The researcher wonders what this might mean for Ashley’s personality integration. He places the fake personality (which raises the question who that personality is) in front of his true personality. The experience seems to be complex, conflictual, confusing, even overwhelming. This is portrayed by Ashley’s words: ‘if that sort of makes sense’. There is a momentarily disruption in meaning making. As if Ashley makes a quick reality check with the researcher. Ashley’s fake personality seems to exert a strong transformational power onto his self-perception potentially splitting the self into two personalities: the real and the fake. That poses a very powerful dilemma indeed. Ashley seems to feel estranged and alienated from his true self.

Interestingly Bob describes a similar effect:

> ‘it makes me feel like that I can’t be me’ (Bob:234)

Bob feels that he can’t be his real self. If he can’t be his real self, then who is he? A fake one? There is an indirect implication similar to Ashley’s, of a blockage or inhibitory function against his natural tendency to be himself. The verb ‘can’t’ refer to an inability or to an unwritten social prohibition, perhaps a sense of inevitability to act differently. As if he has no alternative but to camouflage. There is a potentiality of loss of the authentic self.

Bob elaborates further:

> ‘Is like (.) I don’t really get to be my real self. And is like (.) I am having to act like this for other people instead of really, myself (.) so is like I am doing this for other people (.) not myself’ (Bob:230-232)

Bob now places emphasis on another experiential aspect. There is a sense of ‘sacrificing’ his real self for the sake of the social interaction, for the sake of others. To be accepted, not to come across as weird as illustrated in previously discussed extracts. Bob ‘has’ to act like this; meaning this is not a free choice, it’s a social necessity externally forced by the social circumstances and the need to conform. Bob appears to exist in the eyes of others. The researcher wonders where Bob’s voice is as he seems lost in social demands, left with no choices but to camouflage. There is a described flavour of loss of agency in Bob’s answer.

Bob shares positive and negative consequences of masking:

> ‘With positive is that I don’t really get to (.) like embarrass myself in a way. But is that (.) in a way is that (.) I don’t get to like (.) show (.) know (.) what people like (.) are fun of or like or what not. Because the only people that do know my real self is basically my neighbour and my family’ (Bob:222-225)

By camouflaging parts of himself when interacting with peers, Bob seems to be protecting himself from feelings of shame and ‘embarrassment’. This possibly means that Bob feels embarrassed for his ASD traits. When further discussing the negative consequences of camouflaging, Bob appears a bit hesitant and confused as if he is lacking the words to describe his experiences. Perhaps he is overwhelmed. Bob says: ‘I don’t get to like, show, know’… It appears that camouflaging affects a variety of intra- and inter-relational aspects. Bob feels he doesn’t truly know others and their interests and doesn’t show his real self to others. This might be a very alienating and disconnecting feeling indeed. A blockage to genuinely and freely interact. It seems that through masking, genuine social interactions are inhibited potentially preventing him from establishing meaningful and substantive relationships. Bob concludes by revealing that the only people that know his real self are his family and his neighbour. Bob sounded very lonely when describing this situation. The overall sense was that of loss, alienation, entrapment and disconnection.

Similarly, Thomas discusses negative and positive consequences of camouflaging:

> ‘I have thought about it ending up badly and for me to become something I am not and not enjoying being that personality. And in terms of positives, I have thought that it would help me get more friends and help more (.) more people to like me and look up to me (Thomas:224-228)

Thomas discusses a negative future outcome of camouflaging with a dire finality of ‘ending up badly’. Thomas knows that the impact of camouflaging can be negative for his authentic self-development. He unravels his answer by giving the strategies an absolute transformational strength to change his self. He understands that ‘not enjoying that personality’ can potentially have long-term implications on his mental health and personality integration. Even though his self operates in conflict, he potentially feels externally forced to camouflage. There is a lack of choice accompanied by a sense of futility in his answer.

Regarding the positive outcomes of camouflaging, Thomas anticipates more friendships and others looking up to him as a potential friend candidate. He further hopes to potentially increase his popularity and have future chances for socialisation and connection.

Ashley gives an illuminating example of the positive consequences of camouflaging:

> ‘Well, as one of the positive ones, it happened with me
> actually wanting to talk to someone in the fake accent, is they actually
> got to the point where I was the one they were talking about. Because
> you know if I wanted to (.) find out information (.) so this has happened
> before. So this is an example as it actually happened one time. I asked a

> person in a fake voice, saying like ‘hey do you know this kid called (his name), do you?’, and they said ‘Yes.’, and I would say ‘Ah, do you hear someone’s been talking about him?’. And then when they say ‘blah blah blah, they’ve been calling him this, calling him that’ even though they don’t know that I am (name), that’s in my head ‘alright I’m done, I’ve finished what I needed to do, now I have to put on an excuse to go away now’ (Ashley:453-464)

Ashley describes the positive implications of using a fake personality by sharing a vivid lived experience. In the above extract Ashley offers a rich experiential account of his social interaction with him in a disguise, pretending to be someone else; an acting scene where the self is an actor and script writer simultaneously. Ashley uses the fake personality to achieve his motives; that is to extract what other people are saying about him. Ashley seems to be successful in achieving his goal. He seems ‘talented’ in applying camouflaging strategies. In the closing sentence there is a sense as if he needs to accomplish a mission and execute a plan. Once his goal is accomplished and the mission is over, he needs to orchestrate his exit strategy.

DISCUSSION CHAPTER 5

Overview

The purpose of this study was to explore eight boys' lived experiences of peer friendships and to further investigate whether they camouflage their ASD traits during those interactions and, if so, how. Five superordinate themes emerged following an IPA analysis. In this chapter each theme is discussed and contextualised within existing literature. Attention is paid to novel themes emerged from this study and future research recommendations are proposed. The implications of the findings are discussed, and consideration is given to their applicability to clinical practice and Counselling Psychology (CoP), in particular. Strengths and limitations are considered, and the chapter ends with the researcher's reflexive statement and concluding remarks.

5.1 Experiences of friendships and socialisation

Despite difficulties in social interactions and some expressed desire for loneliness, most of the boys talked positively about friends and best friends, with friendships identified as a source of support. The boys described the positive impact of friendships on their mental health and socialisation primarily at school. These findings agree with evidence suggesting autistic young people having friends (Calder et al., 2013; Sedgewick et al., 2016) while contradicting long-standing beliefs that autistic individuals do not desire friendships and are socially unmotivated (Kenny et al., 2016; Chevallier et al., 2012) under the conceptualisation of the diagnostic criteria for social difficulties (APA, 2013). These findings provide evidence to suggest that autistic adolescents are motivated to socialise and make friends and up to a certain degree their seemingly reduced motivation could be understood in the context of their social communication challenges.

Thomas described having friends as a necessity to navigate the school environment. If it weren't for school, he would otherwise prefer to be alone. Indeed, school has been identified as a significant cause for stress and anxiety for autistic students (Humphrey & Lewis, 2008).

Both Bob and Peter were at ‘the returning current’ of social reciprocity in terms of providing encouragement and support towards their friends. It has been suggested that although friendships are desired, reciprocity and sharing of interests are poorly understood by autistic individuals (Filipek et al., 1999). These findings are in contrast with research suggesting that autistic young people do not seem to comprehend the notion of reciprocity in a friendship (Carrington et al., 2003).

Jake identified his friend as source of support when struggling with social competence and anxiety accompanied by feelings of ‘timidity’. Jake made connections of how having a best friend increases his self-confidence and provides support with social skills development while anticipating positive future socialisation outcomes. Overall, the boys identified with their own gender when socialising with friends in line with previous studies suggesting that autistic children have same gender friends (Bauminger & Shulman 2003; Kasari et al., 2010; Dean & Konnie, 2014).

Ashley described having suffered severe bullying at school and graphically described his experiences of detentions and restraint by teachers and ridiculing by other kids. Many mainstream teachers feel they lack the support and training to meet the needs of autistic students (McGregor & Campbell, 2001; Robertson et al., 2003). For Jake ‘it was so really bad’ that he lacked the words to describe his traumatic experiences. These findings agree with evidence suggesting increased vulnerability to bullying and victimisation for autistic young people (Rowley et al., 2012). Additionally, relevant research suggests that compared to NT adolescents, autistic adolescents are more often the victims when it comes to conflict with peers (Humphrey & Hebron, 2014).

A novel theme emerged from Nick’s experiential account in relation to embodied experiences of anger and argument resolution. Nick perpetrated fights against peers which seemed to have served a protective function; to avoid future provocations.

Nick actively used his body as a ‘protective shield’. Interestingly, from Nick’s account we can see a unique pattern through embodiment when it comes to conflict resolution. Relevant evidence suggests that autistic males exhibit more externalising difficulties, i.e., hyperactivity, conduct difficulties and overt anger (May et al., 2012; Oswald et al., 2016; Owens et al., 2005).

The boys talked about their experiences of online socialisation as a positive aspect to their social lives. The positive aspects of the internet as a way to develop and sustain social relationships have been previously demonstrated (Jones & Meldal, 2001). Some participants presented with increased awareness of online risks whereas others described the benefits of participating in online forums.

Bob described himself as ‘more of an online person’, who appeared to turn to online socialising due to limited chances and perhaps accessibility for face-to-face interactions. Therefore, online socialising could possibly be seen as an alternative pool of socialisation. Mark acknowledged the lack of ‘emotional interaction’ when socialising online whilst he suggested that others can mask their true feelings, which does not allow him to make inferences about their emotional states unlike during face-to-face interactions.

5.2 Common interests

The boys spoke of the centrality of forming and maintaining friendships via engaging in commonly enjoyable activities. Thomas emphasised how engaging in common activities is beneficial as it ‘always works so well’ and continued by saying ‘I feel confident doing those things’. It has been proposed that autistic teenagers’ friendships are usually centred on special interests (Church et al., 2000) and that boys tend to characterise friendships in terms of shared activities (Pollack, 1998; Shulamn et al.,1997). Moreover, it has been suggested that shared interests transform acquaintances into friends (Asher et al., 1996; Hartup,1993;1996).

Participants described those common interests with friends can be a positive experience with beneficial impact on their mental health, self-esteem and education while providing them with a feeling of ‘fitting in’. For Bob this was his ‘only good experience’. Common interests seemed to help the boys initiate and maintain friendships and social interactions through making them more likeable. It can be argued that friendships in autistic young men are initiated, facilitated and mediated via engagement in common interests. These findings are in line with evidence from Daniel and Billingsley’s (2010) study who suggested that, in terms of maintaining friendships, the sharing of interests and engagement in mutually enjoyable activities was an integral aspect when socialising. Overall, sharing common interests and engaging in commonly enjoyable activities with peers and friends were strongly associated with a positive impact on the boys’ mental health and well-being. These unique accounts would hopefully trigger future research in this area especially due to implications for clinical and educational practices.

Contrary to the above, some participants talked about common interests as a barrier to friendships when those interests became uncontrolled ‘obsessions’ and when they were not developmentally appropriate. Mark viewed his friend as ‘delayed’ in years due to not having developmentally progressed to more age-appropriate interests placing himself in a superior position. There was an additional realisation that lack of common interests can inhibit further social interactions with peers. Interestingly, Bob discussed how not having similar interests to others prevents him from opening up and socialising thus, reducing chances for socialisation. This makes him feel ‘not just like an outcast’, as he characteristically put it. Relevant research has previously discussed how obsessions associated with autism can turn into handicap if not controlled and monitored appropriately (Carrington & Graham, 2001).

5.3 Strategies when making friends and socialising

On a surface level, talking about similar interests, joining in, giving opinions and using humour were strategies used by boys when initiating social contact and making friends. Some boys described experiences of carefully and at times cautiously observing and monitoring others prior to engaging in any social contact. The boys often struggled to freely initiate social contact and entered social relationships by assuming a cautious and, at times, dichotomised point of view.

Peter checks on peers' personalities to ensure his potential friends are always 'nice' to avoid make enemies. Similarly, Nick seems to enter social interactions from a rather dichotomised starting point with a tendency to classify peers as either 'friends or enemies'. It can be proposed that repeated negative exposure during social relationships predisposes autistic young men to be negatively biased towards prospective social interactions with NT peers. It has been suggested that young autistic people may have more negative experiences, which, in turn, make them present as "defensive, vulnerable and emotionally brittle" (cited in Howlin 2003, p.18). When it comes to application of strategies, the results indicate that most of the young men presented as strong systemisers with a tendency to closely monitor their social environment in the hope of controlling and manipulating it. These findings closely align with the male extreme brain theory in autism (Baron-Cohen, 2002).

As opposed to the young men who did employ strategies during peers' interactions, there were boys who had mixed feelings and expressed a limited or no need to apply such strategies. For Thomas this was related to heightened feelings of perceived judgment by others accompanied by feelings of stress. For Ashley, social contact was initiated by others and was mediated via activities he was good at resulting in him gaining recognition and becoming leader in his peers' group. In both cases, it was others who decided whether they liked them or not. This raises the question whether their voices are heard when making friends.

Mark described a limited desire and motivation to make friends and his mum acted as a source of socialisation. A similar finding has been previously demonstrated (Carrington & Graham, 2001). Bob described fears of being 'used' by others potentially drawing on past experiences. To protect himself, he felt he had a reduced need to put strategies in place when making friends. Indeed, it has been demonstrated that autistic students are frequently used for exploitative purposes by peers due to their 'social naivety' (Humphrey & Lewis, 2008). Furthermore, Daniel and Billingsley (2010) demonstrated that autistic young boys wanted to protect themselves from such potential exploitation. These findings agree with research proposing increased vulnerability to victimisation for autistic youngsters (Rowley et al., 2012).

The young men had developed strategies to deal with conflict. Most of the boys engaged in ‘avoidance approaches’ by assuming a reserved role, isolating themselves and spending time within their areas of special interests which seems to have served the function of minimising and protecting them from exposure to argumentation. The boys preferred to avoid conflict, to ignore arguments, isolate themselves or to be ‘nice people in general’. The above accounts are consistent with evidence suggesting that internalising behaviours such as avoiding socialising, isolation and withdrawal from school settings were common concerns for boys (Hiller et al., 2015). Simultaneously, the same evidence directly contradicts work suggesting that females are more likely to employ avoidant and compromising strategies (Owens et al., 2005). Indeed, in this study most of the boys employed avoidance strategies.

On the contrary, two boys assumed ‘embodied’ ways of dealing with conflict. Nick described how having a larger body compared to his peers and having entered fights reduces the chances of future provocations, possibly serving a protective function. His peers were afraid of him as he doesn’t ‘get a single scratch’ and he is viewed ‘different’ perhaps stronger. Nick uses his masculinity to defend himself and resolve conflict. Ashley described how being classed as ‘strong’ without being ‘capable of giving a punch’ could perhaps protect him against peers’ provocations. Ashley maintains a strong-looking body whilst using his masculinity as a ‘façade’. This is the first line of evidence to suggest such a finding, according to the researcher’s best knowledge. This unique finding has important gender sensitive implications for the male presentation as it provides evidence to suggest employment of camouflaging strategies through embodiment as a means to protect self against conflict. The above results could be seen in light of increased levels of overt conflict found amongst autistic boys suggesting they tend to exhibit more overt anger (Owens et al., 2005) and show more problematic behaviours at school (Hiller et al., 2014; Mandy et al., 2012).

5.4 ASD diagnosis and experiences of socialisation

The participants described how their ASD diagnosis impacts their socialisation. Ashley's diagnosis affects him 'a lot' when interacting with NT others whereas it has no effect when interacting with diagnosed ones, suggesting different ways of socialising, even being, between the two groups. Ashley also talked around anticipated fears of perceived judgment by NT others potentially drawing on past negative experiences. This finding can be discussed in conjunction with relevant qualitative evidence suggesting that the ASD label is perceived as stigmatising for the individual. The stigma can either take the form of an 'enacted' stigma; the actual experience of discrimination or it can take the form of 'felt' stigma; the perceived fear of prejudice without necessary such a prejudice having taken place (Huws & Jones, 2015). It is unclear whether Ashley's experience falls within the 'felt' or 'enacted' dimension but when considering his previous accounts, he has reasonable grounds to feel quite cautious.

Peter talked about his increased sensory need to fidget and his difficulties mindreading that would make him 'act normal'. Similarly, Bob seems to actively negotiate his ideas of 'normality' and 'difference' and presents with a good awareness of how others perceive him, the unwritten social rules and the need to conform to them. This awareness of self and others seems to contribute towards his 'acts of normality' and could be seen as a way to manage the autism stigma. As such Peter's camouflaging could be considered as a strategy to negotiate his difference and gain his place during social interactions with NT peers.

Sebastian described feelings of paranoia about the prospect of his peers knowing he has ASD. Mark became defensive, which raises questions how he has accepted, even potentially incorporated the ASD diagnostic label. Relevant research suggests that students for whom autism was part of 'who they were' exhibited a more successful process of integration of their diagnosis into their identity. There were also students who didn't want to associate themselves with the ASD diagnosis. Disclosure of ASD diagnosis can be either seen as beneficial providing clarity for lived experiences or as detrimental as it can be seen as stigmatising and a cause of disruption towards future plans (Huws & Jones, 2008). Overall, the researcher had a similar impression as participants talked about their diagnoses as either being detrimental in their socialisation with NT peers or having no impact at all. There was a normalising flavour in the boys' answers who felt that their ASD diagnosis had no impact at all in their lives at all.

Mark made a suspicious attribution that his peers might have autism due to them sharing similar characteristics whilst denying any impact of his diagnosis on his socialisation. Mark possibly conceals his diagnosis from peers and normalises his experiences. Sharing similar characteristics might be offering him a sense of belonging and connectedness. Likewise, Nick normalised his experiences suggesting that his diagnosis does not affect neither himself nor others. This indeed has been previously found in relevant research were a female with ASD has made comparisons between people with and without autism whereby no differences were appeared to exist (Huws & Jones, 2015). Shakespeare (2013) refers to this as 'normalising', a strategy that individuals employ if they have disabilities that can be hidden. The tendency of some participants to normalise their experiences in the context of their autism could possibly be considered as a type of denial or lack of acceptance of their diagnosis. However, the researcher further wonders whether this normalisation tendency seen in boys could also be a form of camouflaging.

The boys described their ToM challenges to understand what people think and feel and how this adversely impacts their social relationships. Thomas seems to be constantly preoccupied with negative ideas of what others would think of him. This has a negative impact on his ability to go out and make friends resulting in feelings of loneliness and a diminished desire for socialisation. Similarly, Peter struggles to understand 'how people feel' and compensates for this by 'acting normal'. There is an element of active pretence and camouflaging due to his difficulty to understand other peoples' feelings. Mark found it extremely difficult and rather 'awkward' to mentally switch and describe what qualities his allegedly best friend liked about him. Ashley described sharing a 'blank straight face' similar to that of his friend and Nick described no feelings at all when having fights with peers both presenting with difficulties naming their internal states.

As this study's participants were diagnosed with ASD Level 1, the reported ToM challenges could be contextualised in line with evidence suggesting an association between greater intellectual ability and reduction in autistic characteristics (Black et al., 2009). Intellectual abilities have been proposed in previous research as contributing towards the ability to camouflage autistic characteristics (Lenhardt et al., 2015; Livingston & Happe, 2017). It can tentatively be suggested that the participants' strong systemising skills alongside their awareness of difference within the surrounding 'normality' could also contribute towards their camouflaging.

Furthermore, these experiences could be conceptualised by either the 'biomedical' or the 'double empathy model'; two seemingly incompatible explanations. One may propose that the young men's ToM difficulties are having a profound impact on their social interactions as previously discussed (Baron-Cohen, 2000; Frith & Frith, 2005; Atwood, 2006). On the contrary, the 'double empathy model' views ToM and empathy difficulties in autism as disjunctures in reciprocity between differentially predisposed 'actors' and as such it does not locate the 'problem' within the autistic person but in the interaction between the two partners. It can be argued that repeated exposure to negative experiences, internalised oppression and over-identification with a 'lack of empathy' explanation, could make autistic young men to assume a self-pathologised role that inhibits them from desiring further interactions, reducing the chances for learning relevant social skills through mainstream social interactions (Milton, 2011a; 2011b). Relevant research evidence suggests that establishment of friendships with non-autistic children can contribute towards the development of better linguistic and social skills (Bauminger et al., 2008a, 2008b).

The researcher adopts a dynamic combination of both positions. He acknowledges that autistic individuals are having social communication difficulties while simultaneously accepts that they need to be given more opportunities for participation in mainstream interactions. He, therefore, proposes that ToM difficulties should be regarded as an opportunity for further recognition of needs and social engagement, rather than a static product of the autism diagnosis that could lead to further exclusion and reduced chances for developing appropriate social skills.

The boys shared their experiences of how secondary mental health diagnoses are having a toll on their social lives. Ashley ‘purposively isolates’ himself to avoid contaminating his friends with sadness stemming from his depression. Likewise, Bob shared experiences of how his depression, low self-confidence and ‘major trust issues’ result to a sense of helplessness, feelings of loneliness with a dire impact on his social life. According to Barnill and Smith-Myles (2001), autistic adolescents who report more depressive symptoms are more likely to present with more thinking errors and limited capacity to control negative events in their lives.

Other young men spoke of how their anxiety affected their social lives. Peter talked about the way his underlying anxiety, ‘shyness’ and fears of exposure contribute to experiencing difficulties with peers’ interactions. Sebastian tends to ruminate regarding his otherwise natural bodily functions reaching states of social awkwardness and paranoia. The above accounts are consistent with evidence suggesting that individuals with ASD accompanied by average to high levels of IQ present with increased levels of anxiety and depression (Lugnegard et al., 2011). The challenges associated with peer relationships in autistic individuals represent a contributing factor to mental health problems such as anxiety and depression (Muller et al., 2008). Additional research suggests that autistic young people experience high levels of social isolation (Bauminger & Kasari, 2000) and increased levels of social anxiety (White & Roberson-Nay, 2009).

All the young men in this study had secondary mental health difficulties. For some of them, and as per their accounts, these mental health issues were clearly associated with challenges with social relationships which, in turn, can make them feel more isolated or put additional pressures on them to camouflage to navigate these relationships. It can tentatively be argued that their good intellectual abilities can act as a reminder of their differences and in that respect, it may possibly increase their vulnerability towards mental health difficulties. However, no causal explanation could be offered as this does not follow from the boys’ experiential accounts and goes beyond the purposes of this qualitative research which is primarily explorative in nature.

Some participants made comparisons to other young people with and without autism sharing their meaning making of what is like to be on the spectrum. Peter described his friend's autism as 'less' than his placing himself at a lower level of functioning. He possibly operates at two different levels; the observable and hidden or invisible one, implying an internal conflict. For Peter knowing others with autism and other 'impairments' was a 'good experience'. This seemed to provide him with a sense of support and belonging, potentially reducing feelings of difference stemming from the diagnostic label.

Ashley talked emphatically about how his disability could be perceived as 'a leak' and how people with autism are 'like a tribe'. Ashley does not have the need to socialise outside his 'tribe' as he and his friends are different in socialising, learning and being. Bob felt he lacked the 'privilege' to socialise when compared to NT others inclusive of his sister. Nonetheless, he perpetually tries. There was a sense of futility in his answer as if he was suggesting the mainstream majority can automatically access chances to socialise; for him that was not a given. In that sense, Bob does not perceive himself as equal and feels underprivileged and excluded.

Relevant research findings suggest that autistic young people who notice they are different from others report increased depressive symptoms (Hedley & Young, 2006). It has been found that autistic individuals without intellectual disabilities who socially compare themselves against NT peers, report higher levels of loneliness and friendships of poorer quality (Bauminger & Kasari, 2000). Additionally, negative social comparisons in autistic individuals may be caused by stigmatisation and social exclusion (Farrugia, 2009; Gray, 2002a; 2002b), as also inferred by the above accounts.

5.5 Experiences of camouflaging

Camouflaging was described by young males with terms such as: 'fake personality', 'acting differently', 'it's like a disguise'; suggesting elements of acting and performing during social interactions. The camouflaging strategies were enacted on a continuum from suppressing and controlling autistic traits, hiding, pretending and fine-tuning behaviours considered inappropriate and different within the surrounding mainstream environment.

Thomas acts ‘more confident’ despite his natural inclination not to do so as if camouflaging was externally forced during peers’ interactions. Thomas described this conflictual experience and discussed his desire to be liked. The camouflaging was accompanied by efforts to act differently conveying a sense of a struggle. A frequently reported consequence of camouflaging is exhaustion (Bargiela et al., 2016; Cassidy et al., 2018; Tierney et al., 2016).

Ashley uses a ‘fake personality at school a lot’ as an attempt to socialise with NT peers and navigate the school’s complexities. School has been identified as a complex and stressful environment for autistic individuals hence their expressed desire to be ‘normal’ (Carrington & Graham, 2001; Humphrey & Lewis, 2008). Ashley’s need to camouflage in all his interactions with NT peers possibly suggests different ways of being and socialising between the two groups as well as lack of acceptance from NT peers. By using a fake personality Ashley gives the ‘fact’ to NT others that he doesn’t have a ‘disability’, passing as normal. Feeling forced to camouflage has been proposed to be linked with feelings of low mood, diminished self-esteem, and high stress levels in autistic individuals (Hull et al., 2017). It seems that through camouflaging, Ashley may attempt to manage the stigma attached to someone with a disability. As school seems to be a conducive environment to camouflaging, aspects of this environment should be considered as either enabling or inhibiting autistic students to employ camouflaging strategies.

Peter and Bob shared their lived experiences of ‘altering’ ASD traits in the hope to regulate themselves and appear as ‘calmer’ and ‘quieter’ preventing them from being labelled as ‘weird’ or ‘different’ respectively during peers’ interactions. Autistic young people have previously described their diagnoses with negative labelling such as being a ‘freak’ or having a ‘bad brain’ (Humphrey & Lewis, 2008). For Peter and Bob, camouflaging seems to be linked with on-going impression management of their differences when surrounded by NT peers. Again, this could be seen as a way of managing their internalised stigma of being autistic, which has been previously described in relevant research (see, Sasson et al., 2017; Sasson & Morrison, 2019; Kinnear et al., 2016; Leary, 1999; Olney & Brockelman, 2003).

Sebastian actively suppresses his inclination to talk at length about his special interests during initial stages of potential friendship development. Previous research suggests that individuals felt more comfortable to show their ASD characteristics once the friendship was established (Hull et al., 2017). For Sebastian camouflaging seems to be linked with management of special interests. Relevant research has shown that autistic males have increased levels of RRBIs compared to females. Therefore, camouflaging during social interactions could possibly involve an additional motivation to manage and hide RRBIs to gain friends (Lai et al., 2015; Hattier et al., 2011).

Overall, the participants presented with an understanding of both their differences and the social rules, possibly reflecting a need to conform and to fit in. These findings agree with previous research suggesting that young males on the spectrum do camouflage their autistic traits (Carrington & Graham, 2001; Carrington et al., 2003; Humphrey & Lewis, 2008; Jones & Meldal, 2001).

On the contrary, two boys felt no need to employ masking strategies consistent with previous findings suggesting variation in masking (Hull et al., 2017). Nick felt as if societal pressures did not apply to him as he had previously won fights therefore others were possibly afraid of him. So, for Nick instilling fear was a preferred method to navigate relationships with peers instead of camouflaging. Mark maintained the view that by always showing his authentic self, would make him more likeable, a rather romanticised and unrealistic position. It can be said that Mark is at the reverse end of the camouflaging continuum when compared to other participants' as he anticipates acceptance via his authenticity. In that sense, Mark's account was different in that he was able to choose not to camouflage acknowledging the impact of camouflaging on formation of meaningful relationships.

Participants spoke of their motivations behind camouflaging (why) and its functions (what they wanted to achieve).

Thomas’s motivation to camouflage was related with a wish for more social interactions and connectedness alongside a wish to belong and fit in. A proposed anticipated function was to become more likeable and his peers to think ‘differently’ about him; possibly gaining more popularity. Similarly, Sebastian’s initial motivation was to connect and relate to peers with the function to become more likeable and gain friends. Bob’s motivation was related to surviving and navigating the school environment with a possible function to cope and perhaps avoid exposure to challenging experiences, which was supported by his need to ‘hide in his room’.

Ashley’s motivation to camouflage could be interpreted as an effort to negotiate his differences. Actively concealing his diagnosis possibly reflects the function to ‘figure out’ how to talk to NT others so that he can be perceived as normal and blend in while giving them the ‘fact he has no disability’. For Ashley social interaction has a price and camouflaging could be seen as the toll he has to pay to pass through the world of NT social exchanges. Again, Ashley’s account can further be seen as a way to manage the stigma attached to his autistic identity. In line with relevant research, autistic individuals experience rejection, devaluation and misunderstanding due to their autism (see, Sasson et al., 2017; Sasson & Morrison, 2019; Kinnear et al., 2016). Due to these conceivable stigmas, autistic individuals can engage in impression management strategies to hide their stigmatised identity and present with a more ‘valued’ identity in their attempt to secure acceptance and connection with NT others (see, Leary, 1999; Olney & Brockelman, 2003).

Peter’s reported motivation to camouflage was to ‘get along’ with peers and have smooth social interactions serving the function to get ‘more allies than enemies’ in the hope of eliminating conflict. Therefore, camouflaging could also be seen as a strategy for self-protection against conflict and this can be discussed in line with research suggesting that autistic individuals camouflage to avoid bullying (Hull et al., 2017).

Overall, these findings are in line with previous research suggesting that camouflaging can be both internally driven to achieve something and also as a response to external societal demands. The participants used camouflaging strategies to appear like others, to establish relatedness and sense of belonging, to make new friends, as well as, to compensate for their difficulties with social interactions, establish better connections, manage their stigma and avoid bullying, and to fit in (Hull et al., 2017; Sasson et al., 2017; Sasson & Morrison, 2019).

To achieve these, the boys engaged in complex, dynamic and sophisticated camouflaging strategies in their attempts to influence their social environment so they could ‘pass’ more as the NT majority. This could imply that their ASD diagnosis is not very well tolerated and perhaps rejected by the surrounding ‘normality’. In this vein, camouflaging could be seen as a complex and multi layered phenomenon that is not only located within the autistic individual, but it rather represents sophisticated and effortful attempts to strike a balance between satisfying intra-personal, interpersonal, and environmental demands.

The boys discussed the impact of camouflaging strategies on their self-perception and talked about positive and negative consequences. A major reported consequence was that camouflaging altered negatively the boys’ self-perception. Ashley’s ‘fake personality’ blocks him from being himself giving the strategies an inhibitory transformative power of not allowing his authentic self to emerge. There was a sense of loss of the true self. Similarly, Bob felt he ‘can’t be himself’. There was a sense of prohibition of the true self to emerge whilst sacrificing the true self for the sake of interacting with normal others. Thomas expressed fears of his camouflaging ‘ending up badly’ and that he may not like the end product of his personality. There was a sense of finality, even alienation from the true self with implications for their personality integration.

Overall, there was a sense that camouflaging was experienced as a necessity and that on some occasions it was forced by external societal demands. There was also a sense of deception as some of the young men felt they didn’t get to show their ‘true self’ to others accompanied by a sense of lack of authenticity. The above findings align closely with research exploring camouflaging in autistic adults and the negative impact on self-perception (Hull et al., 2017) and are consistent with negative consequences such as feelings of exhaustion, mental health problems and loss of identity (Bargiela et al., 2016; Cassidy et al., 2018; Tierney et al., 2016).

As previously discussed in the mental health sub-theme, the boys' accounts conveyed a sense of a struggle and exhaustion when camouflaging. Camouflaging has been reported to be highly stressful, effortful, exhausting and potentially leading to autistic burn out and loss of identity (Livingston et al., 2019; Tierney et al., 2016; Hull et al., 2017; Raymaker et al., 2020), linked with feelings of low mood, diminished self-esteem, high stress levels (Hull et al., 2017), and suicidality (Cassidy et al., 2018). Up to date it is not clear whether there is a causal relationship between camouflaging and mental health difficulties and as such this area needs to be prioritised for further research. According to Mandy (2019), the association between camouflaging and mental health difficulties may represent the impact of another variable such as an environment that is not designed to accommodate for the autistic peoples' needs. In this research, no causal relationships can be established between mental health and camouflaging as this does not directly follow from the participants' accounts.

The consequences of masking were perceived as negative. Bob felt that camouflaging his ASD traits resulted in not feeling embarrassed in front of others with a potentially compensatory function to counterbalance difficulties stemming from his diagnosis. This indeed has been found in previous research exploring camouflaging in autistic adults (Hull et al., 2017). Thomas anticipated a future positive consequence for others to look at him as a friend candidate. Ashley described how pretending to be someone else helped him to extract information about himself from peers. Ashley can 'completely' change his identity possibly suggesting different levels of competencies and outcomes when it comes to camouflaging. Even though some positive aspects were discussed, overall, the results were primarily indicative of negative consequences of camouflaging.

5.6 Future research recommendations

As per this study’s findings, more qualitative research would be beneficial in the areas below.

Online socialising

Areas for further exploration could include the internet as a source of support and as an ‘alternative pool’ of socialising for autistic young individuals. Cyber-bullying and online exploitation may be additional areas to look at.

Conflict resolution

Future research should explore male specific coping strategies in relation to conflict resolution amongst peers. The embodiment of anger in autistic young males would be a particularly interesting area to be explored by qualitative research considering this study’s novel finding around employment of externalising strategies and embodiment. This would provide invaluable insights in areas such as anger management, emotional literacy, regulation skills and interpersonal conflict resolution.

Common interests

The current study provided rich experiential accounts demonstrating the importance of common interests in initiating, mediating, maintaining, and transforming interactions amongst autistic males. Future research could further investigate the impact of common interests on friendships’ development, mental health and education when considering that all participants indicated the significant role of common interests in their socialisation. This area merits further examination particularly when considering the discussed gender differences in socialisation patterns such as boys’ tendency to socialise with peers primarily through participating in organised and structured games and activities.

Intersection between common and special interests

Special interests were related with self-absorption and isolation appearing to prevent the boys from socialising with peers. As shown in this study, when managed appropriately, special interests could enhance social status, popularity and offer recognition. This is a challenging balance to strike, which needs to be addressed by further qualitative research. It would be interesting to explore the ways special interests can encourage and facilitate social interactions with peers while enhancing the students' status in specific contexts such as school or in other community settings.

Camouflaging

Six out of eight boys were found to use camouflaging strategies. This not only enhances the scarce literature focusing on autistic male adolescents but can also challenge the idea that camouflaging is primarily a female phenomenon. Direct comparative studies of autistic girls and boys will shed further light as to how males and females differ when it comes to employment of camouflaging strategies due to the discussed gender differences when it comes to their socialisation, play and behavioural patterns. A substantial number of autistic individuals are identified as belonging to non-binary gender categories and as such there is a need to investigate masking across all genders as research up to date has primarily focused on the female experiences (Glidden et al., 2016; Kim et al., 2011). It would be of particular importance to further investigate how culture, gender and societal expectations contribute towards different patterns of camouflaging (Kreisher & White, 2014).

When considering the discussed literature and as shown from the boys' experiential accounts, it can be tentatively argued that differences in camouflaging might be shaped and influenced by gendered expectations of how girls and boys should socialise, behave in society, and resolve conflict. Autistic females present with more social pressures to hide their autistic traits and to satisfy the societal expectations being placed on them based on their gender. It has been argued that social pressures can potentially contribute towards higher camouflaging levels observed in the female autistic presentation (see, Head et al., 2014; Cage & Troxell-Whitman, 2019). At present it is not clear what kind of expectations exist for autistic males, what is like to socialise as an autistic boy and how societal expectations shape the socialising process. This would be an interesting area of future research. An interesting finding in need for additional investigation is how autistic young males might use their body and masculinity as a façade. The maintenance of a strong body image could be considered as a gender specific form of camouflaging in autistic males, as per this study's novel finding. Further exploration is needed due to possible links with concepts such as masculinity, body image, conflict and embodiment as camouflaging may be influenced and shaped by male specific societal expectations.

It would also be beneficial to investigate whether mental health conditions differentially predispose autistic young individuals towards camouflaging, and the impact of those conditions on camouflaging. To better understand the associations of camouflaging with mental health, future studies should investigate the impact of other variables that might come into play such as environments that are not designed to accommodate for autistic peoples' needs. This has been previously identified by Mandy (2019). To further illuminate the subjective accounts of young autistic males, future qualitative studies could include best friends, parents and potentially their teachers. Last but not least, online masking could be an interesting area for future research considering how internet permeates all social spheres.

5.7 Implications for clinical practice and education

5.7.1 CoP profession

According to the Health and Care Professions Council (HCPC), there is a requirement that counselling psychologists understand theories of life span development (HCPC, 2012). Relevant to this study, this may include typical and atypical or different developmental trajectories. Despite this requirement, there is an absence of mandatory clinical experience of trainee counselling psychologists working with children and young people (Lennie, 2013). Indeed, it has been suggested that autistic individuals may be underrepresented in the counselling profession. It has also been found that these individuals are underrepresented in the literature of counselling and psychotherapy although they ask for professional help (Paxton & Estay, 2007).

There is an increased need to raise awareness, knowledge and expertise within the CoP profession. As such, more qualitative studies need to be undertaken by trainee counselling psychologists giving voice to autistic individuals lived experiential accounts. This is of relevance when considering the predominance of the medical model within autism research. Additionally, the discussed evidence from critical autism studies demonstrates how this group of individuals has been over pathologised, oppressed and disabled. More pluralistic approaches are required to meet the clinical needs of this group and the CoP can play a significant role towards meeting this goal. In accord with the CoP humanistic values system, shifting from a pathological perspective and focussing on the therapeutic relationship and lived experiences of autistic individuals may offer invaluable therapeutic support to this underrepresented client group.

5.7.2 Clinical practice and implications

It is important that clinicians working with autistic young males and their families should be aware of camouflaging as a phenomenon, its frequency and severity. More specifically, the implications of camouflaging should be addressed in therapy as, otherwise, it can compromise healthy identity development for autistic young people and make them prone to mental health difficulties (see Bargiela et al., 2016; Cassidy et al., 2018; Tierney et al., 2016). Feeling forced to camouflage has been proposed to be linked with feelings of low mood, diminished self-esteem, and high stress levels in autistic individuals (Hull et al., 2017). This calls for increased awareness and understanding amongst clinicians when considering the impact of camouflaging on personality integration and expression of authentic self during these transformative adolescence years.

Social comparisons between self and others (autistic and non-autistic) were a recurrent theme in the boys' experiential accounts and some boys presented with a tendency to normalise the negative impact their diagnosis had on their social lives.

These identified areas of need should be prioritised by clinicians and special consideration should be given in individual therapy as they have direct implications in terms of supporting young peoples' self-awareness, realistic self-concept development, acceptance, and incorporation of diagnosis into self. This could enhance recognition of diversity inherent in the human condition. All the above themes have been described in previously discussed literature (Huws & Jones, 2015; 2010; Sarrett, 2011; Shakespeare, 2013; Blackledge & Hayes, 2006; Steiner et al., 2012).

The boys in this study experienced significant challenges with social relationships and engaged primarily in avoidance strategies. However, embodiment was identified as another way of dealing with conflict and on some occasions was associated with camouflaging. This points towards the need for gender sensitive intervention protocols to support male adolescents navigate social relationships through developing skills and resilience to tackle such difficulties. Direct access to young people's voices will help professionals create promising strategies for social skills training in order to increase social interaction, social initiations, improve social responsiveness, reduce interfering behaviours and promote social skills generalisation (White et al., 2007). Such interventions will facilitate a better understanding of social challenges which will hopefully lead to healthier coping strategies for male adolescents.

Interventions addressing difficulties in social interactions with peers include 'social stories' (Gray, 1994a; 2005) and 'comic strip conversations' (Gray, 1994b), which make unspoken social rules and meanings more explicit hence facilitating the young people's social understanding (Tse et al., 2007). Additionally, there are interventions that target ToM difficulties comprised of different media such as pictures, role playing and games teaching perspective taking (Howling et al., 1999; Ozonoff & Miller, 1995).

Stigma concealment was identified as an important motivator for boys when camouflaging. This is an important area for further understanding and support by professionals. It should be noted, though, that encouraging autistic individuals for more authentic socialising may not be associated with improved psychological well-being as most autistic individuals lack access to supportive environments to facilitate such a process (Botha & Frost, 2020). There is a need for on-going dialogue which requires psychoeducation on camouflaging, understanding of stigma and its implications in order to enable inclusive discussions amongst all parties, such as families, professionals, neurodivergent and neurotypical individuals.

Clinicians may consider employing Cognitive Behavioural Therapy (CBT) to support autistic young people to address expressed feelings of low mood and anxiety as demonstrated by the boys' experiential accounts. Several studies demonstrate the effectiveness of modified CBT approaches to target anxiety, low mood, anger management and social function in autistic individuals (Wood et al., 2009; Lang et al., 2010; Sofronoff et al., 2007; Sofronoff et al., 2005; Gutstein et al., 2007; Sze & Wood, 2007).

A common alternative to CBT approaches that is on offer within the NHS is counselling primarily focusing on person-centred therapy also known as non-directive therapy (Gibbard & Hanley, 2008). A recent Randomised Control Trial (RCT) compared CBT and person-centred counselling for autistic adolescents with anxiety. Outcome measures were obtained from parents, teachers and self-reports on levels of anxiety and social disability. Both therapeutic approaches produced positive outcomes and none of the interventions were proven to be superior against the other (Murphy et al., 2017).

Trained clinicians in therapeutic autism interventions could creatively use elements of the above approaches to help young people better identify and understand their camouflaging patterns, motivations behind those, possible functions, and consequences. This therapeutic work would hopefully enable autistic adolescents to develop alternative and healthier coping strategies so they can lead more authentic and satisfying social lives.

However, it would be a major omission not to highlight that a great body of evidence-based ASD interventions place the responsibility on the autistic person to change

(Wong et al., 2015). In doing so, without also modifying the environments in which camouflaging takes place there is a risk for interventions not only to be unsuccessful but also damaging for autistic people. Therefore, greater emphasis should be given on more ecologically sensitive interventions looking to improve the 'mismatch' between the person and their environment rather than targeting the autistic individual only (Mandy., 2019; Mandy et al., 2016).

5.7.3 Educational implications

Following on from the young boys' accounts and in line with discussed literature, school has been identified as a significant cause for stress and anxiety for autistic students. As there has been limited research on the social integration of autistic adolescents without intellectual disabilities (Wainscot et al., 2008) clinicians could work collaboratively with young people, families, and teaching staff to raise awareness and appropriate support for autistic students.

As some of the study's participants appeared quite suspicious when talking about their diagnoses and some of them concealed their autism from peers and friends, a sensitive facilitation of diagnostic disclosure to their peers could have a beneficial impact. Into relation to this, it has been found that a sensitive disclosure of diagnosis to peers facilitated positive relationships and was followed by a reduction of ignorance which led to tolerance of difference (Gus, 2000). It has been found that disclosure of stigmatised identities in supportive environments can contribute towards decreased stress and heightened self-esteem (Corrigan & Matthews, 2003), can lead to receipt of appropriate social support (Beals et al., 2009) and can improve social interactions (Newheiser & Barreto, 2014). The above findings can have direct educational implications in terms of how educational staff can contribute towards creating more accepting and understanding environments for autistic students where neurodiversity is tolerated.

Furthermore, it has been suggested that special interests can be encouraged in more socially acceptable ways to enhance autistic students' social status in the classroom and increase motivation for learning (Tantam, 1991). As per this study's results, special interests could be used to further facilitate acceptance and inform inclusive educational practices.

Regarding conflict resolution, the boys employed primarily avoidance and less frequently embodiment strategies. Tse et al. (2007) has proposed that group social skills training could enable autistic young people to practice social skills whilst being guided. As autistic students tend to be more subjected to exclusions from school compared to their NT peers (Barnard et al., 2000; NAS, 2003b) such trainings could provide a safe space for them to develop relevant skills while respecting their expressed desire for connections and relatedness, in line with this study's findings.

Camouflaging can be seen as a construct that is not only located within autistic individuals, but it should also be examined within the environments which it occurs and the broader ecological context (Jaswal & Akhtar, 2019). This may have unique implications when examining adolescents' experiences of camouflaging in their school settings to further explore as to whether mainstream schools are conducive to camouflaging and if so, how to develop tailored interventions to better meet the needs of autistic students.

5.8 Strengths and limitations of this study

5.8.1 Strengths

One of this study's strengths relates to its sample. Consistent with IPA's core assumption, the sample was small, purposively selected, carefully matched, relevant and homogeneous. This allowed for in-depth exploration of adolescent males' peer friendships and camouflaging in the context of their ASD diagnosis. The strength of the study sample enabled rich experiential data to emerge and, to the best of the researcher's knowledge, novel accounts that complement and enhance the existing literature were generated.

Another strength of this study relates to IPA's concept of 'unexpected turns'. Due to the open-ended nature of the RQs and the researcher's flexibility, a new question was added to the interview schedule, which ultimately led to the emergence of a new theme entitled ‘online interactions’. There is also a clear demonstration of the researcher’s reflexivity throughout the study, from initial conceptualisation to analysis and writing up, which is indeed a major strength of qualitative research approaches.

A major strength of this study was the researcher’s awareness and acknowledgement of power imbalances between himself and the study participants and the actions he has taken to address them (Finlay, 2002). The researcher conducted the interviews in a sensitive manner accommodating for the participants’ unique characteristics. The researcher respected sensory sensitivities, rephrased and allowed extra time for processing questions and included significant others in the interview when requested by the participants.

The researcher assumed the ‘double empathy’ model during interviewing young people and conducted his interviews in line with recent trends stemming from critical autism studies with the main objective being to create alternative, meaningful and more inclusive narratives for autistic individuals (O’Dell et al., 2016; Woods et al., 2018). Throughout this study the researcher aimed to provide a free space for the young men’s voices to be heard in an inclusive and respectful manner.

5.8.2 Limitations

This study’s participants were recruited from one source and as such the researcher cannot make any claims regarding the themes emerged to be representative for all autistic young males. The study was exploratory in nature and any claims for generalisability of the findings cannot be offered. This is consistent with IPA’s adherence to the idiographic focus and the emphasis it places on a small number of cases. Consistent with IPA’s hermeneutic assumption, the researcher acknowledges that the interpretations offered derived from his meaning making that was closely grounded in the corpus of the data. The researcher understands that other researchers might have offered different interpretations.

As all the study participants were co-diagnosed with secondary mental health conditions one must be cautious when interpreting the results. The researcher understands that the employment (or not) of camouflaging strategies may be affected by these conditions. A high percentage of autistic individuals presents with secondary mental health conditions and as such, recruiting young males with no comorbid conditions would have made their recruitment more difficult.

The researcher acknowledges that he has interviewed the young men in their local CAMHS clinic where they attended their routine mental health appointments. Due to this, he wonders about potential associations and their impact on the participants' answers. The inclusion of autistic individuals with additional mental health difficulties might have influenced their answering mode and engagement during their interviewing. This may be of relevance for participants who were anxious and due to this, they might have avoided answering questions if they were too sensitive or emotionally charged. For example, one participant was particularly preoccupied with giving 'correct answers' and due to this, the researcher had to provide reassurance that there were no 'right or wrong' answers and that the focus was rather on individual experiences. Similarly, participants who were struggling with low mood often required more prompting and reassurance to help maintain the interview.

All the analyses conducted for the purposes of the present study, the connections made by the researcher between the original transcripts and the generation of themes have not received any external reliability but were checked by the researcher's supervisor. The study's results have not been externally validated.

Researching a population which has been traditionally thought as struggling with verbal exchange and social interaction makes IPA potentially problematic as a selected method of research enquiry. To mitigate this potential obstacle, a carefully selected sample of autistic and verbally fluent boys without intellectual disabilities was included. Indeed, a recent systematic review has provided clear evidence of how useful IPA can be in extending opportunities for autistic individuals to be represented within autism research (MacLeod, 2019). However, it should be noted that as this study included adolescents who had ASD Level 1 diagnosis, there was a missed opportunity to hear the voices of young people with variable intellectual abilities.

5.9 Final reflective statement

I know the way I have phrased and formulated my RQs and conducted this study shapes my understandings of scientific knowledge and reality whilst it simultaneously excludes other ways of conceptualising the particular phenomenon in question. What I believe I have achieved from this research endeavour is a closer proximity to the social worlds of autistic male adolescents, as I believe one cannot gain a ‘full’ understanding of any given phenomenon.

What I have learnt through this research study is to welcome the opportunity of new ways of learning and understanding of knowledge. I experienced this process as a window to explore the space between myself, the researcher, the research participants and any knowledge and understandings generated from within that space. At various stages of this developmental journey, I have often experienced conflicting feelings of uncertainty, anxiety and excitement. I now believe I have managed to transform all the initially perceived ‘conflicting parts’ into a meaningful whole. I consider these processes of paramount importance both as a person and as a counselling psychologist, and I further treat them as a necessary vehicle for my growth.

Throughout this study, I exercised my skills and ability to reflect on my preconceptions to free up space for the participants’ voices to be heard as much as possible whilst knowing that I cannot fully access their subjective worlds. My experience of this research journey has been close to what Etherington (2004) describes as ‘becoming and transforming’, as throughout, there was a sense of constant movement, change and transformation.

5.10 Conclusion and contextualisation of findings

This study explored the phenomenon of camouflaging in a small sample of autistic adolescent boys, who have historically been excluded from camouflaging research and offered rich and novel experiential accounts of their social worlds and the challenges encountered. Adolescence is a time of change characterised by a desire to ‘fit in’, sense-making about self and cementing of close friendships and relationships, all of which have implications for mental health. For autistic male adolescents to benefit from the developmental value of peer relationships in this formative phase of life, they may find themselves caught in a double bind of camouflaging: experiencing a personal-interpersonal performative tension while compromising the authenticity of these relationships.

This study’s reported results reinforce previously discussed findings that camouflaging is a valid social experience for males, and that differences across genders might reflect variation in the type or level of camouflaging rather than its presence. Although the results cannot be generalised to the broader male autistic population, this study challenges the idea that camouflaging is primarily a female phenomenon as out of a sample of eight young men, six were found to employ camouflaging strategies in their attempt to navigate complex and often challenging social environments. Their attempts were compounded by increased social demands, unwritten social rules, disjunctures in mindreading alongside an awareness of their differences; leading them to alter their natural behavioural inclinations and affecting the formation of their relationships and the expression of authenticity to self and others.

The discussed results provide some preliminary yet significant evidence to suggest unique patterns for autistic male adolescents when camouflaging such as through embodiment and as a means of managing their special interests. In that sense it was a bit surprising for the researcher to see that indeed boys may camouflage differently. However, more research is required to further investigate such findings at larger study samples.

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Appendices

Appendix 1: Diagnostic criteria for Asperger Syndrome (AS)

299.80 Asperger's Disorder (or Asperger Syndrome)

(I) Qualitative impairment in social interaction, as manifested by at least two of the following:
(A) Marked impairments in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body posture, and gestures to regulate social interaction.
(B) Failure to develop peer relationships appropriate to developmental level.
(C) a lack of spontaneous seeking to share enjoyment, interest or achievements with other people, (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people.
(D) Lack of social or emotional reciprocity.
(II) Restricted repetitive & stereotyped patterns of behavior, interests and activities, as manifested by at least one of the following:
(A) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
(B) Apparently inflexible adherence to specific, non-functional routines or rituals
(C) Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements.
(D) Persistent preoccupation with parts of objects.

(III) The disturbance causes clinically significant impairments in social, occupational, or other important areas of functioning.

(IV) There is no clinically significant general delay in language (e.g. single words used by age 2 years, communicative phrases used by age 3 years).

(V) There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behavior (other than in social interaction) and curiosity about the environment in childhood.

(VI) Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia."
The above is taken from the Diagnostic and Statistical Manual of Mental Disorders (4th ed., pp. 70-71) Washington, DC: American Psychiatric Association, 1994.

Appendix 2: DSM-5 Diagnostic Criteria

Retrieved from: https://images.pearsonclinical.com/images/assets/basc-3/basc3resources/DSM5_DiagnosticCriteria_AutismSpectrumDisorder.pdf

Autism Spectrum Disorder 299.00 (F84.0)

A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (see Table 1).

B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive; see text):

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypes, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interests).
4. Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).

Specify current severity:

Severity is based on social communication impairments and restricted, repetitive patterns of behavior (see Table 1).

C. Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

D. Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.

E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.

Note: Individuals with a well-established DSM-IV diagnosis of autistic disorder, Asperger's disorder, or pervasive developmental disorder not otherwise specified should be given the diagnosis of autism spectrum disorder. Individuals who have marked deficits in social communication, but whose symptoms do not otherwise meet criteria for autism spectrum disorder, should be evaluated for social (pragmatic) communication disorder.

Specify if:

With or without accompanying intellectual impairment

With or without accompanying language impairment

Associated with a known medical or genetic condition or environmental factor
(**Coding note:** Use additional code to identify the associated medical or genetic condition.)

Associated with another neurodevelopmental, mental, or behavioral disorder
(**Coding note:** Use additional code[s] to identify the associated neurodevelopmental, mental, or behavioral disorder[s].)

With catatonia (refer to the criteria for catatonia associated with another mental disorder for definition)
(**Coding note:** Use additional code 293.89 [F06.1] catatonia associated with autism spectrum disorder to indicate the presence of the comorbid catatonia.)

Table 1 Severity levels for autism spectrum disorder

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

Appendix 3: Sample of post interview reflexive diary for Thomas (Participant 1)

Post interview reflexivity Thomas

The participant gave limited if not absent eye contact throughout the interview. His tone of voice was low and monotonous. He presented with limited facial expressions. These characteristics were putting me in a difficult position as this was my very first research interview and I was trying to make sense all the above in the context of the interview. I felt it would be a ‘difficult job’ to conduct the first interview. I was excited and anxious at the same time.

Although he answered all the questions, his answering mode was rather brief and therefore I felt I needed to regularly prompt him to elaborate further on his experiences. I was encouraging him to continue by saying to him: ‘can you tell me a bit more’?

While I was interviewing the participant, I was asking myself questions such as:

Are these characteristics related to his ASD diagnosis?

Is he not interested in the research interview?

Is he getting bored?

Can I do something differently to engage him better?

At the same time, I was aware that apart from ASD the participant had a secondary diagnosis of anxiety. Therefore, I didn’t want to push him too much for answers as I didn’t want to unduly distress him. I have therefore stayed with the participant’s experiential accounts and I was prompting him to expand further on the answers he was giving me.

As this was my very first interview, I was stressed about different aspects such as;

Was the recorder on?

Was I focusing too much on the interview schedule as means of ensuring I asked all the questions?

Was the participant’s presentation a result of my interview? Were there any signs to suggest he was getting distressed?

Due to the above I feel that I might have rushed the interview and subsequently missed the opportunity to stay more in tune with the participant’s lived experiences. Overall, I think I might have picked up some of the participant’s anxiety.

Overall by being aware of all the above and their dynamic interplay within the research interview I feel I have minimised to the best of my knowledge my biases and my own emotional reactions. I was happy for my first interview!

I was also mindful that by being clinician in the team I was leaning more towards a ‘deficit’ hypothesis to explain the participant’s engagement. I tried to ‘bracket off’ any preconceptions I might have had regarding the participant’s’ engagement by actively listening to him and by inviting him to think and expand on his own answers.

Appendix 4: Sample of post interview reflexive diary for Jake (Participant 2)

Post interview reflexivity Jake

This interview was particularly challenging. The participant requested his mother to be present in the interview. When I asked him as to why he wanted his mother to be there he did not give me an answer. On retrospect, I felt that the mum might have eased his anxiety and provided him a safe point of reference. But that is only my interpretation. I agreed for this to happen provided that this was initiated by the participant and mum was in agreement. I wasn't expecting such a request. I reminded myself that the whole interview process was not about meeting my expectations but about developing an understanding of the participant's world and lived experiences.

The participant was wearing a hat that covered his eye area during the whole duration of the interview and as such, I wasn't able to catch his gaze at all. His rate of voice was very rapid, with strong accent and what it seemed to be quite severe pronunciation difficulties. As a result, as times I found difficult to understand some of his answers content wise. I have therefore missed opportunities to ask to follow up questions.

On occasions he appeared a bit confused on questions posed or he was answering almost monosyllabically. I was feeling frustrated as the above situation was having a negative impact on the interview and the 'results' I was getting. I was aware of my own frustration and by acknowledging it I have largely managed to contain it. For example, I provided a lot of time for the participant to think and process the questions before responding. I repeated and rephrased questions when necessary. I prompted him when I had the opportunity in order to gain a deeper understanding of his social relationships with peers and friends.

The mother was observing the interview in silence. I was constantly aware as to how I was being perceived by the mother who had an 'outsider's /observer's' role? Was the participant influenced by the mother's presence? If yes, how? Clearly, I didn't have the answers, and this filled me with feelings of uncertainty.

This made me feel rather uncomfortable. Though, I had mixed feelings regarding the mum's presence. On one hand I felt I was being closely observed and on the other hand I was feeling 'safe' from a risk perspective as everything was exposed on to the participant's mum.

I thought to myself that I was not getting 'good results'. By reminding myself that the interview was about entering the participant's world and exploring his lived experiences rather my impression on the results I was setting, I think that enabled me to largely 'put aside' my own internal states so that they didn't contaminate the interview process.

Appendix 5: Semi-structured interview schedule

INTRODUCTIONS

1. Introduce my self

2. Go through the information sheet with YP and parent/carer as necessary

3. Obtain informed consent/assent as appropriate

4. Check with the participant if is ready to start the recording

RQ: 1: EXPERIENCE OF PEER FRIENDSHIPS 2. CAMOUFLAGING AND MASKING STRATEGIES

A. Opening

10. Can you tell me about your friends?
    a. **Prompts: (who are you friends with? how often / where do you meet them (not just the people at school), what kind of activities do you do with your friends?**
11. Do you have a best friend(s)? Please feel free and talk to me about them (him/her).
    a. **Prompts: what makes (name) your best friend? how long have you known him/her? how do you spend your time together? what do you most like about him/her (characteristics)? what does he/she likes about you?**
12. Do you socialise online? Can you talk me about your experiences?

B. Friendships

13. How do you make friends? Do you use any strategies to make friends?
    a. **Prompts: how do you approach someone you want to be friends with? what do you do/say, how contact is being initiated, what do you do to keep peer friendships over time?**
    b. **Probe: can you tell me more about these strategies? (ask for examples)**

C. Challenges and issues

14. Is there anything you feel is preventing you from socialising with your peers?
    a. **Prompts: sensory issues, big groups, fitting in, feeling different, diagnosis of AS, anything else?**
    b. **Probe: can you tell me more about it?**
15. Please take a moment and think of the last time that you had an argument with your peers. Can you describe me your experience?
    a. **Prompts: how did you solve it? what did you do/say? how do you feel about it? did you ask for any help?**

D. What's working / not working

16. Can you describe me what things are working well with your friends?
    a. **Probe: can you give me an example(s) of a thing(s) that goes well with (name of friend)? ask for a concrete example (how you do you feel when things are going well)?**

7. Can you tell me about what things are not working well with your friends?
    a. **Probe: can you give me an example of a thing that did not go well with (name of friend-others)? (how does this make you feel?)**
    b. **Prompts: (do you talk to somebody such as parents, siblings, friends, teachers, other professionals? doing anything else)?**

E. Camouflaging and masking strategies

8. Sometimes people when they are making friendships feel they need to present a certain image of personality that is not really who they are. Have you noticed that?
    a. **Probe: Is this relevant to you? Have you done that? Do you feel under pressure to do this?**
    b. **Prompts: Can you think of any consequences when doing that?**

End of interview

Anything else the participant would like to add?

Debrief the participant and give him the £10 book voucher

Appendix 6: Organisation of themes per chronological appearance in interview transcript for Thomas (sample table)

Themes in order of appearance in transcript	**Corresponding lines in interview transcript**
He has a good number of friends	2-3
Easier to be friends with one or two people	2-4
Groups as stressful	2-4
Groups as harder to understand and react	7-8
One to one interactions as easier	9-11
Difficulty to respond to multiple groups demands & fears of being judged	9-11
Becomes friends with people with common interests (also revising - educational implications)	20-22
No best friend	26-28
Difficulty defining what a best friend is	26-28
Negative impact of social situations in making friends	31-33
Minimizing standards: he becomes friends with someone as long as they are not judgmental	31-33
Friends as source of support at school	36-37
Friends as necessity at school	37-38
Happy to be by himself / desire for isolation	38-39
He makes friends with people who are nice: he defines nice people as not judgmental and as having similar interests	45-48
He finds being around people who are judgmental really stressful	47
He initially denies using strategies to make friends	51-52
Understatement: not the most outgoing person	51-52
He does not initiate social contact	52
Strategy 1: he joins conversations / gives opinions	55-57
Strategy 2: He brings up a topics of likeable discussions	59-60
He defines nice people who are non-judgmental and people who do not make fun of him	65-67
Feelings of constant judgment	70
Judged because it is hard to realize what other people are thinking (ToM)	72-73

Strategies to keep friendships over time: Strategy 1: engage in shared activities	76-78
Strategy 2: avoid conflict	77-78
Heightened awareness of what others think of him prevents him from making friends (ToM) Negative labeling: people wouldn't like me	84-87 85-86
Happy to make friends and socialize if he didn't have this awareness (impact on self confidence)	86-87
Difficulty understanding humour (he gets offended , finds it a bit mean)	90-92
negative labeling	92-93
He is not able to pick up on how people think (ToM-empathy)	96-97
Due to ToM he prefers to be by himself (desire for aloneness)	96-97
Difficulty keeping a secret	103-104
Due to fears of revenge, he developed anxiety	105-109
He felt really bad that he shouldn't have done it He felt a bad person and that people won't be friends with him because he can't keep secrets Expressing fears of revenge Developed anxiety for which he did CBT (mental health)	106 111-112 112-113 115,118-119
Common interests are working well due to element of agreement with others (intersectionality)	124-126
When engaging in common interests he is not anxious (anxiety elimination)	129-132
Common interests are working well due to element of agreement with others	134-138
Common interests make him feel confident	148-151
Common interests reduce feelings of judgement	148-151
Common interests are leading to feelings of shared enjoyment	148-151
He avoids certain activities due to fears of judgment He gives a classroom example/pretence Understands self as different	156-157 159-163 161-163

He scared that his friends are going to laugh at him (fears of being ridiculed)	167-168
Difficulties to pick up jokes- humour He perceives humour as judgment?ToM	175-178 175-179
Comparisons:I -They	175-181
Self as different Separation of self from others	175-181
He gets stressed anyway (severity of)	179-181
Fears of judgment are causing always causing him feelings of stress (severity of)	179-181
He tries to appear more confident than he is (camouflaging strategy)	191-192
He makes things that make him feel uncomfortable just to be liked (forces self to act differently)	192-195
He prefers not to be "as outgoing"- pretends -maintains opposite persona	195-196
He feels if he gives his opinions other people will like him (motivation)	199-205
He would say something he doesn't truly believe to be liked by others/to prove a point (motivation)-sense of connection	201-205
He would lie to be liked by others He would lie for others to think differently about him (motivation)	204-205 207-208
He would lie about things he enjoys doing due to fears that others will make fun of him Comparison Negation of differences	214-217 215-217 218-220
Classroom example again: pretending he doesn't know the answer to a question asked by the teacher	218-220
Negative consequences: ending up badly, becoming something, he is not and not enjoying being that personality.	224-226
Positive consequences: it would help him get more friends and make more people to like him and look up to him	226-228
He does not engage in these behaviours not very often just when it's important to prove a point (that he is not autistic?), is he minimizing? Is he normalizing experiences during the interview?	231-233 238-239

Strategies as an attempt to fit in and be liked by others	244-246
He feels he needs to engage in these behaviours and he will do it very easily (necessity, not choice)	244-248

Appendix 7: Table of emergent themes for Thomas (Participant 1)

Strategies
- Joins conversations/ gives opinions
- Brings up likeable subjects for discussion
- Engages in common interests
- Avoids conflict

Common interests
- Shared sense of agreement
- Reduce anxiety levels /positive impact on mental health
- Increase self-confidence
- Increase positive feelings
- Meeting point of special -common interests and impact on socialising

ToM:
- Difficulty to understand how people think
- Difficulty to understand humour
- Heightened but biased awareness of what others think leads to strong feelings of judgement
- Development of anxiety and need for CBT

Talking about friendships
- Difficulty to describe what a friend is
- Groups as stressful vs 1:1 as easier
- Friends as source of support and necessity at school
- Desire for loneliness

Masking and camouflaging
- Pretending to be more confident/outgoing
- Lying as strategy to be liked by others
- Doing things that make him feel uncomfortable
- Strategies as an attempt to fit in and be liked
- Positives: people to like and look up to him
- Negatives: ending up badly – implications for integration of personality

ASD diagnosis
- Understanding self as different
- A self in conflict
- A transformed self
- A separated self from others
- Unwanted parts of self
- Comparing self to others
- Comparison: ‘ I am not good as…’

Appendix 8: Table of emergent themes for Jake (Participant 2)

Online socialising
- Socialising via social media
- He needs to be careful: Awareness of fake profiles and associated risks
- Difficulties to respond to multiple messages (he gets confused)

Common interests
- Central aspect in friendships (making and maintaining)
- Exposure to common interests promotes well-being
- Expression of positive emotional states

Strategies
- I am a common guy (is he normalising?) I am ok to hang out with

Benefits of friendships
- Friends as source of educational support
- Friends as source of support when struggling with socialisation (ostracised)
- Friends as help to build up self confidence
- Positive impact on mental health
- Educational implications
- Talking with others improves his social communication skills

Camouflaging and masking
- Fictional account of friends
- Normalising strategies
- Confusion? denial
- Limited means to describe lived experiences?

Difficult experiences
- It was so really bad (trauma)?
- He claims AS diagnosis does not affect his social relationships – is he in denial?
- Social competence (shy, timid)
- He understands the importance of socialising (but it doesn’t come naturally)

Appendix 9: Table of emergent themes for Nick (Participant 3)

Talking about friends
- Difficulty to clearly articulate what a best friend is
- Difficulty to describe friendships
- Friends as source of educational support
- Fiends as nice as opposed to majority of others

Common interests
- Central aspect in making and maintaining friendships
- Enhance his well being
- Positive impact on mental health
- Online gaming/socialising

ToM difficulties / social interaction difficulties
- Difficult to describe what others like about him
- Social interaction difficulties to (initiate /respond naturally)
- His mind needs ‘persuasion’ to talk to others / socialising as aversive
- Difficulty to name recognise feelings to self
- Limited skills to deal with arguments

Strategies when making friends
- He monitors others to classify friend’s vs enemies (from vantage point)
- Talking about common interests to initiate contact

Diagnosis and impact on socialisation
- Diagnosis does not change his identity
- Diagnosis does not affect him or others
- Incorporation of diagnosis to self? denial?
- Normalisation of difficulties?

Getting into fights
- Provocations by others lead to fights
- Ideas around strength and masculinity
- Fights as means of conflict resolution
- Need for professional intervention / anger management issues
- Limited empathy about fighting others
- Fights as protection towards future provocations

Camouflaging strategies

- It is other people that pretend – not him
- Others feel the need to do it due to social pressures to fit in?
- Others are scared of him, thus the social conventions to fit in do not apply to him? (as they do not approach him)

Appendix 10: Table of emergent themes for Ashley (Participant 4)

Description of friendships
- Good understanding/description of friendships
- Social reciprocity as important aspect
- Humour as quality
- Development of friendships over the years
- Physical and emotional availability of BF
- Acceptance as autistic and gay
- He and his friend have the same ‘blank’ mood (ToM)

Common interests
- Core aspect in making and maintaining friendships
- He assumes central role
- He becomes likeable via activities / encourages others to try activities
- He becomes a leader

Online socialising
- Physical & online socialising
- Social media as really good
- Online chatting as forums for discussion and debate
- Analysing and theorising on subjects

Camouflaging strategies
- Pretending: looking strong even if you are not (body façade as means of protection?)
- He uses fake personality at school to get along with people without ASD
- Imitates ways of talking
- Completely changes his body language
- It’s like a disguise
- He can be someone totally different ‘I don’t have a disability I am normal’
- Impact: blocking the self
- Positives: he gets information he wants
- Negative: he doesn’t like doing it just to get a reaction

Experiences of bullying and discrimination /arguments

- Experiences of bullying, discrimination (from teachers and students)
- Onset in primary school
- Teachers having limited knowledge -understanding of ASDs (restraining)
- Students as not understanding / accepting
- Change of school placement due to bullying via mother’s intervention
- He gets bullied because of his diagnosis
- Due to provocations by peers / mean comments
- With teachers for not complying with school rules
- ToM associated difficulties

Comparisons

<u>Friends with ASDs are:</u>
- Protective against mean comments, they defend each other , they have each otrher’s backs

- More understanding due to having similar experiences
- Have similar interests
- Have different ways of doing, learning things
- We are like a tribe: he interacts with people with ASDs

<u>People without diagnosis are:</u>

- Different, 'too conservative'
- They are not understanding
- Hard to get along with them
- Have different ways of socialising
- Different ways of doing and learning things

Factors influencing socialisation

- Embodiment 'my depression'
- He purposively isolates himself so that he does not influence others
- Parental disapproval of his friends
- ASD diagnosis: it affects me a lot due to; fears of discrimination, worries he might say something wrong, being different, a bit slower

Social contact and strategies when making friends

- He does not initiate social contact with others
- Contact with others is initiated via activities he is good at
- He becomes likeable via activities he is good at and others approach him
- He encourages /gives them advice in activities

Appendix 11: Table of emergent themes for Mark (Participant 5)

Language used to describe friendships

- Limited language to describe friendships
- Limited ability to name qualities of BF
- Developmental aspect

Socialisation

- Reduced need to socialise
- Desire for aloneness
- Mothers as pool for socialisation

Common interests

- Core aspects to his friendships
- Special interests change throughout time
- Maintains friends via common interests
- Friend as ‘delayed’ in years – common vs special interests development
- Places self in superior position – more developed

ToM difficulties

- Difficult to say what his BF likes about him
- Mental inflexibility (becomes defensive)
- He finds the question awkward
- Misinterpretations in social interactions
- Limited skills to resolve arguments

Online socialising

- Online different to face to face interactions
- Easier to hide feelings online (online masking)?
- Lack of ‘emotional interaction’
-

Camouflaging strategies

- No
- He instead refers to an idea of real -authentic self where there is no need for strategies
- Diminished ability to camouflage?
- Is he too literal?

ASD diagnosis

- Lack of acceptance?
- Normalises his experience
- Suspicious in the prospect others knowing he has ASDs
- Others having similar traits- sense of belonging / eases interaction

Appendix 12: Table of emergent themes for Bob (Participant 6)

Online and close friends

- Online friendships US
- Awareness of online risks
- Trust builds over time /uses judgement
- 2 close friends
- He turns to online socialising due to difficulties with social relationships in real life -alternative pool of socialisation

Common interests

- Central aspect
- Learn, teach each other
- Mediate social interaction
- A sense of belonging - fits in – not an outcast
- Intersection of common and special interests /turn into obsessions
- Restricted interest and negative impact on socialisation
- Understanding of difference due to obsessions/ he actively control how much he talks about special interests

Qualities of friendships

- Trust, encouragement
- Friendship develops over time
- Honesty
- Someone he can talk to
- He reciprocates support
- Lack of arguments

Strategies

- Observes others but trust issues get in the way

Comparisons

- Sister and others as privileged
- Him as different to others, ‘weird’ - internalisation of diagnosis
- Past vs future self – a sense of progress

Difficulties

- ToM difficulties
- Social communication difficulties
- Target to be exploited
- Lack of trust
- Romantic relationship- he got used - impact on mental health -sought help due to depression
- Arguments with his mother due to loneliness

Diagnosis

- Depression and impact on socialisation (helplessness, social isolation, lack of trust, isolation)
- Detachment

- Lack of connection
- Socialising is hard regardless ASD or not

Camouflaging and masking

- Acting different to who he really is

In order:

- To not come across as weird / internalisation /negative labelling
- To fit in
- Not to embarrass himself
- To negotiate difference

Impact:

- blocking emergence of real self
- Toll to pay sacrifices self for interaction with others
- I can't be me
- To navigate the school environment
- Loss of agency
- Loss of authentic self
- Leads to a sense of disconnection

Appendix 13: Table of emergent themes for Peter (Participant 7)

Talking about friendships / friends as source of support
- Close vs friends in general
- A need for connection: like brothers and sisters
- Friends inside and outside school
- Friends and positive impact on mental health – to manage anxiety
- With friends outside school they have a different bond, they are more free
- Friends from school are part of the school community
- Friends as caring, nice, telling them secrets, being available, helping and supporting each other
- Friends as helpful ‘no matter what’, he expects unconditional support
- Developmental aspect: they grew up together

Online socialising
- Maintains contact online
- Outside school friends are made via social media
- Social media as really good

Common interests
- Common interests central aspect in friendships
- Friendships are maintained through activities
- Common interests ‘click them together’

Strategies:
- Compliments, is a good person is general, treats them nicely , gives them money (exploitation)?
- He retains his optimism despite difficulties

ASD diagnosis
- ASD and negotiation of difference
- Identifies different levels of disability
- Negative labelling ‘retard’, ‘stupid’.
- Invisible disability
- Different levels of disability and socialisation: it depends how badly they are affected

Diagnostic comparisons:
- **ASD vs non ASD ,**
- Negotiates ideas of normality
- Describes self as having something ‘wrong’
- Knowing others with ASD gives him a sense of belonging
- Easier to socialise with ASD due to similar characteristics, sense of belonging

Difficulties
- Difficult to deal with change and routine disruption
- Difficulties to deal with arguments ‘he hates negative vibes’
- Aggression and arguments are interfering with ideas of normality – he feels as if he has done something wrong
- Ignores arguments, avoids arguments

- When friends are entering relationships he feels alone, he then needs to find new friends, fears of losing friend
- Over reliant on friends?
- Anxiety, shyness and impact on socialisation

Masking and camouflaging

- He will act normal (due to ToM difficulties) to hide he has ASD but just a little bit
- We will act calm; he may talk about things he is not interested in
- With BF he hides less ASD traits compared to other friends
- Functions of masking: to get along, to have more allies than enemies,
- He would change things he might talk about due to non-having similar interest and avoid having disagreements

Appendix 14: Table of emergent themes for Sebastian (Participant 8)

Talking about friendships
- Limited need to have friends
- Developmental aspect of friendships: ‘I have known him for longest’

Common interests
- Makes friends with people with common interests
- Common interests initiate, maintain friendships, increase social interactions
- Intersection of special interests with obsessions / and impact on socialisation

Difficulties
- Difficulties in sustaining conversations
- Struggles to regulate humour, acts ironically, cynical, tries to be funny, not always successfully
- Antagonism in friendships?
- Arguments with others: ‘my mind is doing it’

ToM
- Meek, shy, not telling much when making friends (Tom)?
- Making unfunny jokes, saying something rude impacts on his socialisation with others as it prevents him from talking to that person again (ToM)?

Strategies when making friends
- Over apologising as coping strategy / compensates for difficulties with social interactions
- Acts as a tv character, uses pronunciations and mannerisms, ‘it just happens’ unable to control it?
- Tries to make them laugh, talks to them about areas of their interests
- Helps others, makes an effort to be nice to people

ASD and impact on socialising
- ASD and impact on social life: obsessive thoughts around normal bodily functions
- Feelings of paranoia
- Acceptance of diagnosis?
- Diagnostic considerations: he gets paranoid in the prospect others knowing he has ASD
- Implications for acceptance and incorporation of diagnosis
- He hangs out with friends with similar characteristics ‘they are kind of like me’ – a sense of belonging
- He retains a highly suspicious position

Social comparisons:
- Jealousy / antagonism to others with similar interests?

Strategies /conflict resolution

- Self-reserved at school as coping strategy to avoid arguments, conflict
- Isolates self: spends time in special interests in exclusion of socialising

Others

- Romantic relationship as means of increasing his popularity : girlfriend as more popular than him

- Online browsing re common interests, special interests and jokes

Masking:

- Acts differently when first meeting new people
- Saves topics for discussion once friendship has been established
- Out of fears that he will bore others,
- Actively controls how much he talks about his special interests
- He would make milder jokes with new friends

Appendix 15: Identifying recurrent themes across interviews

Superordinate	**Subtheme**	**Thomas**	**Jake**	**Nick**	**Ashley**	**Mark**	**Peter**	**Sebastian**	**Bob**	**Present in over half sample**
Experiences of friendships/socialisation	Support	X	X		X		X		X	Yes
	Bullying/arguments		X	X	X		X	X	X	Yes
	Online socialising		X	X	X	X	X	X	X	Yes
Common interests	Mediation	X	X	X	X	X	X	X	X	Yes
	Benefits	X	X		X	X	X	X	X	Yes
	Intersection	X				X		X	X	Yes
Strategies when making friends and socialising	Observing/joining	X	X	X			X	X	X	Yes
	No need	X	X		X	X		X	X	Yes
	Dealing with conflict	X	X	X	X	X	X	X	X	Yes
ASD diagnosis and socialisation	Negotiating differences	X	X	X	X	X	X	X	X	Yes
	Disjunctures in empathy	X		X	X	X	X	X	X	Yes
	Mental health	X	X	X	X		X	X	X	Yes
	Comparisons	X		X	X	X	X	X	X	Yes
Experiences of camouflaging	Camouflaging strategies	X	X	X	X	X	X	X	X	Yes
	Motivations and functions	X			X		X	X	X	Yes
	Impact on self and consequences	X			X		X		X	Yes

Appendix 16: Tracking recurrent themes in interview transcripts (line numbers in interviews)

Superordinate	Subtheme	Thomas	Jake	Nick	Ashley	Mark	Peter	Sebastian	Bob
Experiences of friendships/socialisation	Support	36-39	2-4,30-31,48-50,58,61-62,156-158,160-162		48-56,60-62,376-382,313-318		44-47,49-51		74-77,53-55
	Bullying/arguments		119,123-124	170-173	282-293,376-382,278-281,301-310		147-151,153-158,174-175	185-189,191-197	144-148,150-151
	Online socialising		98-101,106-109	30-31	18-19,27-28,32-35,37-41	142,146,148,156-158,245,247,249-250,252-254,256-259,	17-19,63-64,301-306,308-311	244-246,249-255	6-9,13-16,183-186
Common interests	Mediation	20-21	10-12	3-4,60-61,63,75-76	9-12,104-108	9,11,74-75,94	53-55,87-89,292-294	6-7,12-14,28-29,61-64,70,82-83,86-88,90-92	40-42,44-48,61-63,57-59,63-65,68-71
	Benefits	129-132,148-151	148 -151,154,156-158,160-162		188-193,327-332	119-120,231	29-31,191-194,196-198	212-215	156-158,165,166-169
	Intersection	124-126				62-64		226-229,36-38,51-58,92-94	136-140,160-162,202-206
Strategies when making friends and socialising	Observing/joining	55-57,59-60	84-87,92-93	85-90,93-95,98-99,107-109,111-112			5-7,7-10,86	126-127,107-110,233-236,239	83-84
	No need	45-48,51-52	81		131-139,147-158,161-170,173-177	125,127-131,136-137,139		101-105,122,243	86-90,101-102,106-108,110-112
	Dealing with conflict	77-78	70-73,119,123-124	71-72,209-212	339-344	220-221,214-216,223-224	72-76 ,125-128,164-171	46-47,68,218-220,222-223	132-136
ASD diagnosis and socialisation	Negotiating differences	218-220	114	118-121	221-227 ,228-234,260-269	163,173-174,192-193,196	131-132,134-136,138-144,210-215,230-233	158,160-161,164-165	258-261,264-265
	Disjunctures in empathy	72-73,84-87,90-97,175-179		76-77,182-183,185-186	116-118	79,101-102,98-99,105-106	140-142	53-56,147-150	115-116
	Mental health	105-109,115,118-119	30-33	190-191,193-194	197-204		102-105	132-136,139-141,143-144	122-127
	Comparisons	214-217,51-52		210-212	180-184,185-186,385-388, 246-257,346-354,371-385	180-182,188-189,110-113	260-266,201-207,235-241,269-276,280-286,292-294,296-297	43-46,205-209,167-168,170-172,174-177	190-192 ,194,252-253
Experiences of camouflaging	Camouflaging strategies	191-196,231-239,244-248	6-7 , 36,65-66,201,204	199-200,203-205	393-403,439-440,447-450	265-266,268,271-272	321-327,318-319,337-340,342-348,359-363,377-379	270-274,237-238,107-109,116-117,119-120	239-242,197-199,209-211,107-109,114-1117,119-120
	Motivations and functions	200-205,207-208,244-246			419-425,430-436		331-332,334-335	276-280	214-216
	Impact on self and consequences	224-228			406-408, 408-411,453-464,465-471		370-373		234,230-232,222-225 , 225-227

Appendix 17: Sample of analysed themes across participants with corresponding key extracts

Superordinate theme 1:

Superordinate	Subthemes with key extract examples	Thomas	Jake	Nick	Ashley	Mark	Peter	Sebastian	Bob
Experiences of friendships/socialisation	Support	*'I just have friends (.) because it's a bit easier to be at school and have friends. If I (.) didn't have to go to school I wouldn't really want friends I am happy by myself' (36-39)*	*'He helps me a lot when I am struggling… (30-31)*		*That he has his own time where he can listen to me for problems I feel like need talking about, or if I – well rarely – need any some sort of comfort. He is there for me'* *(60-62)*		*'They are usually really caring if I have a problem they help me, if they have a problem I help them just like (.) like anything in general but like it's just like (.) I don't know it's just like about a bond (49-51)*		*I was there to encourage him to be a voice actor because he wasn't sure about like whether he should or shouldn't as is like, I was there to kind of like encourage him to say (.) 'you should try it' because it's like he is good at it (74-77)*
	Bullying/arguments		*'It was really bad. I am not sure about that. I don't know how to explain it. It was so really bad' (123-124)*	*'I've had a few fights at school, that was only two and it was mostly because it was just people being rude to me, I'd start off and people would be saying*	*'Then they sent me to a detention room where I got bullied even more in there. I kept on getting constantly restrained there, because they kept thinking that I was trying to do something to her and whatever. So then*		*'I had a 'um' I might have I had a few arguments 'um' for example, I was playing I was doing PE and I was just acting normal and he was being kind of a inaudible because he lost*	*'But for some reason 'um' is always definitely my mind doing it, but 'um' I don't know, 'um' I think ,I started I think I found her annoying or something and I think I just been rude to her I think in the past 'uhm' and 'uhm' I*	*I kind of lash out at people who do kind of want to spend time with me (148)*

				'You want to have a go?', 'You want to have a go'? That sort of stuff. So, basically, I did give them a go and that was the end of that' (170-173)	*after a while, my mum came around, and decided that I left the school. It still continued in the area that I lived in, because the kids would nonstop make fun of me for you know, what I'm doing, or how I you know, learn'* *(376-382)*		*and then he was saying hateful things to me and I said hateful things back to him we didn't talk for a few days but then we managed to come back together' (147-151)*	*think in lessons or something 'um' I probably said some… like cynical or stupid stuff about her oh I can't remember' (186-189)*	
	Online socialising		*'When I am socialising I have to be careful to the people to the people I am talking to (.) because (.) because (.) he may seem as a person there but at the picture on it it could be like could be fake and it could be like taking your details…' (98-101)*	*'so each of them bring a controller and we'll just all play like call of duty game together and just like that will do that its really funny' (30-31)*	*'It's really good. We are part of many groups, and that we choose to join. And the groups that we choose have to do with theorising and analysing certain subjects that we like to talk about. That's what we tend to do with our experiences with social media'*	*'It doesn't have enough any sort of emotional interaction as such' (247)*	*'I have friends outside school which I have made through social media or my friends will introduce me to them and then (.) I start getting along with them' (17-19)*	*'I don't really use chat rooms or anything like that but 'um' I use social media to make plans with my friends or just like browse to for like 'um' I don't know music related things or things I might find funny or something like that'(244-246)*	*'well the thing is like that like I socialise online because of the fact that I am more of an online person. And is because of that (.) is like (.) that I don't know that many people or rather I don't know anyone in real life. Is like that's is like I meet people (.) because I know a lot of people from US but I hardly know anyone from like (.) UK' (183-186)*

					(32-35)				

Superordinate theme 2:

Superordinate	**Subthemes with key extract examples**	**Thomas**	**Jake**	**Nick**	**Ashley**	**Mark**	**Peter**	**Sebastian**	**Bob**
Common interests	Mediation	*'I usually make friends with people with common interests so (.) making music together and playing sports, skateboarding, that kind of stuff and yeah (.) sometimes even like revising for tests and stuff' (20-21)*	*'when it comes to the cinema usually watch scary movies and then and then when it comes up to school usually like we used to do like plans…(10-12)*	*'My friends are just the people around me, who 'um' sort of like me, like simi… like people who like similar stuff that kind of thing…' (3-4)*	*'Well we're friends as we have a lot in common with each other, we're interested in the same things, and like talking about the same things, and we both have different ways of thinking of how see the world. So we like to have our friendship through that'* *(9-12)*	*'Well mostly I have social interests with them. Well, yes definitely (9-10)*	*'we might be doing something, for example we might be doing football, we might have fun, I might know their names, and then it starts building like…' (87-89)*	*'I mean they are similar to me in terms of interests and 'um' and 'um' yeah' (6-7)* & *'so I am quite interested in music very and yeah 'um' they are too slightly but not to the same extend as me so I will talk to them about music and stuff …' (28-29)*	*'What I like about him is that (.) is like me and him having similar interests and is that (.) is like, sometimes if I want to get into like an anime or is like if I don't know whether I should or shouldn't, like (.) I kind of ask him if I should try it…' (61-63)*
	Benefits	*'If I like to do something and they like to do something we 'um' (.) do it (.) and I am not (.) I am not anxious or anything I am just (.) it (.) it always works*	*'Because like the more I talk to them it really helps me and that if like I not talk to them I ll be like confused and then (.)*		*'Well when it comes to activities I seem to encourage them to at least give some help, if they say 'oh no I*	*'He is quite into recording music and so he is teaching quite a lot about that. which it's*	*'usually, like(.) when we have free time I usually come to them we usually hang out in the football cage, we*	*'I went to a school trip last week I just got back on Sunday. Belgium. For music which is pretty good. And I socialised with quite a lot of people*	*'Is like I kind of (.) fit in a way, not just like outcast in a way' (165)* & *'The only good experience*

		so well' (129-132)	*it will be hard for me' (160-162)*		*don't know if I can do this', I'd encourage them on how to do it, or I give them good advice on how and what to do it within that time. Like you know, I seem to be making these activities really liked, and they like to do them whenever they can' (188-193)*	*fun' (119-120)*	*have fun times' (29-30)*	*on the trip like people I wasn't friends with before and stuff like that and 'um' yeah, so it was really nice to be on a trip and stuff' (212-215)*	*I can say is just like whenever (.) whenever I do like (.) sometimes play a game or is like when talking about something that I am interested in and that's about all I can say' (156-158)*
	Intersection	*'We have common interests and we can 'um' (.) agree on those things and 'um' (.) do things (.) because of our common interests' (124-126)*				*'We are both very interested in lots of music my genre 'um' (.) he is quite very into cars when I used to be (.) that is sort of a delay of years 'um' (longer pause) how much more can I say really?'*		*'um' partly because I kind of don't socialise with people I don't have a massive group or anything, partly because 'um' I am most, like, the think basically I am spending my time in the things I am interested in like not I don't like many people not yet 'um'*	*'I used to like be a Sonic fun and is like I used to just be kind of one sonic kid that just likes it and it's kind of a bit obsessed with it. Now I try not to talk about it like that much of how much of a fun I am of things because (.) In a way I do kind of get*

						(62-64)		*yeah' (226-229)*	*obsessed with stuff a bit (he emphasizes the word) but is like (.) not too much (.) because of the fact that is like (.) I don't want really be like that again' (202-206)*

Superordinate theme 3:

Superordinate	**Subthemes with key extract examples**	**Thomas**	**Jake**	**Nick**	**Ashley**	**Mark**	**Peter**	**Sebastian**	**Bob**
Strategies when making friends and socialising	Observing/joining	*‘I’ll just mention something to them and if they are talking about something I will join in I will give my opinion. So (.) they could (.) they could kind of get to know me’ (55-57)*	*‘I will go to them and ask them. I will tell them that I want to be my friends’ (92-93)*	*‘I will be sitting in the back ‘um’ of the classroom where I always am and then when someone, I will basically be looking over to see if there is anyone, I could be friends with and who wouldn’t be my enemies, who would and that sort of thing’* *(93-95)*			*‘When I make a friend, I usually check on their personality if they are nice or not just to know stuff. All my friends that I have they are usually nice to me’ (Peter:5-7)*	*‘I don’t I don’t really know (.) is ‘um’ actually I think I am trying to be funny to myself but is not that funny I don’t really know (longer pause) so ‘um’ I will act like as a tv character or something is not really …’ (107-110)*	*‘I kind of just observe what sort of person they are and is like (.) if I can go along with that, then, I ll see if I can trust them, but if I don’t(.) then, I will just be on my own’ (83-84)*
	No need	*‘I think (.) not really. Because I am not the most outgoing person. Most of the time it’s them who want to be friends with me’ (51-52)*	*‘No. I don’t’ (81)*		*‘Well as in my personal experience over the years, as I’ve aged, I don’t make friends. Usually, it’s people come up to me asking if they want to be my friend. When it really comes to me and my social life I seem to not*	*‘I just don’t don’t need to go out of my bed really to talk to people. But I ‘um’ any strategies? I wouldn’t say so. If someone is going to be your friend, then certainly*		*‘when I meet someone at the moment ‘um’ over the last year or something, ‘um’ I tend to I am I ll be quite meek or just like shy not really tell much or something, ‘um’ apologising*	*‘…if I open myself up, I could be opening myself to someone either using me, hurting me or just taking my kindness for granted. And is like*

					really talk to other kids, I seem to keep myself to myself, but they seem to come to me' (131-139)	*you wouldn't have to employ strategies to ensure they like you. But (.) no. it's often well in most cases that are being our mothers knowing each other for some reason and (.) then 'um' yeah' (127-131)*		*for various things and stuff like that, or for some reason I sometimes when I saw someone new I don't know I kind of like I don't know I act ironically I guess like entirely (.) I don't really know' (101-105)*	*(.) I am caring but is that sometimes I don't like when I am used for whatever purpose' (106-108)*
	Dealing with conflict	*'… I try to avoid any (.) conflict (.) any (.) if they don't agree, if they don't agree with me I won't argue I'll just leave it' (77-78)*	*'it's like I try to find John when John is having trouble I kind of help him and when I am really when I am really in trouble then he is standing there he comes to me and saying like why are you standing there by yourself?' (70-73)*	*'There is just people, people will see me a different person so (.) but lots of them just see me as bigger than them, has gotten into fights before and doesn't actually get a single scratch on so they don't really want to*	*'You know sometimes I can be classed as strong in my group of friends I have. I'm being classed strong even though that I am clearly not. So I may look like you know, sort of you know, strong looking dude, who isn't to be messed with a lot, even though that I'm clearly not.*	*'Not comfortable obviously it's never a nice thing to actually argue with someone but (.) yeah (.) yeah' (223-224)*	*'I like to (.) just be (.) a good person in general, because if you do bad things nothing is going to happen. Is better to have like more allies with you than more people against you so I like to be nice to everyone, I like to have fun with them, just to help anyone to help make them happy*	*'to be honest I don't have many like actual difficult experiences with people in my school because 'um' I mean I am quite reserved in school 'um' (longer pause)' (218-220)*	*'well it's either they think of something as right but really is wrong or they are in to something that I am not sense like, is like something is either bad but it could be stuff like crap music or gangs or shit or not ,or is like people talking about football whatever (.) where is like (.) is like (.) I*

				go' (209-212)	*People could, you know, mistake me as strong, even though that I am physically not capable of giving a punch…' (339-344)*		*that's it' (Peter:72-76)*		*am not into that ,but if someone like has a go on me for it, is like I'll kind of have a go back cause I can really generally say how I am interested' (132-136)*

Superordinate theme 4:

Superordinate	**Subthemes with key extract examples**	**Thomas**	**Jake**	**Nick**	**Ashley**	**Mark**	**Peter**	**Sebastian**	**Bob**
ASD diagnosis and socialisation	Negotiating differences	*'And (.) if (.) if teacher asks me a question I'll (.) I'll say I don't know because I fear that if I say it (.) 'um' (.) I know the answer but if I say it I will come across in a different way that I don't want to' (218-220)*	*'No' (114)*	*'No not really, so most of my year know that, most of year 7 know that,but (.) no, not really doesn't really affect anyone, because everyone knows me for at least six months, so it doesn't really change who I am at all, I'm still me, like why would it*	*'Well apart from my friends, who also have autism, like me, yes it does affect (.) my autism does affect my social life. It affects me a lot, because when it comes to me being autistic I'm always afraid that I will be discriminated for it you know, as I have many times in schools, and in different ways of socialising with kids. I always worry*	*'Not really. Hardly. Because basically people I do talk with they were also being suspectively diagnosed with (…)' (173-174)* *'Well because they act similarly to me, talk similarly to me, and obviously, I have been diagnosed so (…)' (184-185)*	*'I might be like fidgeting a bit too much and I shouldn't, because fidgeting is normal but when I was like doing a bit too much and sometimes, I wouldn't (.) I don't understand how people feel (.) cause if they were sad I wouldn't know (.) so I just act like normal, like everything was ok. But now, I will say is less, not as much. Only thing I would think is like (.)*	*'I just be really paranoid about like people know and something like that 'um' (158)*	*'is just (.) it's hard to socialise with anyone. Is like (.) If I don't trust you as a person autistic or not I won't trust you' (264-265)*

				change or anything like that' (118-121)	*I might say something they won't like or say that I don't know something because I'm autistic' (221-227)*		*say if I get like (.) happy or sad it might just be like a little bit more like how maybe a normal person will feel' (138-144)*		
	Disjunctures in empathy	*'I feel they say something about me or thinking something. I find it a bit like hard to (.) realise what people are thinking' (Thomas:72-73)*		*'I don't really feel happy, sad or anything when doing that sort of thing' (182-183)*	*'So we both are usually in the same mood, we seem to have a mood of, you know, not a happy mood and not a sad mood, we'll just have a blank straight face…' (116-118)*	*'I wouldn't know what he thinks of me actually you have to ask him it's rather awkward' (101-102)*	*'…sometimes, I wouldn't (.) I don't understand how people feel (.) cause if they were sad I wouldn't know (.) so I just act like normal, like everything was ok' (140-142)*	*'…when I talk to someone or if I make like a sl… like an unfunny joke or just something like that, or 'um' I say something rude I tend to dwell on that afterwards for quite a lot and it will affect me from talking to that person again' (148-150)*	*'I think is just generally just not knowing how to go with the people and also not knowing that many people that I can trust' (115-116)*
	Mental health	*'Help? Yeah, yeah, yeah. I've had anxiety for a long time. Anxiety and stuff. So, yes. I did CBT and…' (118-119)*	*' for example (.) 'um' if (.) if I am like I think timid (.) cause I am really timid John helps like me to bring up my confidence and I've got better time to college' (31-33)*	*'No didn't ask for any help but after that I was meant to go to the school's counsellor for a while (.) And yeah' (190-191)*	*'My depression affects me (long pause) Yeah so my depression affects you know, me and my social life because I don't tend to socialise as much as I used to. (.) I tend to purposively isolate*		*'I think like (.) maybe my anxiety. Cause sometimes I don't know like, I will know them, I will be ok with them, but sometimes I might just be a bit too shy to come to words with them. It has 'um' happened (.)*	*'I tend to be quite awkward I guess around people. 'um' (longer pause) 'um' so I get (.) I tend (.) to get kind of paranoid about things like whether I am sweating, or I don't know (.) whether*	*'Because (.) like with my depression is like I don't really know how to open up to that people and like my self-confidence is shit is like I am trying my best but is like I am*

					myself, you know I just tend to sit in my room, have a dim blue lamp and just read, and have my drink, tea or whatever. So I tend to isolate myself purposively, because I don’t want it to be that my sadness influences them onto them being sad as I am. I don’t want to influence them, so you know, they get the same influence as I have’ *(197-204)*		*but eventually I managed to pull and talk to other people’ (102-105)*	*my breath smells or something like that I’ll be paranoid or If I have like a bit of dry skin on my face or something I will be paranoid of like (.) something like that’ (132-136)*	*struggling and most of the time I am by myself and is like (…) I don’t really know what else to do. So that’s normally why I (.) just kind of talking away to (.) because I don’t really know where else to go, who else to trust and what to do. Because I keep trying but I keep failing’ (122-127)*
	Comparisons	*‘It is like more the things I enjoy doing and that I don’t want people to think because they will think I am, not as (…) like (…) They will think (.) they will make fun of me for doing it (.) then I won’t tell*		*‘But lots of them just see me as bigger than them’ (210)*	*‘… You know, we are like a tribe we are, lost out to other people’ (180-184)* *‘Surely they would say it to me ‘Oh your disability is a leak in this world, no one likes autistic people, get out of here.’*	*‘um’ yes but I wouldn’t want to confirm that because I don’t know (longer pause) I don’t know if they actually have been diagnosed with (thing – best guess / he lowers his voice)’ (180-182)*	*‘…my friend I was talking about that had depression he has like autism but he is like less than mine. Cause with me and him you can’t really tell we have it, but we do. And usually it makes me feel good cause like I am not the*	*‘At one point I did have a girlfriend for over a year, and then she had more friends than me she was more popular, and I kind of associated her with more popular people and stuff and I got into few parties and stuff like that*	*‘…I would rather have someone that I know I can invite over because (.) my sister (.) she has friends that like (.) she can just invite over (.) I don’t have that privilege like*

		them' (214-217)			*But now it's sort of died down you know, I can sort of relax in hope of not getting criticism for my autism' (385-388)*		*only one. 'um' with my other friends, they might have dyslexia, might have speech impairment, and that's like, is sort like, it feels good cause like you are not the only one that has these things other people will have it too' (260-266)*	*'um' and yeah so I went to a few parties but I didn't always enjoy that 'um' too many people and stuff' (205-209)*	*everyone else does, but (.) is like I am trying' (190-192)*

Superordinate theme 5:

Superordinate	**Subthemes with key extract examples**	**Thomas**	**Jake**	**Nick**	**Ashley**	**Mark**	**Peter**	**Sebastian**	**Bob**
Experiences of camouflaging	Camouflaging Strategies	*'When I am trying to prove something I become more, I try to be more confident (.) than I am, and 'um' (.) I am trying just do things that make me feel uncomfortable just to make sure that someone, that people find me 'um' (.) find (.) think (.) that people like me. But actually, I don't, I am really uncomfortable doing that and I would prefer to just not, not*	*'well my friends are John, Nick, George, Tom, Justin, Ashley, Harry and (long pause) Simon' (6-7)* & *'he always finds that I am ok' (36)* & *'I am a common*	*'there's a big game at the moment called Fortnite. They all love that, but then the people that don't, get tormented, so a bunch of people pretend to love it but like people don't bother with me because really they are a bit scared of*	*'well the only times when I use 'fake personality' as I call it, is in school a lot. Because, you know, I do it as a way of getting along with other people who don't have autism like me, as I think (.) If I want to talk to someone about a certain thing, but they're not*	*'Not really. I think people like you more for who you are rather than if you put across something that you aren't' (265-266)*	*'Like for example, with my friends I usually hang out from school (.)like I'll act more calm, just I might not go under their nose or anything (.) but with like my close friends I act like a bit (.) a bit (.) more 'um' I don't know what is the word like I act more fun.*	*'um' I don't (.) I don't think I actively act as someone else but (um) (longer pause) I think do actually I do act differently around different people. I think 'um' I think when I first meet someone I probably won't go in a tandem about like music or anything because yeah (.) I'll save that*	*'So is like if I was like loud like (.) it would be kind of annoying for other people to deal with (.) so is like (.) it will be strange for others because they know me as a quiet and sensible kid (.) but if I go about and like (.) in a loud manner then (.) I would be*

		be as outgoing' (191-196)	*guy I am funny and 'um' and 'um' really good to hang out with'* (65-66)	*that' (203-205)*	*autistic, they speak in a certain way, I'll speak that way. Because I can imitate a wannabe gangster voice quite well. You know, I can just be like them, completely change my body language, be totally someone different, because I never talk to them, and they've never seen me before. So I can just put on a fake voice and you know, a fake body image, I can just be so sloppy or be tough. I can give them the fact that I don't have a disability, I'm completely normal. (.) So like a disguise for me' (393-403)*		*Like I will act with them, but not like to the extent, cause I don't know they might look at me like 'what is going on' (he smiles). But I will be like with other friends I'll be like act just a bit different, not a huge amount of difference' (321-327)*	*like when I am friend with someone (270-274)*	*thought of differently' (239-242)*

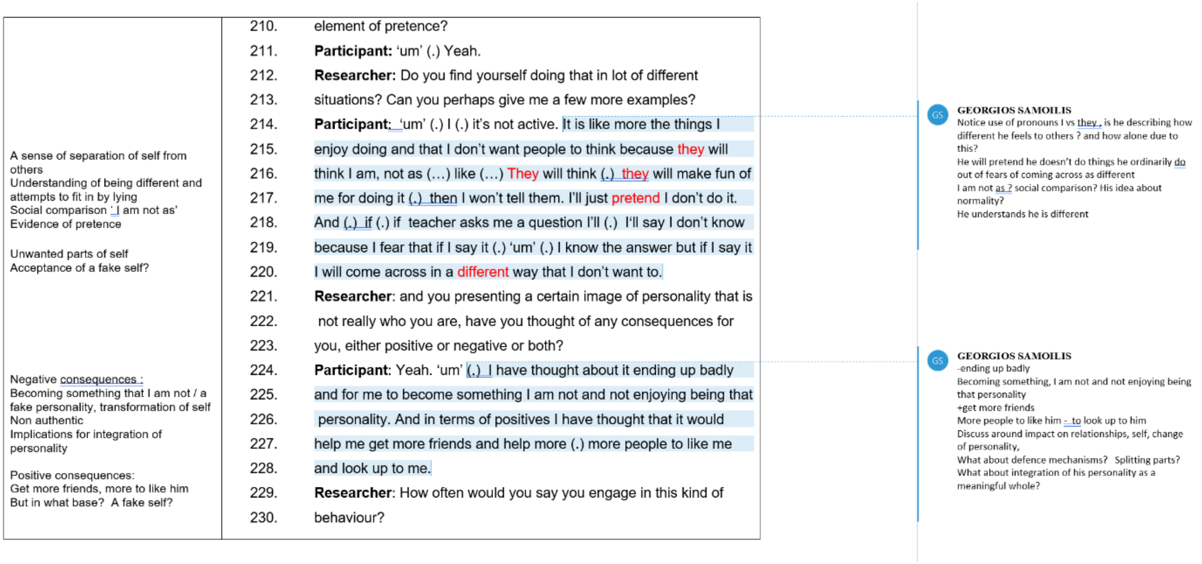
	Motivations (why) Functions (what)	*‘… I might say something that I don’t truly believe just to make sure someone would ‘um’ (.) like (.) for example, if there is just ‘um’ (.) if they are saying that ‘um’ (.) I (.) if they are talking about things they do I might say something, lie about something and say I do it, just to prove a point’ (200-205) &* *‘In order for them to like me and think a different way about me’ (207-208)*			*‘Well for example if I was in a situation between a person who I didn’t know, but I wanted to talk to them, but I need to figure out a way how, then I’d put on the fake voice and act as if I’m from a different country, so I can do that quite well. I could just sound German if I wanted to, so then I’d learn, and they’d go ‘okay cool, you’re not someone with a disability so I can talk’. So then the other way, of me seeing (.) just to get a reaction. I do anything’ (419-425)*		*‘Usually is just ‘um’ get along. Cause as I said before is better to have more allies than like more enemies’ (331-332)*	*‘so unless I know someone is like quite into music or something or like just or something like that ‘um’ I wouldn’t like to go on a long conversation or anything with someone to bore them or something like that. if I know them slightly better like ‘um’ I’ll tell like jokes tell jokes you know what I mean like say less milder yeah do you know what I mean?’ (276-280)*	*‘Whenever I am in school’ (214) & ‘well (.) most (.) when I am not like I either hiding in my room or being…’ (216)*
	Impact on self and consequences	*‘I have thought about it ending up badly and for*			*‘Fake personality is blocking you from*		*‘usually I’ll say positive. Cause as I*		*‘it makes me feel like that I can’t be*

		me to become something I am not and not enjoying being that personality. And in terms of positives, I have thought that it would help me get more friends and help more (.) more people to like me and look up to me’ *(224-228)*			*being you. So you like block you know, yourself wanting to be yourself, so you can put the other person who isn’t you, in front of you, if that sort of makes sense’ (406-408)*		*said I don’t really change who I am or what I do, but sometimes it’s kind of like be (.) I don’t know like a bit (inaudible) cause like they ll see the real me, but they might see one thing that I don’t really show . that’s it’ (370-373)*		*me’ (234)* *&* *‘Is like (.) I don’t really get to be my real self. And is like (.) I am having to act like this for other people instead of really, myself (.) so is like I am doing this for other people (.) not myself’ (230-232)*

Appendix 18: Symbols used during transcription

(.) indicates a pause
(long pause) indicates longer pause
(…) participant tails off when used at the end of a sentence
(…) when used at the beginning of the sentence, the prior part of the sentence has been cut off
(*lowers voice*) in italics , indicates descriptive comments such as participant lowers voice

Appendix 19: Sample of analysed interview



A sense of separation of self from others
Understanding of being different and attempts to fit in by lying
Social comparison 'I am not as'
Evidence of pretence

Unwanted parts of self
Acceptance of a fake self?

Negative consequences :
Becoming something that I am not / a fake personality, transformation of self
Non authentic
Implications for integration of personality

Positive consequences:
Get more friends, more to like him
But in what base? A fake self?

element of pretence?

Participant: 'um' (.) Yeah.

Researcher: Do you find yourself doing that in lot of different situations? Can you perhaps give me a few more examples?

Participant: 'um' (.) I (.) it's not active. It is like more the things I enjoy doing and that I don't want people to think because they will think I am, not as (…) like (…) They will think (.) they will make fun of me for doing it (.) then I won't tell them. I'll just pretend I don't do it. And (.) if (.) if teacher asks me a question I'll (.) I'll say I don't know because I fear that if I say it (.) 'um' (.) I know the answer but if I say it I will come across in a different way that I don't want to.

Researcher: and you presenting a certain image of personality that is not really who you are, have you thought of any consequences for you, either positive or negative or both?

Participant: Yeah. 'um' (.) I have thought about it ending up badly and for me to become something I am not and not enjoying being that personality. And in terms of positives I have thought that it would help me get more friends and help more (.) more people to like me and look up to me.

Researcher: How often would you say you engage in this kind of behaviour?

GS **GEORGIOS SAMOILIS**
Notice use of pronouns I vs they , is he describing how different he feels to others ? and how alone due to this?
He will pretend he doesn't do things he ordinarily do out of fears of coming across as different
I am not as ? social comparison? His idea about normality?
He understands he is different

GS **GEORGIOS SAMOILIS**
-ending up badly
Becoming something, I am not and not enjoying being that personality
+get more friends
More people to like him - to look up to him
Discuss around impact on relationships, self, change of personality,
What about defence mechanisms?   Splitting parts?
What about integration of his personality as a meaningful whole?

Appendix 20: Information sheet for parents/carers

IRAS Project ID: 228105

Study information sheet- parents/carers' version (for young people aged 12-15)

Doctoral thesis research title

How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An Interpretative Phenomenological Study.

Who is undertaking this research project?

My name is Georgios Samoilis and I am a doctoral trainee at London Metropolitan University conducting this research study. I am carrying out a research study as part of my training for the fulfillment of my qualification for the Professional Doctorate in Counselling Psychology. This study is not being carried out as part of a service evaluation exercise, nor does it have a bearing on the services that any clients or their families will receive now or in the future. Clinicians in the service will be informed of your son's wish to participate, but will receive no further information about your son's participation, what he says, whether he continues, or wishes to withdraw at a later stage. This is to ensure your son's clinical care is completely unaffected by the decision to participate or not. All information will be held confidentially and will not (other than in exceptional circumstances (see below) be shared with the NHS team.

What is the research about?

The aim of the study is to explore the peer friendships of male adolescents (12-18 years old) who have been given (and accept) a diagnosis of AS. I am interested to find out what is like for young men to make and maintain friendships with their peers in various contexts and what challenges they might face. It is hoped that this research will help to improve the current intervention protocols that could better address the challenges experienced by young men with AS in their social relationships.

Why have I received this information?

The CAMHS clinician (who is a colleague of mine) who works with your son thought you might be interested in my study. He/she has given you an expression of interest form and this information sheet explaining the study and indicating your willingness to be contacted by me for the purposes of this study.

What to do if interested?

If interested, please sign the initial expression of interest form if you wish to be contacted by myself and then return it to your son's CAMHS clinician. Once I have this from returned by my colleague I will contact you so we can talk more about my study and I will answer any questions you might have. I will then post to you a consent form asking your agreement for your son to take part in this study and a prepaid envelope so that you can post the form back to me. Two weeks after the above documents have been sent out I will call you again to arrange a time that is convenient for both of you to come to the CAMHS clinic where the interview will take place. The rationale for asking parental consent is because your son is between the ages of 12-15 thus he is not considered able to give consent on his own.

Furthermore, it is due to his diagnosis considered to belong within a vulnerable population. Please take some time to talk through the study with your son to ensure his understanding. He can also have a chat with his CAMHS clinician and I will also be going through the information sheet with him on the interview day if he decides to take part.

Participating in this research study
Participation in this study involves your son being interviewed once for up to 1 hour by me, the researcher, at Sunshine House. On the interview day I will go through the information sheet of the study with your son. Then I will ask him to sign an assent (agreement) form. I will also obtain your consent and then I will go ahead with the interview. Your son's participation in this research is voluntary. That means even if your son initially chooses to take part, he can withdraw at any time without having to give me a reason for this decision. Your son has the right to withdraw up to a week following participation to the interview, which will mean all of his data will be deleted. As stated above, your son's CAMHS care will not be affected in any way as a result of participating/not participating in this study.

Inclusion and exclusion criteria
You have been contacted with the option of considering your son's participation in this study because he fits the inclusion criteria for the study: He is aware of his AS diagnosis and he is between the age of 12-18 years old (adolescence). He attends a mainstream secondary school education. There are no ongoing severe and acute mental health issues experienced by your son, impacting on his ability to consent for participation in this study. He has no youth offending and/or substance misuse history. I have not been involved with your son's care (as I have previously worked in the team) and will not be for the duration of this study, which is due to be completed in late 2018. This is to avoid causing any confusion of roles or relationship between the researcher and participants. Your son is fluent in English.

What do you do next?
Thank you very much for considering your son's participation in this study, which aims to contribute to the further development of support for young men with ASDs in their peer friendships. Please take some time to talk with your son to ensure he has sufficiently understood the nature of the study and what participation will involve (a 1-hour interview with me) so that he can also give his informed consent to participation. I will check this when I contact you to answer any questions you might have and when we meet for the interview.

1. Please sign the initial expression of interest form if you wish to be contacted by myself and then return it to your son's CAMHS clinician.

2. Once I have this from returned by my colleague I will contact you so we can talk more about my study and I will answer any questions you might have. I will then post to you a consent form asking your agreement for your son to take part in this study. Please return this form signed in the provided prepaid envelope to the following address: **SLAM CAMHS NDS, Sunshine House,27 Peckham Road, London SE5 8UH**. Alternatively, you can email to me the completed form to: ges059@my.londonmet.ac.uk or you can give me the form on the interview date.

3. We can then plan a time and date so that the interview with your son can go ahead.
4. I would also be grateful if you could email me to say you do not wish to participate, as this will help with my recruitment planning.

Thank you very much for your interest and I look forward to hearing from you soon.

Contact details

If you need any further information please do not hesitate to contact me via email on: ges059@my.londonmet.ac.uk or by phone on 02030498282.
Many thanks for spending the time to read this.

MORE DETAILS ABOUT THE STUDY

Where will the research interview happen?

The interview will take place in person at Sunshine House where my colleague usually sees your son. This ensures that you and your son are already familiarized with the place and location.

What happens whilst your son is being interviewed?

During your son's interview you will need to wait in the reception area. The interview will last between 45 minutes to 1 hour. It is important that you escort your son during that day so as to be physically present should he needs you. If at any point the interview causes any distress to your son, he will be able to stop the interview at any time without having to give a reason. Similarly, you may withdraw your son's participation from the study no later than a week after the interview if you wish and your son's data will not be used and will be deleted. This is because the interview will be transcribed by that time.

Your son will be asked to speak freely about his experiences of peers, friendships, and so on, and the interviewer will provide questions if needed to help the interview to flow. I would for example, ask for a clarification or for the provision of an example by your son to further illustrate his answers. During the interview I will ensure all the practical arrangements are in place for your son to feel as much comfortable as possible (i.e. provide a break if needed or have something to drink with him).

How is the interview data stored and used?

Interviews will be transcribed by me and stored confidentially on a password-protected computer. Names and identifying information will be anonymized and a number will refer to the corresponding interviews. After the submission of my report all the anonymised written interview transcripts will be kept securely locked in a cabinet at my home address for three years. After the three years, all the written transcripts will be safely destroyed (shredded) and all the audio material will be deleted. In addition, the anonymised files of the written interview transcripts will be kept electronically at London Metropolitan University for 3 years. After the 3 years, all the transcripts will be deleted. All of your son's personal information such as name, date of birth, contact details and gender will be kept private in a safely locked cabinet in the clinic. I will not carry any of his personal information outside the clinic. All the personal data collected for the purposes of the study will be stored at a secure cabinet at the NHS office for no more than 3-6 months after the study has ended.

A report will be written once the interview data have been analysed, and this report will be fully anonymised though brief anonymous quotations that may be used to illustrate particular high-level themes developed by the researcher. You can receive a copy of the summary of this report's findings once the study is completed, if requested. The report may also be published in due course in a peer-reviewed journal, also using brief and completely anonymous participant quotations. If this happens, I will not select any identifying quotes, to ensure your son's anonymity is protected.

Disclosing information
Everything that your son will tell me during the interview will be confidential. That means no one else is allowed to access them. I will only share information with yourself and your son's CAMHS or duty clinician only if your son discloses that himself or someone else is suffering or is likely to suffer significant harm. If for any reason I need to share information I will always try to check with you and your son first. This is in line with BPS guidelines for ethical practice, which will be followed at all times. This is to protect your son and others from possible harm as a have a duty to safeguard young people from harm.

Any problems?
The study is supervised by Dr Philip Hayton, Clinical Psychologist and Senior Lecturer at London Metropolitan University. If you have any concerns regarding any aspect of the way you have been treated during the course of the study, please contact me on: ges059@my.londonmet.ac.uk or by phone on 02030498282. If you feel that the issue has not been resolved please then contact my research supervisor Dr Philip Hayton on: P.Hayton@londonmet.ac.uk or via phone on 0207 133 2685.

How could participation benefit you and others?
Via this research, I am hoping to identify the challenges young men with AS are facing during their peer friendships, social interactions and relationships with others. Having the young men's personal accounts might help us to design future social skill intervention programmes in a way that is tailored for male adolescents with AS. It might also help us to improve the current or even construct new assessment and/or intervention programmes. The young people who decide to take part in the research will be given by the researcher a £10 book voucher at the end of their interview. I can also provide up to £10 for your traveling expenses if requested.

Reasons for not wanting to participate in this study
I understand that it might be stressful or difficult for some young people to meet with someone they don't know and start talking about personal information. As a researcher I will try to make the interview time as relaxing and comfortable as possible and I will ask your son if there is anything he feels is needed to make things easier (such as having a break or a drink). If at any point during the interview your son feels distressed or annoyed I will give him the time needed to relax and I will follow the guidelines of a distress protocol specially designed to deal with situations when distress occurs. I will also remind him that he can withdraw at any time from the interview but only up to one week after the interview.

Debriefing
At the end of the interview, I will check with your son how it has been for him having been interviewed and whether he has any questions to ask. I will answer any questions he might have. I will also give your son his £10 book voucher.

Ethical clearances

This research project has been reviewed and given clearance by London Metropolitan University. It has also been reviewed and given clearance by an NHS independent Committee called Research Ethics Committee (REC).

Further information needed?

If you need any further information please do not hesitate to contact me via email on: ges059@my.londonmet.ac.uk or by phone on 02030498282.
Many thanks for spending the time to read this.

The researcher,
Georgios Samoilis

Appendix 21: Information sheet for young people (12-15)

IRAS Project ID: 228105

Study information sheet (for young people aged 12-15 years old)

Hello,

I was wondering whether you would be interested in taking part in my research study. Before deciding whether to take part it is important that you understand what the study is about and why it is being carried out. Please have a chat with your parent/carer and the CAMHS clinician who gave you this information sheet.

Study title

How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Who is the researcher?

My name is Georgios Samoilis and I am carrying out this research as part of my studies at London Metropolitan University for my Doctorate in Counselling Psychology.

What is the research about?

I am interested in finding out about what making friends is like for young men with a diagnosis of AS. I would also like to find out more about what challenges young men such as yourself might experience with your friends.

Why have I been invited to take part?

Your CAMHS clinician and /or your parent/carer thought that you might be interested in participating in my study.

Do I have to take part?

No, you do not have to take part in the study if you do not want to. Deciding that you do or do not want to take part in this study will not affect the support that you get from our service in any way. If you do decide to take part, I will ask you to sign a form called an “assent” form. This means that you agree to take part in this study. I will also ask your parent/carer to sign a “consent” form. This form asks your parent/carer to say that they also agree that you can have an interview with me. I am asking your parent/carer’s agreement because you are under 18.

What happens if I decide to take part?

If you decide to take part in this study, you will have an interview with me. Before we start our interview, I will check that you still want to take part in this study and we will go through this information sheet with you and your parent/carer. Then I will ask you and your parent/carer to sign your agreement forms.

What happens during the interview?

The interview will last between 45 minutes -1 hour. That means a conversation will take place between you and me. I will audio record your interview (sound only). I will ask you some questions and I will listen carefully to your answers. I will be asking you questions about your friendships including, the challenges as well as the positives you might have experienced in your relationships with other young people.

What if I change my mind?

You are free to stop taking part at any time during this study without giving me a reason. If you decide to stop during the interview, I will delete any information I have about you. You can change your mind no later than a week after the interview. Your decision to withdraw from the study will not affect the service you receive at CAMHS now or in the future.

Location of the clinic (where the interview will be taking place)

The interview will take place at Sunshine House.

MORE INFORMATION ABOUT THE STUDY

What happens to the information gathered from the interview?

I will record the interview via a digital sound recorder. I will then type the audio material on my laptop (this is called transcription). All your personal information will be removed and replaced. Pseudonyms (fake names) will be given so your personal information is always protected, this is called anonymising. My laptop and digital sound recorder are securely protected. That means no one can access them. My teacher at the University may look at your answers but he will not be able to identify you as I would have previously anonymised your interview.

Disclosing information

Everything that you tell me during the interview will be confidential. That means no one else is allowed to know about them. I will only share information with your parent/carer and your CAMHS or duty clinician if you tell me during the interview that you are going to harm yourself or someone else. This is to protect you and others from possible harm as I have a duty to safeguard young people from harm.

Will my information be safe?

All your personal information such as your name, date of birth and contact details will be kept private in a safely locked cabinet in the clinic. I will not carry any of your personal information outside the clinic. All the interview material will be kept in a securely locked cabinet at my home address and this will be stored without your details for three years. Then it gets all destroyed.

What happens to my information after the interview?

When I have finished all the interviews, I will write up a report summarising all the results. Some of your quotations (exact words) may be used for publication in a journal. If this happens, I will not select any identifying quotes to ensure your anonymity is protected. When the research is finished, I will write a letter to you and your parent/carer (if requested) to tell you about what I found out in the research. After the submission of my report all the interview information that I have will be kept securely locked in a cabinet at my home address for three years. After the three years, the audio material will be deleted, and the written transcripts will be shredded. The anonymised files of the written transcripts will be kept electronically at London Metropolitan University for 3 years. After the 3 years it all gets safely destroyed.

Who else knows that I will be taking part in this research?

Your CAMHS clinician will be informed of your wish to participate but will not receive any further information about your participation, what you say, whether you continue, or wish to change your mind. No one else will know about your participation in this study.

Positive reasons for wanting to participate in this study

Through this study, I am hoping to identify the challenges that young men with AS might be facing during their social interactions and their friendships with peers. I am hoping that this information might help professionals to create strategies in a way that is helpful for young men with AS. If you decide to take part in the research, you will be given a £10 book voucher at the end of the interview. I can also provide up to £10 for your traveling if requested.

Reasons for not wanting to participate in this study

I understand that it might be stressful or difficult for you to meet with someone you do not know and start talking about personal information. I will try to make the interview time as relaxing and comfortable as possible. I will ask you if there is anything you feel you need to make things easier (such as having a break or a drink with you). If at any point during the interview you feel distressed or annoyed, I will give you the time you feel is needed to relax. I will continue the interview only if you want me to do so. I will also remind you that you can change your mind at any time during the interview but not later than a week after the interview.

Research approvals

This study has been approved by London Metropolitan University. It has also gained a “favourable opinion” by a Research Ethics Committee (REC). The REC is a group of people responsible for looking at research that is being carried out at the NHS. The REC has said that this study is appropriate, and it can go ahead.

Debriefing

After the interview I will check with you how the interview was and how you felt about it. I will answer any questions you might have. I will also give you your £10 book voucher.

What do you do next?

Thank you very much for considering participating in this study. Please take some time to talk with your parent/carer and your CAMHS clinician before taking a decision. I will double check your decision when we meet for the interview.

What if there is a problem?

The study is supervised by Dr Philip Hayton, Clinical Psychologist and Senior Lecturer at London Metropolitan University. If you have any concerns regarding any aspect of the way you have been treated during the course of the study, please ask your parent to contact me. If you feel that the issue has not been sorted out please ask your parent to contact my research supervisor Dr Philip Hayton on: P.Hayton@londonmet.ac.uk or via phone on 0207 133 2685.

Further information needed? I will be happy to help

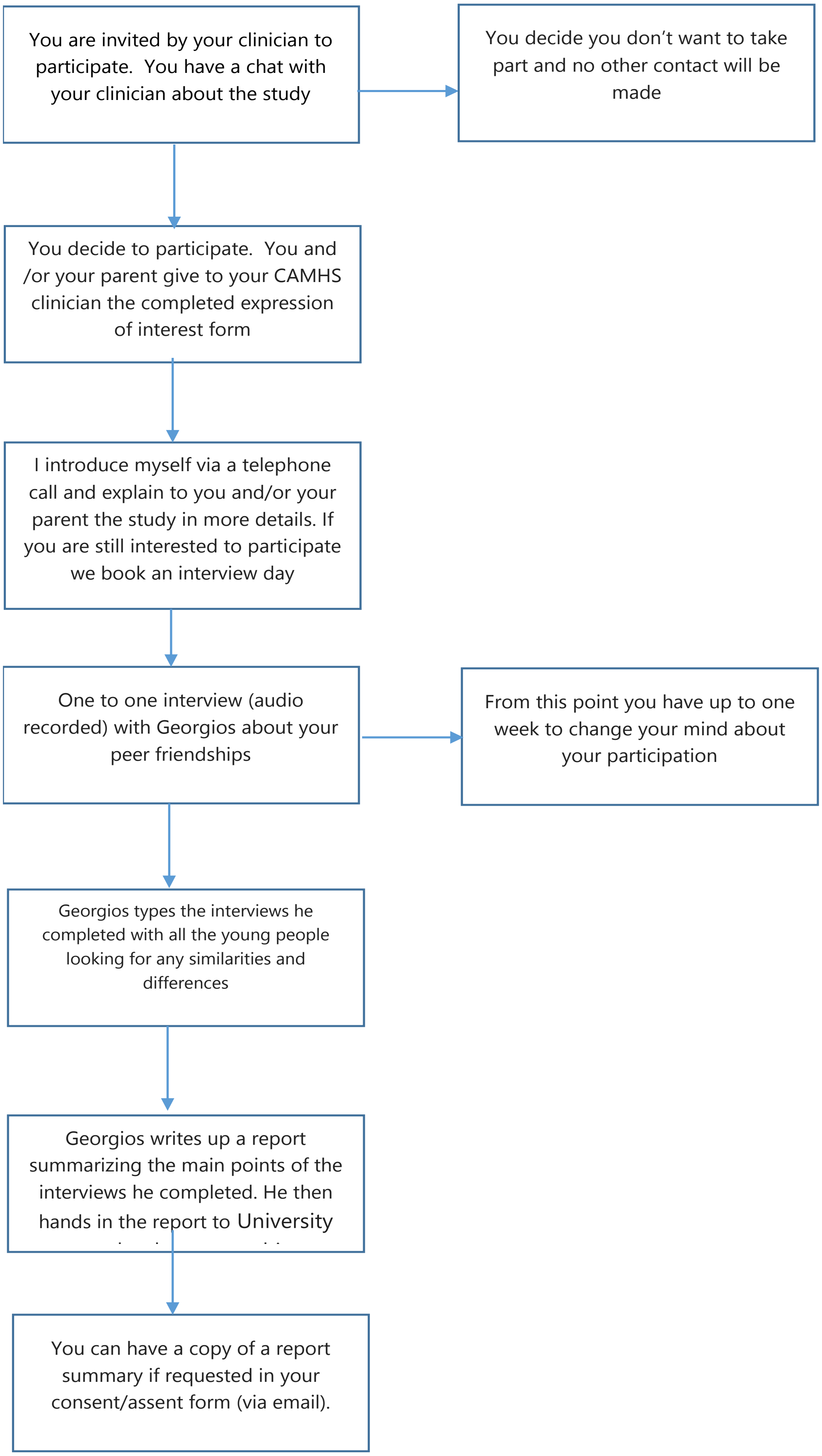
If you need any further information please ask your parent/carer or CAMHS clinician to contact me via email on: ges059@my.londonmet.ac.uk or by phone on 02030498282

If you decide to take part, I will be more than happy to hear back from your parent.

Many thanks for spending time to read this.

The researcher,
Georgios Samoilis

STUDY FLOW CHART



You are invited by your clinician to participate. You have a chat with your clinician about the study

You decide you don't want to take part and no other contact will be made

You decide to participate. You and /or your parent give to your CAMHS clinician the completed expression of interest form

I introduce myself via a telephone call and explain to you and/or your parent the study in more details. If you are still interested to participate we book an interview day

One to one interview (audio recorded) with Georgios about your peer friendships

From this point you have up to one week to change your mind about your participation

Georgios types the interviews he completed with all the young people looking for any similarities and differences

Georgios writes up a report summarizing the main points of the interviews he completed. He then hands in the report to University

You can have a copy of a report summary if requested in your consent/assent form (via email).

Appendix 22: information sheet for young people (16-18)

IRAS Project ID: 228105

Study information sheet – (for young people aged 16-18 years old)

Dear young person,
I was wondering whether you would be interested in taking my research study. Before deciding whether to take part it is important that you familiarize yourself with what the study is about and why it is being carried out. It might be helpful to have a chat with your parent/carer and/or the CAMHS clinician who gave you this information sheet.

Research study title

How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Who is the researcher?

My name is Georgios Samoilis and I am carrying out this research as part of my studies for the Doctorate in Counselling Psychology at London Metropolitan University.

What is the research about?

I am interested to find out what is like for young men with a diagnosis of AS to make friendships with their peers and what challenges they might face. This research might help to improve the way we offer help to young men with AS who might be experiencing difficulties with their peer friendships.

Why have I received this information sheet?

Your CAMHS clinician and /or your parent/carer thought that you might be interested in participating in my study. If you decide to take part in this study, you need to return to your clinician a signed expression of interest form indicating your agreement to be contacted by myself (the researcher).

What happens next?

Once I have back your written agreement to be contacted I will call you to answer any questions you might have about the study. I will then post you a consent form and a prepaid envelope so you can post back to me your signed consent to participate in this study. Two weeks after the consent form has been sent out I will call you (and if you are still interested) we will arrange a time and date that is convenient for you to come to the CAMHS clinic at

Sunshine House where the interview will take place. If you haven't decided as yet I will ask to call you after a week if you are still in agreement to be contacted.

What happens during the interview?

If you decide to take part in this study, you will have an interview with me. Before we start our interview, I will check with you that you still want to take part in this study, and we will go through this information sheet. Then I will obtain your informed consent (if you haven't posted it already). The interview will last between 45 minutes - 1 hour. That means a conversation will take place between you and me. I will audio record your interview (sound only). I will ask you some questions and I will listen carefully to your answers. I will be asking you questions about your peer friendships, the challenges as well as the positives you might have experienced in your relationships with your peers.

What if I change my mind?

You are free to stop taking part at any time during this study without giving me a reason. If you decide to stop during the interview, I will delete any information I have about you. You can change your mind anytime but no later than a week after the interview. Your decision to withdraw from the study will not affect the service you receive at CAMHS now or in the future.

Location of the clinic (where the interview will be taking place)

The interview will take place at the CAMHS service at Sunshine House. The CAMHS clinic is a place you are already familiar with thus I am assuming that location would not be an issue.

MORE INFORMATION ABOUT THE STUDY

What happens to the information gathered from the interview?

I will record the interview via a digital sound recorder. I will then type the audio material on my laptop (this is called transcription). All your personal information will be removed and replaced. Pseudonyms (fake names) will be given so that your personal information is always protected (this is called anonymising). My laptop and digital sound recorder are securely protected. That means no one can access them. My teacher at the University may look at your answers but he will not be able to identify you, as I would have previously anonymised your interview.

Disclosing information

Everything that you tell me during the interview will be confidential. That means no one else is allowed to know about them. I will only share information with your parent/carer and your CAMHS or duty clinician if you tell me during the interview that you are going to harm yourself or someone else. This is to protect you and others from possible harm as a have a duty to safeguard young people from harm.

Storage of personal and research information

All your personal information such as your name, date of birth and contact details will be kept in a safely locked cabinet in the clinic. I will not carry any of your personal information outside the clinic. All the interview material will be securely kept in a securely locked cabinet at my home address and this will be stored without your details for three years. Then it gets all destroyed.

What happens to my information after the interview?

When I have finished all the interviews, I will write up a report summarising all the results. Some of your quotations (exact words) may be used for publication in a journal. If this happens, I will not select any identifying quotes to ensure your anonymity is protected. When the research is finished, I will write a letter to you (if requested) to tell you about what I found out in the research. After the submission of my report all the interview information that I have will be kept securely locked in a cabinet at my home address for three years. After the three years, the audio material will be deleted, and the written transcripts will be shredded. The anonymised files of the written transcripts will be kept electronically at London Metropolitan University for 3 years. After the 3 years it all gets safely destroyed.

Who else knows that I will be taking part in this research?

Your CAMHS clinician will be informed of your wish to participate, but will not receive any further information about your participation, what you say, whether you continue, or wish to withdraw at a later stage. No one else will know about your participation in this study.

Positive reasons for wanting to participate in this study

Through this study, I am hoping to identify the challenges that young men with AS might be facing during their social interactions and their friendships with peers. I am hoping that this information might help professionals to create specific strategies and mechanisms in a way that is helpful for young men with AS. If you decide to take part in the research, you will be given a £10 book voucher at the end of the interview. I can also provide up to £10 for your traveling if requested.

Reasons for not wanting to participate in this study

I understand that it might be stressful or difficult for you to meet with someone you do not know and start talking about personal stuff. I will try to make the interview time as relaxing and comfortable as possible. I will ask you if there is anything you feel you need to make things easier (such as having a break or a drink with you). If at any point during the interview you feel distressed or annoyed I will give you the time you feel is needed to relax. I will continue the interview only if you want me to do so. I will also remind you that you can withdraw at any time during the interview but not later than a week after the interview.

Debriefing

After the interview I will check with you how the interview was and how you felt about it. I will answer any questions you might have. I will also give you your £10 book voucher.

Research approvals

This study has been approved by London Metropolitan University. It has also gained a “favourable opinion” by a Research Ethics Committee (REC). The REC is a group of people responsible for looking at research that is being carried out at the NHS. The REC has said that this study is appropriate, and it can go ahead.

What do you do next?

Thank you very much for considering participating in this study. Please take some time to talk with your parent/carer and your CAMHS clinician before taking a decision. I will double check your decision when we meet for the interview.

1. Please sign the initial expression of interest form if you wish to be contacted by myself and then hand it over to your CAMHS clinician.
2. Once I have this form returned, I will contact you so that we can talk more about the study and I will answer any questions you might have. I will then post you a consent form asking your signed agreement to participate in my study.
3. Two weeks after the consent form has been sent, I will call you so we can then plan a time and date so that the interview can go ahead.

What if there is a problem?

The study is supervised by Dr Philip Hayton, Clinical Psychologist and Senior Lecturer at London Metropolitan University. If you have any concerns regarding any aspect of the way you have been treated during the course of the study, please contact me in the first instance. If you feel that the issue has not been resolved please then contact my research supervisor Dr Philip Hayton on: P.Hayton@londonmet.ac.uk or via phone on 0207 133 2685.

Further information needed? I will be happy to help

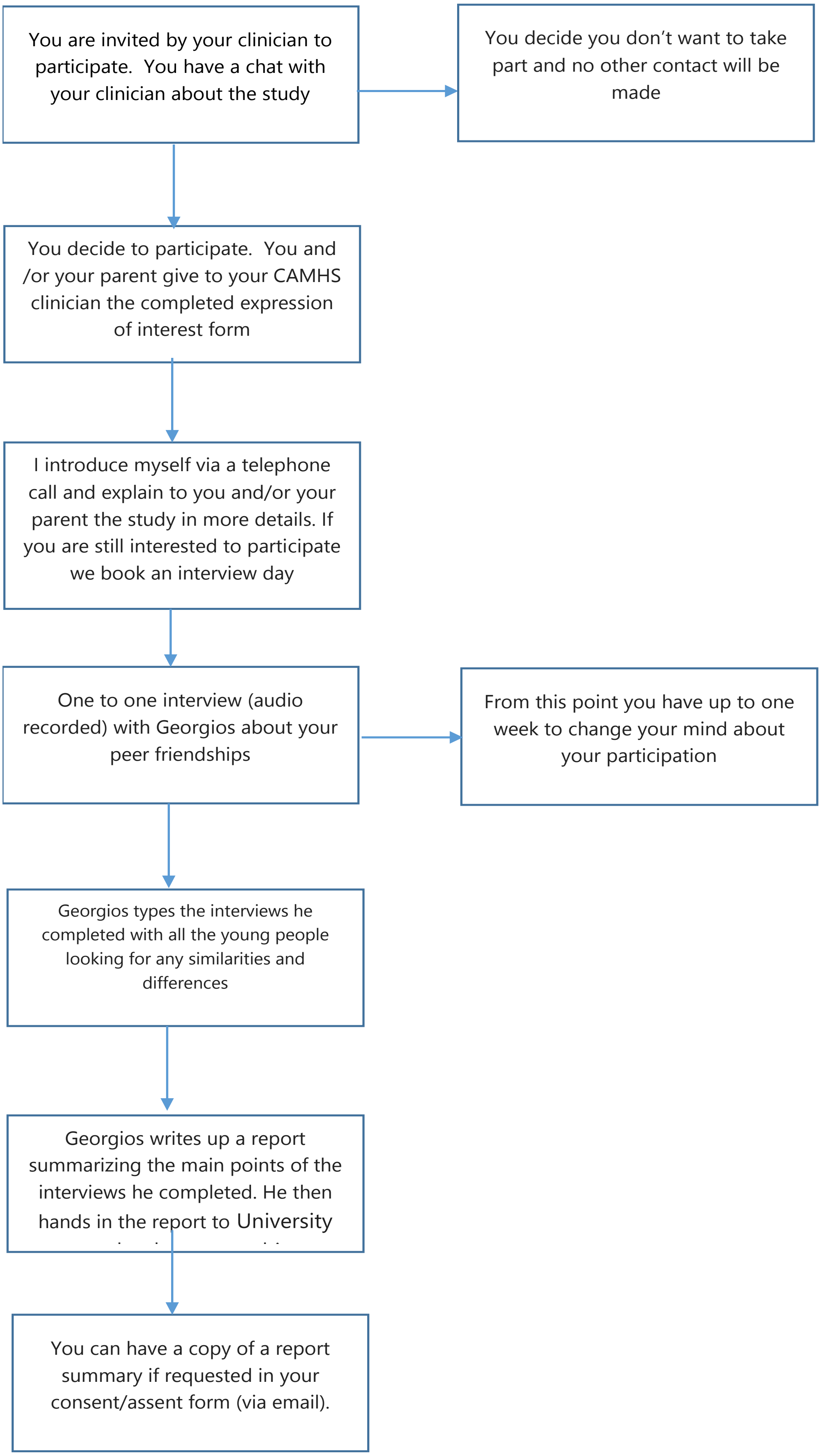
If you need any further information contact me via email on: ges059@my.londonmet.ac.uk or by phone on 02030498282.

If you decide to take part, I will be more than happy to hear back from you

Many thanks for spending time to read this.

The researcher,
Georgios Samoilis

STUDY FLOW CHART



You are invited by your clinician to participate. You have a chat with your clinician about the study

You decide you don't want to take part and no other contact will be made

You decide to participate. You and /or your parent give to your CAMHS clinician the completed expression of interest form

I introduce myself via a telephone call and explain to you and/or your parent the study in more details. If you are still interested to participate we book an interview day

One to one interview (audio recorded) with Georgios about your peer friendships

From this point you have up to one week to change your mind about your participation

Georgios types the interviews he completed with all the young people looking for any similarities and differences

Georgios writes up a report summarizing the main points of the interviews he completed. He then hands in the report to University

You can have a copy of a report summary if requested in your consent/assent form (via email).

Appendix 23: Expression of interest for parents/carers

IRAS Project ID: 228105

Expression of interest in participating in this research study (for parents/carers' of young people aged 12-15 years old)

<u>Please sign this form if you are willing to be contacted by the researcher.</u>

Research study title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Who is undertaking this research project?

My name is Georgios Samoilis and I am carrying out this research study as part my training for the fulfillment of my qualification for the Professional Doctorate in Counselling Psychology at London Metropolitan University. This study is not being carried out as part of a service evaluation exercise, nor does it have a bearing on the services that any clients or their families will receive now or in the future. Clinicians in the service will be informed of your son's wish to participate, but will receive no further information about his participation, what he says, whether he continues, or wishes to withdraw at a later stage. This is to ensure your son's clinical care is completely unaffected by his decision to participate or not. All information will be held confidential and will not (other than in exceptional circumstances - see attached information sheet) be shared with the NHS team.
Supervisor's name and contact details: Dr Philip Hayton
Senior Lecturer, London Metropolitan University, School of Psychology Tel.: 0207 133 2685
P.Hayton@Londonmet.ac.uk
Please fill out the details below if you wish to be contacted by me to discuss the project and receive more detailed information about it.
Your name and signature (parent/carer) ---
Young person's name (for young children and people aged 12-15 years old): --
Today's date: ---
Your contact details (email, telephone number and postal address): ---

Please return this form signed to your son's CAMHS clinician. I will then contact you to discuss about this study in more details.

Thank you for your interest in my study.

The researcher
Georgios Samoilis

Appendix 24: Expression of interest for young people (16-18)

IRAS Project ID: 228105

Expression of interest in participating in this research study (for young people aged 16 -18 years old)

Please sign this form if you are willing to be contacted by the researcher.

Research study title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Who is undertaking this research project?

My name is Georgios Samoilis and I am carrying out a research study as part my training for the Professional Doctorate in Counselling Psychology at London Metropolitan University. This study is not being carried out as part of a service evaluation exercise, nor does it have a bearing on the services that you will receive now or in the future. Clinicians in the service will be informed of your wish to participate, but will receive no further information about your participation, what you say, whether you continue, or wish to withdraw at a later stage. This is to ensure your clinical care is completely unaffected by your decision to participate or not. All information will be held confidential and will not (other than in exceptional circumstances (see attached information sheet) be shared with the NHS team.

Supervisor's name and contact details: Dr Philip Hayton
Senior Lecturer, London Metropolitan University, School of Psychology Tel.: 0207 133 2685
P.Hayton@Londonmet.ac.uk
Please fill out the details below if you wish to be contacted by me to discuss the project and receive more detailed information.
Young person's name and signature (aged 16 and above): -- ---
Today's date: ---
Your contact details (email, telephone number and postal address): ----------------------------------- -- --
Please return this form signed to your CAMHS clinician. I will then contact you to discuss about this study in more details.

Thank you for your interest in my study.

The researcher
Georgios Samoilis

Appendix 25: Consent form for parent/carer

IRAS Project ID: 228105

Parent's/carer's consent form for young person to participate in this study (young people between the ages of 12-15 years old)

Research study title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An Interpretative Phenomenological Study.

Please TICK THE BOXES WHERE YOU GIVE CONSENT:

I have agreed to be contacted by the researcher for the purposes of this study. ☐

I have read and understood the information sheet regarding this study. I have had all my questions answered (if any) by the researcher. ☐

My son's participation in this study is voluntary. I understand that my son has the right to withdraw without giving a reason, and this will not affect his clinical care. ☐

My son's interview will be audio recorded and then transcribed. All of my son's personal information will be removed and replaced during the transcription process. Pseudonyms (imaginary names, codes or numbers) will be given so the anonymity is always protected. ☐

Some of my son's quotations may be used for publication purposes in a scientific journal. No identifying information would be included so that no-one would be able to recognize my son's quotations apart from my son and myself. ☐

I understand that this study is supervised and as such the interview transcripts may be looked at by the researcher's academic supervisor. ☐

I confirm that I have had the time to think on my own and that I have understood all the above statements. ☐

I wish to receive a copy of the final summary report of the research. ☐

I agree for my son to participate in this study. ☐

Today's date:

Parent's/carer's name and signature:

Specify type of relationship with the young person:

Researcher's name and signature:

Appendix 26: Consent form for young people (16-18)

IRAS Project ID: 228105

Young person's (aged 16-18) consent form to take part in this study

Research study title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Please TICK THE BOXES WHERE YOU GIVE CONSENT:

I understand why I have been contacted by the researcher. ☐

I have read and understood the information sheet for this study. ☐

I have had the opportunity to ask any questions. My questions have been answered and I have understood them. ☐

Taking part in this study is voluntary. That means I have the right to withdraw at any time without having to give an explanation but not a week after the interview. This decision will not affect my clinical care. If I decide to withdraw all my data will be deleted immediately. ☐

I understand that my interview will be audio recorded (sound only) and then transcribed (typed). All my personal information will be removed and replaced. Pseudonyms (imaginary names, codes or numbers) will be given so my personal information is always protected. ☐

Some of my quotations (my exact words) may be used for publication in a journal. No one would be able to recognize my quotations apart from myself and my parent/carer. ☐

I understand that this study is supervised and as such the interview transcripts may be looked at by the researcher's supervisor. ☐

I agree that I have had the time to think on my own and that I have understood all the above statements. ☐

I wish to receive a copy of a final report. ☐

I agree to take part in this study. ☐

Today's date:

Young person's name and signature:

Researcher's name and signature:

Appendix 27: Assent form for young people (12-15)

IRAS Project ID: **228105**

Young person's (aged 12-15) assent form to take part in this study

Study title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships?

Please TICK THE BOXES WHERE YOU AGREE:

I understand why I have been contacted by the researcher. ☐

I have read and understood the information sheet for this study. ☐

I have had the opportunity to ask any questions. My questions have been answered and I have understood them. ☐

Taking part in this study is voluntary. That means I have the right to change my mind at any time without having to give an explanation but not a week after the interview. This decision will not affect my clinical care. If I change my mind, all my information will be deleted immediately. ☐

I understand that my interview will be audio recorded (sound only) and then transcribed (typed). All my personal information will be removed and replaced. Pseudonyms (fake names, codes or numbers) will be given so my personal information is always protected. ☐

Some of my quotations (my exact words) may be used for publication in a journal. No one would be able to recognize my quotations apart from myself and my parent/carer. ☐

I understand that this study is supervised and as such the interview transcripts (my typed words) may be looked at by the researcher's supervisor. ☐

I agree that I have had the time to think on my own and that I have understood all the above statements. ☐

I wish to receive a copy of a final report.

I agree to take part in this study. ☐

Today's date:
Young person's name and signature:
Researcher's name and signature:

Appendix 28: Young Person's debrief sheet

Thank you very much for taking part in this study.

A report will be written once all the interview data have been analyzed. Anonymous quotations may be used to illustrate your answers. You can receive a copy of a summary of this report's findings once the study is completed, if requested. The report may also be published in due course in a peer reviewed journal.

If you are interested in the results of the study, or if you have any questions about this study, or if you wish to withdraw, please do not hesitate to contact me via email on ges059@my.londonmet.ac.uk and by phone on 02030498282.

If you want to withdraw, please be reminded that you can do so no later than one week from today's date. You can email or call me, or you can ask your parent to contact me on the details provided above.

If you have any concerns regarding the way you have been treated during the course of the study, please contact my research supervisor Dr Philip Hayton on clinical psychologist and senior lecturer on: P.Hayton@londonmet.ac.uk or via telephone on 0207 133 2685.

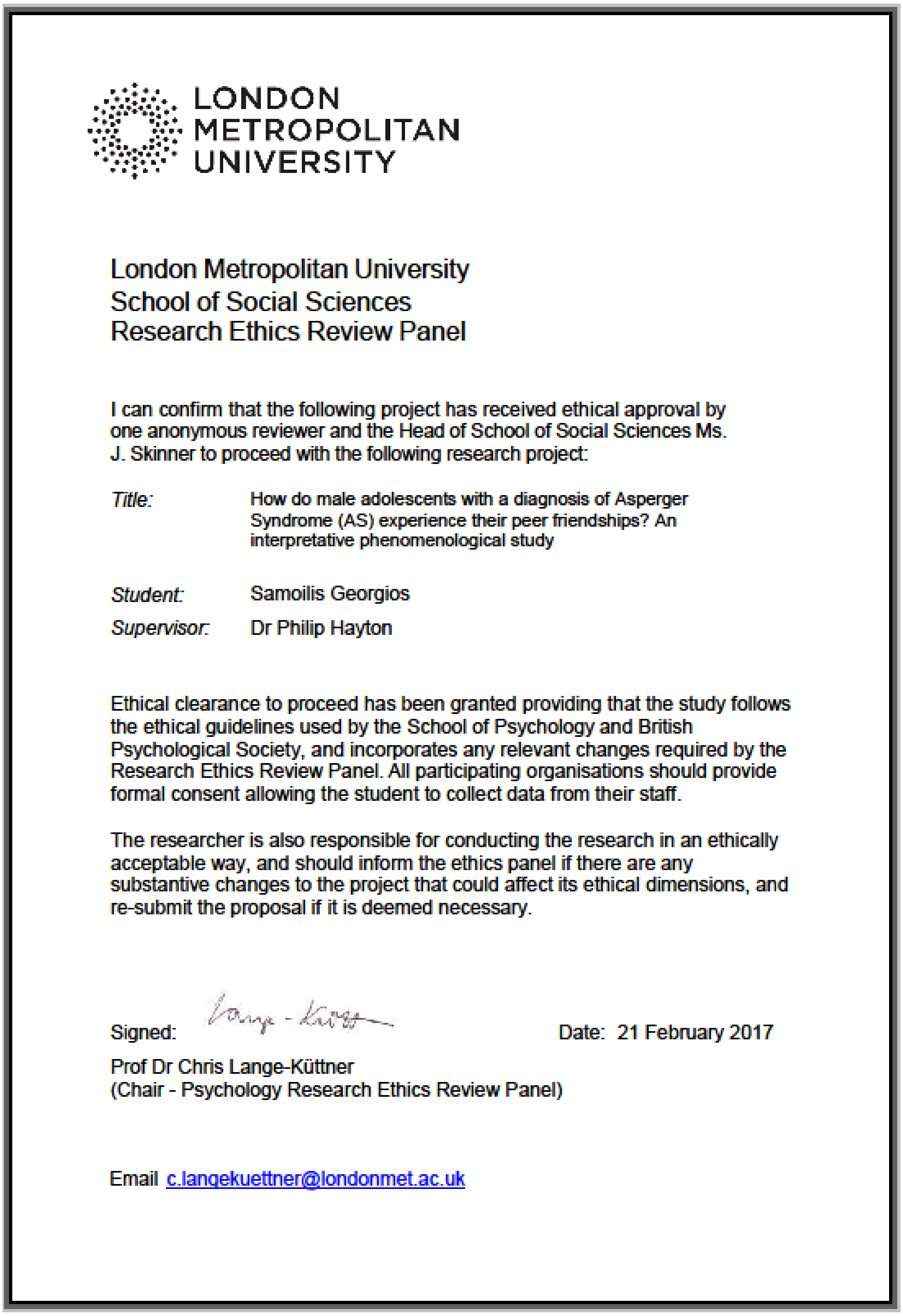
Enclosed is your £10 book voucher.

Thank you very much for taking part in this study.

The researcher,

Georgios Samoilis.

Appendix 29: University ethics clearance



LONDON
METROPOLITAN
UNIVERSITY

London Metropolitan University
School of Social Sciences
Research Ethics Review Panel

I can confirm that the following project has received ethical approval by one anonymous reviewer and the Head of School of Social Sciences Ms. J. Skinner to proceed with the following research project:

Title: How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An interpretative phenomenological study

Student: Samoilis Georgios

Supervisor: Dr Philip Hayton

Ethical clearance to proceed has been granted providing that the study follows the ethical guidelines used by the School of Psychology and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel. All participating organisations should provide formal consent allowing the student to collect data from their staff.

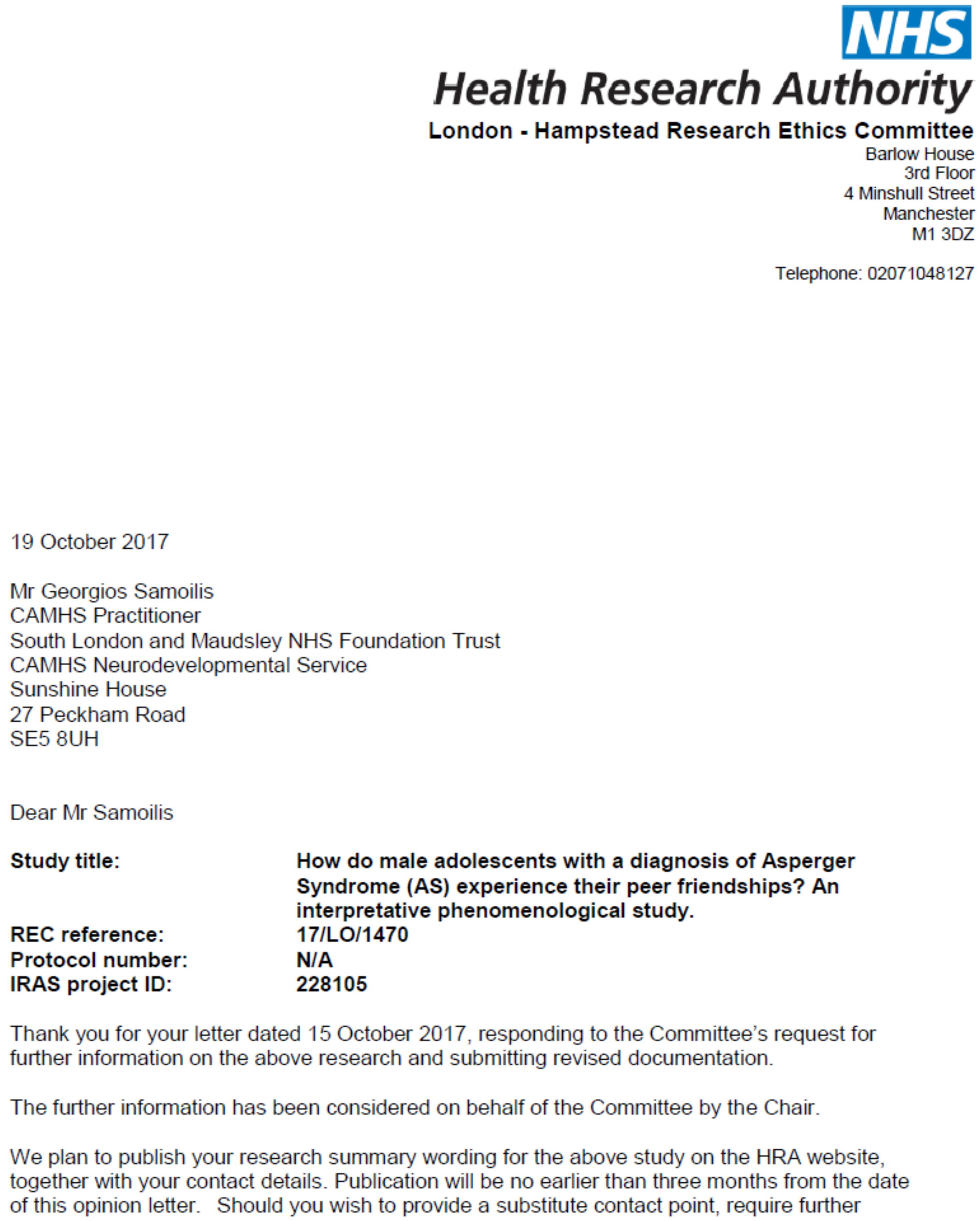
The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed: Date: 21 February 2017

Prof Dr Chris Lange-Küttner
(Chair - Psychology Research Ethics Review Panel)

Email c.langekuettner@londonmet.ac.uk

Appendix 30: Favourable opinion letter



NHS
Health Research Authority
London - Hampstead Research Ethics Committee
Barlow House
3rd Floor
4 Minshull Street
Manchester
M1 3DZ

Telephone: 02071048127

19 October 2017

Mr Georgios Samoilis
CAMHS Practitioner
South London and Maudsley NHS Foundation Trust
CAMHS Neurodevelopmental Service
Sunshine House
27 Peckham Road
SE5 8UH

Dear Mr Samoilis

Study title: **How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An interpretative phenomenological study.**
REC reference: **17/LO/1470**
Protocol number: **N/A**
IRAS project ID: **228105**

Thank you for your letter dated 15 October 2017, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

We plan to publish your research summary wording for the above study on the HRA website, together with your contact details. Publication will be no earlier than three months from the date of this opinion letter. Should you wish to provide a substitute contact point, require further information, or wish to make a request to postpone publication, please contact hra.studyregistration@nhs.net outlining the reasons for your request.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation subject to the conditions specified below.

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Management permission must be obtained from each host organisation prior to the start of the study at the site concerned.

Management permission should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for NHS permission for research is available in the Integrated Research Application System, www.hra.nhs.uk or at http://www.rdforum.nhs.uk.

Where a NHS organisation's role in the study is limited to identifying and referring potential participants to research sites ("participant identification centre"), guidance should be sought from the R&D office on the information it requires to give permission for this activity.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations

Registration of Clinical Trials

All clinical trials (defined as the first four categories on the IRAS filter page) must be registered on a publically accessible database within 6 weeks of recruitment of the first participant (for medical device studies, within the timeline determined by the current registration and publication trees).

There is no requirement to separately notify the REC but you should do so at the earliest opportunity e.g. when submitting an amendment. We will audit the registration details as part of the annual progress reporting process.

To ensure transparency in research, we strongly recommend that all research is registered but for non-clinical trials this is not currently mandatory.

If a sponsor wishes to request a deferral for study registration within the required timeframe, they should contact hra.studyregistration@nhs.net. The expectation is that all clinical trials will be registered, however, in exceptional circumstances non registration may be permissible with prior agreement from the HRA. Guidance on where to register is provided on the HRA website.

It is the responsibility of the sponsor to ensure that all the conditions are complied with before the start of the study or its initiation at a particular site (as applicable).

Ethical review of research sites

NHS sites

The favourable opinion applies to all NHS sites taking part in the study, subject to management permission being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS sites

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [University Indemnity Insurance]	Version 1	30 May 2017
Interview schedules or topic guides for participants [Interview Schedule]	Version 1	31 January 2017
IRAS Application Form [IRAS_Form_10082017]		10 August 2017
IRAS Checklist XML [Checklist_10082017]		10 August 2017
Letters of invitation to participant [Initial expression of interest sheet YP 16-18]	Version 1	07 July 2017
Letters of invitation to participant [Initial expression of interest sheet parent/carer of YP 12-15]	Version 1	07 July 2017
Letters of invitation to participant [Letter to parent/carer of YP 12-15 (after expression of interest)]	Version 1	25 June 2017
Letters of invitation to participant [Letter to YP 16-18 (after expression of interest)]	Version 1	25 June 2017
Other [Principal Investigator's CV]	Version 1	10 July 2017
Other [HCPC Registration]	Version 1	02 May 2017
Other [Participant Debrief Sheet]	Version 1	07 July 2017
Other [Participant Distress Protocol]	Version 1	07 July 2017
Other [SLAM R&D Local Information Form]	Version 1	10 July 2017
Other [Validation response re sites]		16 August 2017
Other [Response to REC]	1	15 October 2017
Participant consent form [Assent Form YP 12-15]	Version 1	25 June 2017

Participant consent form [Consent Form YP 16-18]	Version 1	25 June 2017
Participant consent form [Consent Form Parent/Carer of YP 12-15]	Version 1	25 June 2017
Participant information sheet (PIS) [Information Sheet YP 12-15]	1.2	15 October 2017
Participant information sheet (PIS) [Young person's study Information Sheet, 16-18, 15.10.2017, version 1.2]	1.2	15 October 2017
Participant information sheet (PIS) [Information Sheet Parent/Carer of YP 12-15]	1.2	15 October 2017
Referee's report or other scientific critique report [Sponsor's Ethical approval]	Version 1	21 February 2017
Research protocol or project proposal [Research Protocol]	Version 1	31 January 2017
Summary CV for Chief Investigator (CI) [Chief Investigator's CV]	Version 1	10 July 2017
Summary CV for student [Chief Investigator's CV]	Version 1	10 July 2017
Summary CV for supervisor (student research) [Academic Supervisor's CV]	Version 1	10 July 2017
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Letter to clinicians]	version 1	07 July 2017

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

After ethical review

Reporting requirements

The attached document *"After ethical review – guidance for researchers"* gives detailed guidance on reporting requirements for studies with a favourable opinion, including:

- Notifying substantial amendments
- Adding new sites and investigators
- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study

The HRA website also provides guidance on these topics, which is updated in the light of changes in reporting requirements or procedures.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Training

We are pleased to welcome researchers and R&D staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

17/LO/1470	**Please quote this number on all correspondence**

With the Committee's best wishes for the success of this project.

Yours sincerely

Signed on behalf of
Miss Stephanie Ellis, BEM
Chair

Email:nrescommittee.london-hampstead@nhs.net

Enclosures:	"After ethical review – guidance for researchers"
Copy to:	*Dr Jo Skinner* *Ms Jennifer Liebscher, South London and Maudsley NHS Foundation Trust*

Appendix 31: HRA approval

NHS
Health Research Authority

Mr Georgios Samoilis
CAMHS Practitioner
South London and Maudsley NHS Foundation Trust
CAMHS Neurodevelopmental Service
Sunshine House
27 Peckham Road
SE5 8UH

Email: hra.approval@nhs.net

19 October 2017

Dear Mr Samoilis,

Letter of HRA Approval

Study title:	**How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An interpretative phenomenological study.**
IRAS project ID:	**228105**
Protocol number:	**N/A**
REC reference:	**17/LO/1470**
Sponsor	**London Metropolitan University**

I am pleased to confirm that **HRA Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

Participation of NHS Organisations in England

The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

Appendix B provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. **Please read *Appendix B* carefully**, in particular the following sections:

- *Participating NHS organisations in England* – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- *Confirmation of capacity and capability* - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.

Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from www.hra.nhs.uk/hra-approval.

Appendices

The HRA Approval letter contains the following appendices:

- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

After HRA Approval

The document *"After Ethical Review – guidance for sponsors and investigators",* issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the HRA website, and emailed to hra.amendments@nhs.net.
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the HRA website.

Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/.

HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details at http://www.hra.nhs.uk/hra-training/

Your IRAS project ID is **228105**. Please quote this on all correspondence.

Yours sincerely

Nabeela Iqbal
Assessor

Email: hra.approval@nhs.net

Copy to: *Dr Jo Skinner, London Met University, Sponsor contact*
Ms Jennifer Liebscher, South London and Maudsley NHS Foundation Trust

Appendix A - List of Documents

The final document set assessed and approved by HRA Approval is listed below.

Document	*Version*	*Date*
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [University Indemnity Insurance]	Version 1	30 May 2017
Interview schedules or topic guides for participants [Interview Schedule]	Version 1	31 January 2017
IRAS Application Form [IRAS_Form_10082017]		10 August 2017
Letters of invitation to participant [Letter to YP 16-18 (after expression of interest)]	Version 1	25 June 2017
Letters of invitation to participant [Initial expression of interest sheet YP 16-18]	Version 1	07 July 2017
Letters of invitation to participant [Initial expression of interest sheet parent/carer of YP 12-15]	Version 1	07 July 2017
Letters of invitation to participant [Letter to parent/carer of YP 12-15 (after expression of interest)]	Version 1	25 June 2017
Other [Principal Investigator's CV]	Version 1	10 July 2017
Other [HCPC Registration]	Version 1	02 May 2017
Other [Participant Debrief Sheet]	Version 1	07 July 2017
Other [Participant Distress Protocol]	Version 1	07 July 2017
Participant consent form [Assent Form YP 12-15]	Version 1	25 June 2017
Participant consent form [Consent Form YP 16-18]	Version 1	25 June 2017
Participant consent form [Consent Form Parent/Carer of YP 12-15]	Version 1	25 June 2017
Participant information sheet (PIS) [Young person's study Information Sheet, 16-18, 15.10.2017, version 1.2]	1.2	15 October 2017
Participant information sheet (PIS) [Information Sheet Parent/Carer of YP 12-15]	1.2	15 October 2017
Participant information sheet (PIS) [Information Sheet YP 12-15]	1.2	15 October 2017
Research protocol or project proposal [Research Protocol]	Version 1	31 January 2017
Summary CV for Chief Investigator (CI) [Chief Investigator's CV]	Version 1	10 July 2017
Summary CV for student [Chief Investigator's CV]	Version 1	10 July 2017
Summary CV for supervisor (student research) [Academic Supervisor's CV]	Version 1	10 July 2017
Summary, synopsis or diagram (flowchart) of protocol in non technical language [Letter to clinicians]	version 1	07 July 2017

Appendix B - Summary of HRA Assessment

This appendix provides assurance to you, the sponsor and the NHS in England that the study, as reviewed for HRA Approval, is compliant with relevant standards. It also provides information and clarification, where appropriate, to participating NHS organisations in England to assist in assessing and arranging capacity and capability.

For information on how the sponsor should be working with participating NHS organisations in England, please refer to the, *participating NHS organisations, capacity and capability* and *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* sections in this appendix.

The following person is the sponsor contact for the purpose of addressing participating organisation questions relating to the study:

Name: Dr Jo Skinner
Tel:
Email: j.skinner@londonmet.ac.uk

HRA assessment criteria

Section	HRA Assessment Criteria	Compliant with Standards	Comments
1.1	IRAS application completed correctly	Yes	No comments
2.1	Participant information/consent documents and consent process	Yes	No comments
3.1	Protocol assessment	Yes	No comments
4.1	Allocation of responsibilities and rights are agreed and documented	Yes	This is a single site study and SLAM R&D has provided confirmation that SOA and SOE is to be waived for this study.
4.2	Insurance/indemnity arrangements assessed	Yes	Where applicable, independent contractors (e.g. General Practitioners) should ensure that the professional indemnity provided by their medical defence organisation covers the activities expected of them for this

Section	HRA Assessment Criteria	Compliant with Standards	Comments
			research study
4.3	Financial arrangements assessed	Yes	Study has no external funding as this is a standalone project.
5.1	Compliance with the Data Protection Act and data security issues assessed	Yes	No comments
5.2	CTIMPS – Arrangements for compliance with the Clinical Trials Regulations assessed	Not Applicable	No comments
5.3	Compliance with any applicable laws or regulations	Yes	No comments
6.1	NHS Research Ethics Committee favourable opinion received for applicable studies	Yes	REC FIFO issued on the 19/10/2017.
6.2	CTIMPS – Clinical Trials Authorisation (CTA) letter received	Not Applicable	No comments
6.3	Devices – MHRA notice of no objection received	Not Applicable	No comments
6.4	Other regulatory approvals and authorisations received	Not Applicable	No comments

Participating NHS Organisations in England

This provides detail on the types of participating NHS organisations in the study and a statement as to whether the activities at all organisations are the same or different.

This is single site study and all research activity will be conducted in accordance to the protocol.

If this study is subsequently extended to other NHS organisation(s) in England, an amendment should be submitted to the HRA, with a Statement of Activities and Schedule of Events for the newly participating NHS organisation(s) in England.

The Chief Investigator or sponsor should share relevant study documents with participating NHS organisations in England in order to put arrangements in place to deliver the study. The documents should be sent to both the local study team, where applicable, and the office providing the research management function at the participating organisation. For NIHR CRN Portfolio studies, the Local LCRN contact should also be copied into this correspondence. For further guidance on working with participating NHS organisations please see the HRA website.

If chief investigators, sponsors or principal investigators are asked to complete site level forms for participating NHS organisations in England which are not provided in IRAS or on the HRA website, the chief investigator, sponsor or principal investigator should notify the HRA immediately at hra.approval@nhs.net. The HRA will work with these organisations to achieve a consistent approach to information provision.

Confirmation of Capacity and Capability

This describes whether formal confirmation of capacity and capability is expected from participating NHS organisations in England.
This is a single site study where the R&D office has decided to waive the SOA and SOE. The R&D office will confirm to the CI when the study can start.

Principal Investigator Suitability

This confirms whether the sponsor position on whether a PI, LC or neither should be in place is correct for each type of participating NHS organisation in England and the minimum expectations for education, training and experience that PIs should meet (where applicable).
A PI is required and has been identified for this study. GCP training is not a generic training expectation, in line with the HRA statement on training expectations.

HR Good Practice Resource Pack Expectations

This confirms the HR Good Practice Resource Pack expectations for the study and the pre-engagement checks that should and should not be undertaken
As a study undertaken by local staff, it is unlikely that letters of access or honorary research contracts will be applicable, except where local network staff employed by another Trust (or University) is involved (and then it is likely that arrangements are already in place).

Other Information to Aid Study Set-up

This details any other information that may be helpful to sponsors and participating NHS organisations in England to aid study set-up.
The applicant has indicated that they do not intend to apply for inclusion on the NIHR CRN Portfolio.

Appendix 32: Further amendments (submitted via emails)

From: AMENDMENTASSESSMENT, Hra (HEALTH RESEARCH AUTHORITY) [mailto:hra.amendmentassessment@nhs.net]
Sent: 05 February 2018 10:22
To: Samoilis, Georgios; j.skinner@londonmet.ac.uk; Dr Philip Hayton (haytonp@staff.londonmet.ac.uk)
Cc: Liebscher, Jennifer (KCL)
Subject: IRAS 228105. HRA Approval for the Amendment

Dear Georgios

Please accept my apologies for the delay in the assessment of this amendment. It was assigned to me but an error in our database meant it was not flagged for my attention as it should have been.

Further to the below, I am pleased to confirm **HRA Approval** for the referenced amendment.

You should implement this amendment at NHS organisations in England, in line with the conditions outlined in your categorisation email.

Please contact hra.amendments@nhs.net for any queries relating to the assessment of this amendment.

Kind regards

Michael

Michael Higgs

Assessor

Health Research Authority

Skipton House | 80 London Road | London | SW16 2JX

T. 020 7104 8113

E. michael.higgs@nhs.net

W. www.hra.nhs.uk

From: Samoilis, Georgios [mailto:Georgios.Samoilis@slam.nhs.uk]
Sent: 02 February 2018 16:38
To: CLARKE, Jemima (HEALTH RESEARCH AUTHORITY); j.skinner@londonmet.ac.uk; Dr Philip Hayton (haytonp@staff.londonmet.ac.uk)
Cc: Liebscher, Jennifer (KCL)
Subject: RE: IRAS 228105. Amendment categorisation and implementation information

Dear Amendments team ,

Can I please ask as to whether your assessment has been completed as I haven't heard in relation to the below forwarded email.

Please let me know at your earliest possible convenience so that I can proceed with the next stage of my research.

Many thanks in advance for your time.

Kind regards,

Georgios Samoilis

CAMHS Practitioner-HCPC registered Counselling Psychologist

Southwark Child & Adolescent Mental Health Neurodevelopmental Service | Sunshine House | 27 Peckham Road | London | SE5 8UH

Telephone: 020 30498282   Fax: 020 3049 8261

From: CLARKE, Jemima (HEALTH RESEARCH AUTHORITY) [mailto:jemima.clarke@nhs.net]
Sent: 21 December 2017 10:17
To: Samoilis, Georgios; j.skinner@londonmet.ac.uk
Cc: Liebscher, Jennifer (KCL)
Subject: IRAS 228105. Amendment categorisation and implementation information

Dear Georgios Samoilis,

Thank you for submitting an amendment to your project.

If you have participating NHS/HSC organisations in any other UK nations we will forward the information to the relevant national coordinating function(s).

Please note that you may only implement changes described in the amendment notice.

What Happens Next?

When available, please forward any other regulatory approvals that are expected for this amendment to hra.amendments@nhs.net.

Information Specific to Participating NHS Organisations in England

1. You should now share details of the amendment and, if applicable, amended documents, together with this email, with all participating NHS organisations in England. In doing so, you should include the NHS R&D Office, LCRN (where applicable) as well as the local research team. A template email to notify participating NHS organisations in England is provided on the HRA website.
2. The participating NHS organisations in England should prepare to implement this amendment.
3. Your amendment will be assessed against HRA standards.
4. Once the HRA assessment has been successfully completed, you will receive an email confirming that your amendment has HRA Approval.
5. You may implement your amendment at all participating NHS organisations in England 35 calendar days from the day on which you provide the organisations with this email and your amended documents (or as soon as the participating NHS organisation confirm that you may implement, if sooner), so long as you have HRA Approval for your amendment by this date. **NHS organisations do not have to confirm they are happy with the amendment.** If HRA Approval is issued subsequent to this date, you may implement following HRA Approval.
6. You may not implement the amendment at any participating NHS organisations in England that requests additional time to assess, until it confirms that it has concluded its assessment.
7. You may not implement at any participating NHS organisation in England that declines to implement the amendment.

IRAS Project ID: 228105

Short Study Title:	Young males with Asperger's Syndrome (AS) and their peer friendships
Date complete amendment submission received:	14 December 2017
Sponsor Amendment Reference Number:	1
Sponsor Amendment Date:	14 December 2017
Amendment Type	Non Substantial
Outcome of HRA Assessment	**HRA Approval for the amendment is pending.** The HRA will separately confirm HRA Approval for the amendment by email.
Implementation date in NHS organisations in England	35 days from date amendment information together with this email, is supplied to participating organisations **(provided HRA Approval is in place and conditions above are met)**
For NHS/HSC R&D Office information	
Amendment Category	**A**

If you have any questions relating to the wider HRA approval process, please direct these to hra.approval@nhs.net

If you have any questions relating to this amendment in one of the devolved administrations, please direct these to the relevant national coordinating function.

Additional information on the management of amendments can be found in the IRAS guidance.

Please do not hesitate to contact me if you require further information.

Kind regards

Jemima Clarke

Amendment Coordinator

Health Research Authority

HRA Centre Manchester | 3rd Floor, Barlow House | 4 Minshull Street,
Manchester | M1 3DZ

E. Jemima Clarke@nhs.net

W. www.hra.nhs.uk

Amendments 2018

From: hra.amendments@nhs.net [mailto:noreply@harp.org.uk]
Sent: 19 June 2018 9:58 AM
To: Georgios.Samoilis@slam.nhs.uk; j.skinner@londonmet.ac.uk
Cc: Liebscher, Jennifer <jennifer.liebscher@kcl.ac.uk>
Subject: IRAS 228105. Amendment categorisation and implementation information

Amendment Categorisation and Implementation Information

Dear Mr Samoilis,

IRAS Project ID:	228105
Short Study Title:	Young males with Asperger's Syndrome (AS) and their peer friendships
Date complete amendment submission received:	15 June 2018
Amendment No./ Sponsor Ref:	Minor updates to PIS'
Amendment Date:	15 June 2018
Amendment Type:	Non-substantial
Outcome of HRA and HCRW Assessment	**This email also constitutes HRA and HCRW Approval for the amendment,** and you should not expect anything further.
For NHS/HSC R&D Office information	
Amendment Category	**C**

Thank you for submitting an amendment to your project. We have now categorised your amendment and please find this, as well as other relevant information, in the table above.

What should I do next?

If you have participating NHS/HSC organisations in any other UK nations that are affected by this amendment **we will** forward the information to the relevant national coordinating function(s).

You should now inform participating NHS/HSC organisations of the amendment.

- For NHS organisations in England and/or Wales, this notification should include the NHS R&D Office, LCRN (where applicable) as well as the local research team.

When can I implement this amendment?

You may implement this amendment **immediately**. Please note that you may only implement changes described in the amendment notice.

Who should I contact if I have further questions about this amendment?

If you have any questions about this amendment please contact the relevant national coordinating centre for advice:

- England – hra.amendments@nhs.net
- Northern Ireland – research.gateway@hscni.net
- Scotland – nhsg.NRSPCC@nhs.net
- Wales – research-permissions@wales.nhs.uk

Additional information on the management of amendments can be found in the IRAS guidance.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/.

Please do not hesitate to contact me if you require further information.

Kind regards

Hayley Kevill

Health Research Authority

Ground Floor | Skipton House | 80 London Road | London | SE1 6LH

E.hra.amendments@nhs.net

W. www.hra.nhs.uk

Appendix 33: Indemnity insurance

LONDON
METROPOLITAN
UNIVERSITY

Tower Building
166–220 Holloway Road
London
N7 8DB

TO WHOM IT MAY CONCERN

30 May 17

Dear Sirs,

Re: Research Project – Mr Georgios Samoilis
How do male adolescents with a diagnosis of Asperger Syndrome (AS) experience their peer friendships? An interpretive phenomenological study.

I confirm that the above research project will be covered by the University's Professional Indemnity insurance.

Please find attached confirmation of our policy. The policy is due for renewal on 31 July 2017 and will be automatically renewed at the same level of cover.

Yours sincerely,

Helen Kruczkowska
Insurance Manager Finance Department

T: 020 7133 2543 E: h.kruczkowska@londonmet.ac.uk

London Metropolitan University | Tower Building | 166–220 Holloway Road | London N7 8DB
Switchboard: +44 (0)20 7423 0000 | londonmet.ac.uk

Arthur J. Gallagher

Station Square
One Gloucester Street
SWINDON
SN1 1GW

Telephone **01793 468381**
Fax **01793 468838**
Email **ukpublicsector@ajg.com**
www.ajginternational.com/gh

8th August 2016

Our Ref: 5069268

TO WHOM IT MAY CONCERN

London Metropolitan University

Subsidiaries: **London Metropolitan Enterprises Ltd**

We act as Insurance Brokers and Consultants to London Metropolitan University and hereby certify that the following described insurance is in force at this date.

Type of Insurance:	PROFESSIONAL INDEMNITY
Limit of Indemnity:	£5,000,000 any one claim / in the aggregate any one period of insurance.
Insurers:	Royal & Sun Alliance insurance Group
Policy Number:	RKK423027/14
Period of Insurance	1st August 2016 to 31st July 2017

This Letter is provided for you as a matter of information only. The issuing of this document does not make the person or organisation to which it has been issued an additional Insured, nor does it modify in any manner the Contracts of Insurance between the Insured and Insurers. Any amendment, change or extension of such contracts can only be effected by specific endorsements attached thereto.

Should the above-mentioned Contract of Insurance be cancelled, assigned or changed during the above policy period in such a manner as to affect this document, no obligation to inform the holder of the Document is required by Arthur J. Gallagher (UK).

If you have any further queries regarding our client's insurance cover, please do not hesitate to contact the undersigned.

Arthur J. Gallagher

Yours sincerely

AJ Trew

Amanda Trew
Client Service Advisor

Appendix 34: Distress protocol

Protocol to follow if participants become distressed during participation. Adopted by Cocking, C. (2008).

This protocol has been devised to deal with the unlikely possibility that some participants may become distressed and/or agitated during their involvement in the present research study exploring peer friendships in male adolescents with a diagnosis of Asperger Syndrome.

Such participants may have had trouble in their peer friendships. Georgios Samoilis is a doctoral trainee at London Metropolitan University as well as has experience in working with individuals with AS. He also has training in managing situations where distress occurs.

There follows below a three-step protocol detailing signs of distress that the researcher will look out for, as well as action to take at each stage. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. However, it is included in the protocol, in case of emergencies, which could not be foreseen.

Mild distress:

Signs to look out for:

1. Tearfulness
2. Voice becomes choked with emotion/ difficulty speaking
3. Participant becomes distracted/ restless

Action to take:

1. Ask participant if they are happy to continue
2. Offer them time to pause and compose themselves
3. Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

1. Uncontrolled crying/wailing, inability to talk coherently

2. Panic attack (e.g., hyperventilation, shaking, fear of impending heart attack)
3. Intrusive thoughts of traumatic events (e.g., flashbacks)

Action to take:

1. The researcher will intervene to terminate the interview/experiment
2. The debrief will begin immediately
3. Relaxation techniques will be suggested to regulate breathing/reduce agitation
4. The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to distressing events.
5. If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
6. Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

1. Severe agitation and possible verbal or physical aggression
2. In very extreme cases, possible psychotic breakdown where the participant relives traumatic incidents and begins to lose touch with reality

Action to take:

1. Maintain safety of participant and researcher
2. If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP
3. If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team
4. If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment

   (This last option would only be used in an extreme emergency)

Appendix 35: Summary letter to HRA

Overview

The purpose of this study was to explore eight young men's lived experiences of their peer friendships as well as to further investigate whether and how they camouflage their ASD traits during their social interactions. Five superordinate themes with sixteen corresponding subthemes emerged from the young boys' accounts following an Interpretative Phenomenological Analysis (IPA). Please find below a summary of the results of this study.

1 Experiences of friendships and socialisation

1.1 Friends as source of support

Despite difficulties in social interactions and some expressed desire for loneliness, most of the boys talked positively about friends and best friends, with friendships identified as a source of support. The boys described the positive impact of friendships on their mental health and socialisation primarily at school. One boy described having friends as a necessity to navigate the school environment. Two young men were at 'the returning current' of social reciprocity in terms of encouragement and support towards their friends. Another boy identified his friend as source of support when struggling with social competence and anxiety accompanied by feelings of 'timidity'. He made connections of how having a best friend increases his self-confidence and provides support with social skills development while aniticipating positive future socialisation outcomes. Overall, the boys identified with their own gender when socialising with friends.

1.2 Experiences of bullying and arguments

A boy described having suffered severe bullying at school and graphically described his experiences of detentions and restraints by teachers and teasing by other kids. For another young man 'it was so really bad' that he lacked the words to describe his traumatic experiences. One young man perpetrated fights against peers which seemed to have served a protective function; to avoid future provocations. He actively used his body as a 'protective shield'.

1.3 Online interactions

The boys talked about their experiences of online socialisation as a positive aspect to their social lives. Some participants presented with increased awareness of online risks whereas others described the benefits of participating in online forums. One young man described himself as 'more of an online person', who appeared to turn to online socialising. Another boy acknowledged the lack of 'emotional interaction' when socialising online. He suggested that others have the opportunity to mask their true feelings, which does not allow him to make inferences about their emotional states unlike during face-to-face interactions.

2 Common interests

2.1 Friendships mediation via common interests

The boys spoke of the centrality of forming and maintaining friendships via engaging in commonly enjoyable activities. For example, one boy emphasised how engaging in common activities is beneficial as it ‘always works so well’ and continued by saying ‘I feel confident doing those things’.

2.2 Benefits of common interests

Participants described that common interests with friends can be a positive experience with beneficial impact on their mental health, self-esteem and education while providing them with a feeling of ‘fitting in’. For a young man this was his ‘only good experience’. Common interests seemed to help the boys initiate and maintain friendships and social interactions through making them more likeable. It can be argued that friendships in young men with ASDs are initiated, facilitated and mediated via engagement in common interests.

2.3 Intersection of common and special interests

Contrary to the above, some participants talked about common interests as a barrier to friendship when those interests become uncontrolled ‘obsessions’ and when they were not developmentally appropriate. A boy viewed his friend as ‘delayed’ in years due to not having developmentally progressed to more age-appropriate interests. There was an additional realisation that lack of common interests can inhibit further social interactions with peers. Another boy discussed how not having similar interests to others prevents him from opening up and socialising. This makes him feel ‘not just like an outcast’, as he characteristically put it.

3 Strategies when making friends and socialising

3.1 Observing and joining in

Talking about similar interests, joining in, giving opinions and using humour were strategies used by boys when initiating social contact and making friends. Some boys described experiences of carefully and at times cautiously observing and monitoring others prior to engaging in any social contact. The boys often struggled to freely initiate social contact and entered social relationships by assuming a cautious point of view. One young man checks on peers' personalities to ensure his potential friends are always 'nice'. Another boy seems to enter social interactions from a rather careful starting point with a tendency to classify peers as either 'allies or enemies'.

3.2 No need for strategies

As opposed to the young men who did employ strategies during peers' interactions, there were boys who had mixed feelings and presented with a limited or no need to apply such strategies. For one of them this was related to feelings of perceived judgment by others accompanied by feelings of stress. For one boy, social contact was initiated by others and was mediated via activities he was good at resulting in him gaining recognition and becoming leader in his peers' group. In both cases, it appeared was others who decided whether they liked them or not. One young man described a limited desire and motivation to make friends and his mum acted as a source of socialisation. Another boy described powerful feelings of fears of being 'used' by others.

3.3 Dealing with conflict

Some young men had developed strategies to deal with conflict. Most of the boys assumed a reserved role, isolating themselves and spending time within their areas of special interests. The boys preferred to avoid conflict, to ignore arguments, isolate themselves or to be 'nice people in general'. On the contrary, two boys assumed 'embodied' ways of dealing with conflict. A young man described how having a larger body compared to his peers and having entered fights reduces the chances of future provocations. Another participant said that he used his masculinity to defend himself and resolve conflict. He further described how being classed as 'strong' without being 'capable of giving a punch' could perhaps protect him against peers' provocations.

4 ASD diagnosis and experiences of socialisation

4.1 Negotiating the differences

The participants described how their ASD diagnosis impacts their socialisation. For one boy, his diagnosis affects him ‘a lot’ when interacting with people who don’t have ASD whereas it has no effect when interacting with diagnosed ones. He also talked around anticipated fears of perceived judgment by others. Another boy talked about his increased sensory need to fidget and his difficulties mindreading that would make him ‘act normal’. One young man described feelings of paranoia about the prospect of his peers knowing he has ASD. One boy guessed that his peers might have autism due to them sharing similar characteristics whilst denying any impact of his diagnosis on his socialisation. Likewise, another boy said that his diagnosis does not affect neither himself nor others.

4.2 Disjunctures in empathy

Some participants described their struggle to understand what people think and feel and how this impacts their social relationships. One boy was preoccupied with negative ideas of what others would think of him. This has a negative impact on his ability to go out and make friends resulting in feelings of loneliness and a diminished desire for socialisation. Similarly, another boy struggles to understand ‘how people feel’ and due to this he tries to ‘act normal’. Another young man found it difficult and rather ‘awkward’ to describe what qualities his best friend liked about him. One boy described sharing a ‘blank straight face’ similar to that of his friend and another young man described no feelings when having fights with peers.

4.3 Mental health conditions and socialising

The boys shared their experiences of how their mental health diagnoses are having a toll on their social lives. One man ‘purposively isolates’ himself to avoid contaminating his friends with sadness stemming from his depression. Likewise, another boy shared experiences of how his depression and ‘trust issues’ have a negative impact on his social life. Other young men spoke of how their anxiety affected their social lives. For example, one boy talked about the way his anxiety, ‘shyness’ and fears of exposure, contribute to experiencing difficulties with peers.

4.4 Making comparisons

Some participants made comparisons to other young people with and without autism sharing what is like to be on the spectrum. One boy described his friend’s autism as ‘less’ than his. For another boy knowing others with autism and other ‘impairments’ was a ‘good experience’. One participant talked about how his disability could be perceived as ‘a leak’ and how people with autism are ‘like a tribe’. One boy felt he lacked the ‘privilege’ to socialise when compared to others who had no diagnoses.

5 Experiences of camouflaging

5.1 Camouflaging strategies

Camouflaging was described by young males with terms such as: ‘fake personality’, ‘acting differently’, ‘it’s like a disguise’. One boy acted ‘more confident’ despite his natural inclination not to do so during interactions with peers. One young man used a ‘fake personality at school a lot’ in an attempt to socialise with his peers who had no diagnosis and to navigate the school environment. By using a fake personality this young man gives the ‘fact’ to others that he doesn’t have a ‘disability’. Two boys shared their lived experiences of ‘altering’ ASD traits in order to regulate themselves and appear as ‘calmer’ and ‘quieter’ preventing them from being seen as ‘weird’ or ‘different’ during interactions with peers. One young man actively suppresses his inclination to talk at length about his special interests during initial stages of potential friendship development. On the contrary, two boys felt no need to employ masking strategies. One young man felt he didn’t need to employ any strategies as he had previously won fights as others were not approaching him. Another boy maintained the view that by always showing his authentic self he would become more likeable.

5.2 Motivations and functions

Participants spoke of their motivations (why) and functions (what they wanted to achieve) when camouflaging. One boy’s motivation to camouflage was related with a desire for more social interactions alongside a wish to belong and fit in. Similarly, another boy’s motivation was to connect and relate to peers with the function to become more likeable and gain friends. Another young boy’s motivation was related to navigating the school environment with a possible function to avoid challenging experiences. A participant’s reported motivation to camouflage was to ‘get along’ with peers and have smooth social interactions serving the potential function to get ‘more allies than enemies’.

5.3 Impact on self and consequences

The boys discussed the impact of camouflaging strategies on their self-perception and talked about positive and negative consequences. A major consequence was that camouflaging altered negatively their self-perception. One boy’s ‘fake personality’ blocks him from being himself. Similarly, a boy felt he ‘can’t be himself’ and another boy expressed fears of his camouflaging ‘ending up badly’. The consequences of masking were not only perceived as negative. For example, one young man felt that camouflaging his ASD traits resulted in not feeling embarrassed in front of others. Another boy anticipated a future positive consequence for others to look at him as a friend candidate.

Dissemination of findings

A summary of the young men’s interviews results will be sent by email to the participants who requested a copy in their consent forms. The researcher intends to publish his findings in a peer reviewed journal following completion of his viva voce examination.

Conclusion

This qualitative study offers rich and novel experiential accounts on the social worlds and the challenges encountered by adolescent males with ASDs. This is the first known IPA study to look directly to young males lived social experiences in the context of their ASD diagnoses. In a sample of eight young men, six were found to employ masking and camouflaging strategies in their attempts to navigate complex social environments. Their attempts were confounded by increased social demands, unwritten social rules and an awareness of their differences; hence the need to alter their natural inclinations during their social interactions. Masking and camouflaging as a social coping strategy in children and young people of all sexes (inclusive of non-binary) is an emerging but rapidly growing area of research with important clinical and educational implications.

Appendix 36: Summary letter to participants

Experiences of friendships and socialisation

The young men talked about the importance of having friends and best friends. Some expressed a desire for loneliness that was primarily influenced by social communication difficulties rather than a desire for isolation. Friends were identified as a source of support and the boys described the positive impact of friendships on their mental health, education and socialisation. A few talked about experiences of bullying and increased argumentation. Participants shared their positive experiences of socialising online as well as potential risks and differences between socialising online and face-to-face interactions.

Common interests

The boys talked about engaging in commonly enjoyable activities with friends and peers and how central this can be in terms of forming and maintaining friendships. Participants described that having interests in common with friends can be a positive experience with beneficial impact on their mental health, self-esteem and education while providing them with a feeling of ‘fitting in’. Contrary to the above, some young men talked about (special) interests as a barrier to developing friendships when those interests become uncontrolled ‘obsessions’ and when they were not developmentally appropriate.

Strategies when making friends and socialising

Talking about similar interests, joining in, giving opinions and using humour were strategies developed and used by the boys when initiating social contact, making friends and maintaining friendships. Some boys described experiences of carefully observing and monitoring others prior to engaging in any social contact with them. Some boys talked about their struggle to freely initiate social interactions and described a tendency to enter social relationships by assuming a cautious point of view. However, some boys felt no need to employ any strategies. Most of the boys assumed a reserved role, isolating themselves and spending time within their areas of special interests. Some young men had also developed strategies to deal with conflict and a couple of them had assumed ‘embodied’ ways such as entering fights and appearing strong(er) aiming to reduce chances of future provocations. The majority of the young men preferred to avoid conflict, ignore arguments and isolate themselves.

ASD diagnosis and experiences of socialisation

The young boys talked about their ASD diagnosis and how it may affect their social life. Some boys felt that the ASD diagnosis had a negative impact when socialising with people without ASDs when compared to their interactions with autistic peers. Some boys spoke of fears of judgment by others whereas a few of them felt that their ASD diagnoses did not affect their social lives at all.

Some participants described their struggle to understand what other people think and feel and how this difficulty affects negatively their social relationships. The boys shared their experiences of how mental health diagnoses such as anxiety and depression are having a toll on their social lives. Some boys compared themselves to other young people with and without autism. For one boy knowing others with autism was a ‘good experience’ as this gave him a sense of belonging. Another participant talked about how his disability could be perceived as ‘a leak’ and how people with autism are ‘like a tribe’. One boy felt he lacked the ‘privilege’ to socialise when compared himself to others who had no ASD diagnoses.

Experiences of camouflaging

Young people with an ASD diagnosis can be aware of their challenges with social interactions and communication. It has been previously found that people with ASD may attempt to hide their ASD characteristics when interacting with others. This behaviour has been described by researchers as ‘social camouflaging’, and ‘masking’. In this study, some young men felt like imitating others, controlling their natural ways of behaving and pretending they had no ASD diagnosis. The camouflaging strategies included pretending, suppressing, controlling, hiding and fine-tuning those behaviours and ASD traits that may be perceived as inappropriate or different from the mainstream ‘normal’. A few young men felt no need to apply such strategies.

The young men spoke of their motivations (why) and what they wanted to achieve when camouflaging. The participants presented with an understanding of their differences in the context of their ASD diagnosis and with an awareness of unwritten social rules. There was an expressed desire for more social interactions and connectedness alongside a wish to belong and fit in, to become more likeable and gain friends. The boys discussed the impact of camouflaging strategies on their self-perception and talked primarily about negative consequences. A major consequence was that camouflaging altered their self-perception in a negative way making them feel as if they were losing their true self.