

## Understanding Friendship and Recreation: A Theoretical Sampling

By: Frederick P. Green and [Stuart J. Schleien](#)

Green, F., & Schleien, S. (1991). Understanding friendship and recreation: A theoretical sampling. *Therapeutic Recreation Journal*, 25(4), 29-40.

Made available courtesy of National Recreation and Park Association: <http://www.nrpa.org/>

**\*\*\* Note: This document may be reprinted and distributed for non-commercial and educational purposes only, and not for resale. No resale use may be made of material on this web site at any time. All other rights reserved.**

### **Abstract:**

The integration of adults with mental retardation into community leisure services has become an accepted focus of community leisure service providers. Researchers and practitioners alike have discovered that participation in integrated recreation programs provides adults with mental retardation opportunities to acquire a variety of functional leisure and social skills. However, without specific efforts to promote friendship development, these newly acquired leisure and social skills alone may not result in social integration. Strategies for promoting friendship development through recreation participation will depend upon a greater understanding of the relationship between recreation and friendship as it is perceived by adults with mental retardation. Three theories are presented in this article that are grounded in qualitative and quantitative data. Firstly, adults with mental retardation living in community residential facilities often do not develop meaningful, reciprocated friendships with peers. Rather, they mistakenly perceive staff, family, and other externally motivated or obligated people to be their friends. Secondly, adults with mental retardation do not typically meet and make new friends during recreation participation. At best, they may use the recreation domain to further nurture a relationship that was established previously. Finally, friendship development between adults with mental retardation and their nondisabled peers may be inhibited by the absence of social skills necessary to participate cooperatively in recreation.

**KEY WORDS:** Community Recreation, Friendship, Qualitative Research, Relationships, Therapeutic Recreation

### **Article:**

The link between participation in community leisure services and the social integration of persons with mental retardation is not a new phenomenon (Schleien & Ray, 1988). It is becoming apparent, however, that people who are mentally retarded may be remaining socially isolated from their nondisabled peers, despite the apparent success of and benefits resulting from community recreation integration efforts. Professionals in the field have presented a number of social benefits of community recreation integration, including the opportunity to learn from and socialize with nondisabled peers (Donder & Nietupski, 1981; Schleien & Ray, 1988). But these benefits may be representing a facade to a life of social isolation, a social issue that may increase as efforts to serve persons with disabilities in community environments accelerates. As we increase our efforts to serve persons with mental retardation in community leisure services, we may actually be promoting, rather than eliminating, social isolation. Individuals who may have been socially satisfied and reasonably well-connected within segregated recreation programs prior to our altruistic and innovative integration efforts, may be physically present, yet, often times socially isolated within integrated environments. We regretfully admit to that possibility, and caution recreation professionals to strive for a better understanding of the social aspirations of both persons with and without mental retardation while planning integrated recreation programs.

Assumption would tell us that social integration cannot be achieved without efforts to first physically include persons with mental retardation in community leisure services. However, successful social integration cannot be achieved by merely placing people into these environments. Integration into community leisure settings may result in exposure to a new network of people, primarily individuals who are not disabled. Adults with mental

retardation, whose social contacts have been primarily with peers with mental retardation in segregated settings, may not be prepared to make friends with nondisabled peers. Without discounting the importance of friendship with peers who are also mentally retarded, recreation professionals are faced with the responsibility of empowering participants who choose integrated programs with the ability to make friends with their nondisabled peers.

Significant efforts from a variety of professionals, including therapeutic recreation specialists, are necessary to ensure that the transition to community life equates to an improvement in the quality of one's social life. An early study by Krishef, Reynolds, and Stunkard (1959) found that an individual's adjustment to community living was more closely related to the individual's ability to relate to other people than it was to I.Q. score or economic self-sufficiency. A logical conclusion to their findings was that the multi-disciplinary efforts to develop specific skills would be enhanced by a coordinated effort to teach the complex skills required for successful social interaction and social connectedness. Stainback and Stainback (1987) lamented that an insufficient proportion of program time is devoted to developing "friendship" skills, even though parents consider friendship development a higher priority for their children with mental retardation than occupational and vocational skill development for achieving a normal quality of life.

Of great importance to providers of community leisure services is the impact of friendship on one's mental health. Brown, Brohlchain, and Harris (1975) concluded, in a study of factors that intervene on depressive conditions in women, that, while the lack of intimate social relationships did not provoke depressive conditions, the existence of these relationships did minimize depression that resulted from traumatic life events. Pearlin, Lieberman, Menaghan, and Mullin (1981) arrived at similar conclusions. They theorized that traumatic life events would trigger or exacerbate chronic life strains, and these in turn would diminish individual self-concept, and result in symptoms of depression. Access to intimate social supports would lessen the erosion of self-concept and minimize depression.

There is a growing awareness of the prevalence of psychiatric problems among individuals with mental retardation who have moved from institutional to community environments. In her recent evaluation of a group of individuals who were dually diagnosed (i.e., persons who were both mentally retarded and psychiatrically impaired), Galligan (1990) identified factors that contribute to increased stress and mental health problems. She identified stresses related to deinstitutionalization and community living (i.e., problems become more apparent among people who are mentally retarded in the community than among institutionalized individuals) and the existence of behavior problems in individuals who are mentally retarded for whom community living has not been successful.

These studies should have important implications for community leisure service providers as they contemplate minimizing the social isolation of individuals with mental retardation. If one were to evaluate community integration efforts from the perspective of a long-term resident of a large public institution (e.g., regional treatment center), a move to the community, complete with a change from a known to a novel and threatening environment, combined with a lack of experience in making the transition, can be viewed as a traumatic life event. This service direction has the potential to cause chronic life strain. This individual is more likely to return to an institution after moving to the community (Hill & Bruininks, 1984). The importance of friendship development within the context of a move to community living should be evident.

Research in therapeutic recreation indicates that participation in age-appropriate, community leisure services may result in the acquisition of the skills necessary to make new friends. Bates and Renzaglia (1979) demonstrated that individuals with profound mental retardation could acquire verbal and social skills while learning to play a table game. Schleien (1984) promoted the acquisition of cooperative play skills in students with severe handicaps during the implementation of a school-based leisure education program. Jeffree and Cheseldine (1984) taught a wide range of simple table games to adolescents who were severely mentally retarded in school. These skills were generalized to other environments and the students exhibited higher levels of interaction with their peers with more skilled activities. Vandercook (1987) reported that as people with

developmental disabilities became more proficient in recreational activities, their social repertoires became more sophisticated. The impact of the acquisition of these skills on quality of life can only be evaluated ultimately by their contribution to the community integration of the individual. However, Schleien and Ray (1988) cautioned providers of community leisure services that integration does not guarantee that an individual with a developmental disability will become any less isolated than if they were restricted to segregated programs. They argued that simply arranging for people with and without disabilities to be in physical proximity to one another does not, in and of itself, ensure that positive interactions and interpersonal attraction will occur. They emphasized that the acquisition of age-appropriate leisure skills should be considered "stepping stones" for connecting into the community, and not conclusive goals.

Schleien, Fahnestock, Green, and Rynders, (1990) described program strategies for socially including persons with disabilities into community leisure services. Their descriptions of sociometry, circle of friends, and cooperative learning strategies should encourage leisure service providers to go beyond mere physical integration. Extrinsic strategies that make an impact on the social environment are elucidated to promote the development of friendships between persons with and without disabilities as they jointly participate. These strategies have proven to be successful in educational as well as community leisure settings.

Though the successes of these extrinsic strategies on friendship development should not be discounted, several concerns should be raised regarding the impact of these strategies on the social integration of adults making a transition into the community. First, because the emphasis of extrinsic strategies is on the manipulation of heterogeneous groups (i.e., groups of varying abilities or differences), the strategies may be better suited for children and youth. Adults may not have the time, patience, or interest in being assigned to social groups at the discretion of a program leader. Secondly, even if the manipulation of the environment is successful initially in socially integrating an individual, it is possible that it is the environment, and not necessarily the individual, that has become more conducive to friendship development. Should the environment change—for example, if an individual changes residence, or if a new friend moves away—the individual may, once again, be left unprepared to successfully overcome social isolation.

It may be necessary to combine these extrinsic strategies with intrinsic ones; that is, to prepare the individual with a set of leisure and social skills so that she or he is better prepared to acquire and maintain friends through community leisure participation. To accomplish this task, it becomes necessary to "understand" friendship from the perspective of an individual who is mentally retarded. Friendships are characterized not only by a positive affective tie, but also by the criteria of reciprocity (Rubenstein, 1984). In social situations involving adults with mental retardation and their nondisabled peers, it is usually the nondisabled partner who is less accepting of a mutually reciprocal relationship, resulting in the individual with mental retardation shouldering the responsibility of "proving" his or her worth in order to be accepted (Bullock, 1988). Understanding how socially isolated adults with mental retardation perceive friendship, and how recreation participation can influence their friendship development with nondisabled peers, could assist therapeutic recreation specialists and community recreation service providers in minimizing the social isolation of adults with mental retardation who choose to participate in integrated community recreation programs.

## **Methodology**

The purpose of the remainder of this article is to discuss friendship as it is perceived by adults with mental retardation. Special attention is given to the impact of recreation participation on friendship development and on the perceptions of "friends."

In this study, the relationship patterns of 11 adults (age range 25-38 years) with mental retardation living in a moderately-sized intermediate care facility for persons with mental retardation (ICF-MR) outside of a large metropolitan area were analyzed. The subjects, who were labeled mildly or moderately mentally retarded, had resided at the facility for 6 months to 14 years ( $\bar{X} = 9.8$ ). For 5 months, we interviewed and observed the subjects during participation in a variety of leisure activities. From the interviews, social maps of individual relationships were constructed through the use of a modified Circle of Friends friendship assessment (O'Brien,

Hasbury, & Snow, 1989). Each individual was asked to identify the people "they know," beginning with persons they consider friends (i.e., people with whom they had a significant, mutual, and reciprocal relationship; people with whom there existed a mutual desire to share leisure time and experiences). Non-friends were then categorized as either service providers (i.e., people who were paid or otherwise obligated to be in their lives), or acquaintances (i.e., all other people they knew). In the event that an individual was identified as a friend and service provider, respondents were asked to identify the primary purpose of the relationship.

Responses in the friendship category were further defined into (a) "friends" (i.e., mutually reciprocated relationships), (b) "best friends" (i.e., friends preferred above most others), and (c) "significant others" (i.e., preferred friends with whom the subject had a reciprocated sexual/emotional bond or attraction). For each response, the subject indicated the domain in which they first met the respondee, and the domain(s) in which they currently share experiences. Domains from which the subjects made their selections included work/school, community, home, family, and recreation/leisure.

Two follow-up studies were conducted to assess the validity of the relationships identified, and to assess the impact of recreation participation on the development of relationships and perceptions of friendship. We interviewed staff members and asked them to review each individual's identification of friends. Following the interviews, we conducted a 3-month participant observation study (Heshusius, 1981; Schleien, Olson, Rogers, & McLafferty, 1985). The 11 residents were observed during organized leisure services and independent leisure time, both in the community and at home. Observers took notes of activity preferences and patterns, and relationship preferences during leisure participation. Specific activities observed included a community-wide (park district) sports festival (i.e., segregated program involving 200 adults with mental retardation), Monday Night Social (i.e., segregated), community outings (e.g., lunch at Pizza Hut), in-home dinner activities (family-style meal in a cafeteria with 120 fellow residents and staff), in-home arts and crafts programs, and resident activity during "free time."

Data were analyzed by combining the constant comparative method of developing grounded theory (Glaser & Strauss, 1967) and methods of analytic induction (Taylor & Bogdan, 1984). Qualitative data were coded and analyzed by matching and comparing specific leisure and social interaction incidents of the subjects in a variety of leisure settings. The researchers refined the similarities and differences through discourse into a general theoretical base. Quantitative data were used to supplement and verify the qualitative data to generate theory. Theories were developed that reflected the researchers' understanding of friendship and recreation as it is perceived by adults with mental retardation whose primary recreation domains are segregated in nature. This understanding of friendship and recreation, induced by the researchers from the analysis of the data, was contrasted with the researchers' perceptions of the demands of social integration, resulting in the following three theories addressing friendship, leisure participation, and potential for successful social integration.

## Results

**Theory #1. PERCEPTIONS OF FRIENDSHIP.** Adults with mental retardation living in community residential facilities often do not develop meaningful, reciprocated friendships with nondisabled peers. Rather, they mistakenly perceive staff, family, and other externally motivated or obligated people to be friends.

It would seem difficult at first to find support for this theory from the results of our personal interviews. The 11 individuals identified a total of 164 ( $\bar{X} = 14.9$ ) persons as important in their lives and/or whom they considered friends. The follow-up interviews with direct care staff depicted the 164 responses into 64 ( $\bar{X} = 5.8$ ) friends (i.e., including best friends and significant others), and 100 ( $\bar{X} = 9.1$ ) non-friends (i.e., acquaintances and service providers).

Considering that the group of 11 individuals had a combined mean of 5.8 friends, and that friends made up 39% of their total relationships, one could conclude that the residents in this moderately-sized, urban, ICF-MR residential living facility were socially well-connected and surrounded by an abundance of friends. It is possible, however, that this conclusion is the result of a misperception of friendship by the residents due to their

inexperience with typical friendship relationships, rather than an indicator of a normal quality of life at home and in the community.

Similar conclusions were reached by Kennedy, Horner, and Newton (1989) in a study of the social interaction patterns of 23 residents of a group home. The authors found that the residents had social contact with an average of 63.5 different people (not including people they lived with and people paid to provide support) over a 30-month period. Yet, they predicted that the residents would most likely not sustain relationships with non-family members. The authors concluded that individuals with severe disabilities had difficulty providing the reciprocity and accepting the friendship responsibilities necessary to sustain an authentic friendship relationship. The continuous process of persons entering and exiting their lives left one with the false impression that friendship formation had occurred. For the sake of future attempts to assess the existence of relationships, this error may be viewed as the result of an inability to distinguish between "friends" and "service providers" (Bullock, 1988).

The results of the qualitative portion of our investigation provide evidence to support both of these phenomena (i.e., inability to distinguish between friends and acquaintances; inability to distinguish between "friends" and "service providers") as contributors to a distorted perception of "friendship" as perceived by adults with mental retardation. Each of the subjects in our study believed that staff members were some of their closest friends; in fact, when asked who their friends were, most respondents began to identify care providers. Subsequent interviews with staff would reveal that staff did not reciprocate these relationships, and in fact, maintained these relationships due to externally motivated obligations (i.e., job responsibilities). Staff-resident social interactions rarely occurred outside of staff work time. This perception that staff members were friends to the residents was not typically discouraged by staff. When one individual was asked to name her friends, she turned to her unit counselor and asked, "You are my friend, aren't you?", to which the staff member proclaimed, "Of course I am!".

While it may appear unethical for service providers not to befriend residents, the high status/high power and visible position of staff members appear to make friendship development with other lower status people less attractive. At the park district sports festival, one resident who was mentally retarded and visually impaired refused to enter the walking event with the assistance of any other resident. He would, however, enter the event if assisted by a staff member. It was not the activity necessarily that attracted him, but the perceived social support—the opportunity to be seen as a friend of a staff member. For many residents, the success of their recreation participation was measured by whether or not they were in close proximity to staff. Displays of severe mood swings often resulted from a missed opportunity to sit near a staff member.

Other explanations may exist for this attraction to staff. In his classic book, *Who Shall Survive?*, Moreno (1934) described three developmental cleavages that impact on an individual's perception of social support. In one of the earlier cleavages, children, as they leave home and enter school, begin to dissolve their social identity with their parents and other adults and begin to identify socially with same-age peers. New leaders, rules, and rewards are incorporated as children begin to "make friends" with their peers. It is possible that many children with mental retardation are denied these experiences. They are not included by their peers, and/or are over-protected by parents. Consequently, they do not become less dependent on social support from adults and learn to make friends with authority figures.

A second explanation centers on the ease with which relationships are developed with staff. The possibility for failure is minimal, if not nonexistent. Staff usually overlook one's frailties, will accept the individual regardless of social deficits, and cannot disappear if one's behavior is offensive. In other words, a staff member denying one's friendship overtures would not appear to be doing her or his job appropriately.

Staff was not the only group that was perceived to be friends and yet did not mutually reciprocate the relationship. Of the 64 people identified as "friends," 60% were fellow residents, and 32% were family members. While it may be possible to accept the fact that friendships do exist, reciprocity during observations was not evident. It was not unusual for residents to point to people in the same room when asked to identify

their friends. To our surprise, we as interviewers were identified as friends occasionally, even though we were recently introduced to the resident. Family members that were identified as friends often lived far away and visited only a few times per year. The 8% of the nonresidents or nonfamily members who were identified as "friends" were actually co-workers. The researchers did not observe any evidence of non-work interactions of a social, friendly nature.

Our conclusion is that the perception of friendship by adults with mental retardation living in this large community residential facility was peculiar in the absence of reciprocity in their relationships. The perception of friendship was based upon physical proximity, familiarity, and the perception of kind overtures, and much less on reciprocity, mutual concern for each other, or the equally shared responsibility of relationships. Residents would claim as friends people they had not seen or communicated with for over 20 years. Residents who claimed to be mutual friends would occasionally participate in activities together, but usually only if prompted by staff. The absence of reciprocity, and the tendency to be attracted to family or staff indicates that the residents were proclaiming friendship based upon a priority system that is different from their nondisabled peers. The possibility exists, however, that these priorities can be altered by the addition of experiences in reciprocated relationships with nondisabled peers.

**Theory #2. RECREATION AND FRIENDSHIP.** The subjects did not meet and make new friends during their recreation participation. In fact, individual respondents were meeting few people during recreation. Of the total 164 people identified to be important to the 11 residents, 86 (52%) were people they had met in their living domain, 43 (26%) were family members, 28 (17%) were people they had met at work/school, 12 (7%) were people they had met through non-recreation community interaction, and 0 (0%) were individuals they had met through participation in community recreation programs.

At first glance, these results would indicate that recreation participation was not impacting on friendship. However, the reverse may actually be true. One hundred percent of the people who were identified as friends interacted with one of the participants in the recreation domain. Thus, it appears that the role of community recreation services in the lives of adults who are mildly to moderately mentally retarded is not as a domain for making new friends. They may serve as vehicles in which friendships are developed and nurtured between people who have formerly met in other domains (e.g., work). This conclusion presents a dichotomy of program implications for therapeutic recreation specialists and community recreation professionals who are concerned with promoting authentic social interactions between adults with and without mental retardation. One must assess the extent to which social recreation programs actually facilitate participants getting to know one another. Careful examination of recreation programs that include adults with mental retardation—either in segregated or integrated settings—indicates that these programs are socially oriented only to the extent that they physically serve patrons in the same location (i.e., physical integration). Although programmers often follow careful guidelines to ensure that participants are safe, acquire skills, and enjoy activities, the important outcome of meeting new people is often left to chance. This *laissez faire* approach to friendship building need not occur. Cooperative goal structuring and socio-metric group arranging strategies have been validated to successfully facilitate social interaction as the main emphasis of a recreation program (Rynders & Schleien, 1991; Schleien, Fahnestock, Green, & Rynders, 1990).

On the other hand, since the focus of this article addresses adult programming, it must be understood that it may not be possible or desirable to restructure community recreation programs to emphasize meeting new people or making new friends. To do so may jeopardize or "handicap" a program; making it unattractive to the nondisabled clientele who may be accustomed to the anonymity afforded by the program. In this case, integration specialists are advised to consider the fact that individuals with mental retardation may not meet potential new friends in community recreation programs. Professionals could concentrate their efforts on training clients to use community recreation programs as a vehicle to develop relationships with people they have already met in other domains. Service providers may then redirect their energies toward identifying potential friends for their clients, and promoting the development of quality social relationships between these individuals by teaching appropriate leisure, social, and friendship skills.

**Theory #3. RECREATION AND SO-CIALIZATION SKILLS.** Socialization skills exhibited by adults with mental retardation during participation in segregated recreation programs may not be equivalent to the skills required for successful socialization in integrated environments.

Although most recreation activities observed by the researchers were initiated by staff members, and participation occurred in large groups and/or within activity areas where there were many peers, cooperative participation was conspicuously absent. During their most social moments, residents would engage in parallel play, simultaneously participating in the same activity, with an occasional self-initiated attempt to participate cooperatively. Minimally, residents would participate in activities with complete disregard for others in their environment.

An analysis of the segregated community sports festival offers several examples of this social disregard for others. A golf accuracy event required participants to, one at a time, hit a golf ball toward a bulls-eye. Only one golf club and four golf balls were made available to each team of four, with a staff person leading the activity. Participants typically gathered around to await a turn, without noticing the performances of teammates or competitors. Some participants would wander, engage in a brief conversation, or joke around. Those who were carefully observing were doing so with the intent of claiming their own turns during the golf activity. The golf shots that received the greatest responses from observers were the wildly errant shots, those that would not be considered acceptable by competitive standards. However, errant shots would result in cheers and sincere praises such as "Nice shot!" and "Boy, is she good."

The frisbee throw competition precipitated similar behaviors. Participants were instructed to toss the frisbee as far as they could within the boundaries. Again, errant tosses received the most aggressive responses. On numerous occasions, errant tosses into the crowd resulted in little or no attempt to retrieve the frisbee. This behavior may be considered socially appropriate in a segregated setting. However, the social expectations in integrated environments with nondisabled peers require a higher level of cooperative participation (Fine, 1987; Rynders, Johnson, Johnson, & Schmidt, 1980). A sense of team play was also absent. Groups of three to four people would arrive to enter the frisbee throwing contest, usually residents of the same group home. However, as a competitor would finish her turn, she would leave the competition area without extending the courtesy of supporting her team members. More often than not, competitors would return to share their excitement or disappointment with staff members. The absence of team-oriented skills may prevent an individual with mental retardation from becoming accepted socially by a team of nondisabled peers. Cheering for one's teammates is an expected responsibility of team membership; the absence of this behavior and other expected behaviors can distinguish non-members from the accepted members of the team (Fine, 1987; Rynders, Johnson, Johnson, & Schmidt, 1980).

Tournament organizers apparently expected this phenomenon. Team events, with great potential for interactive team play, including bocce and field hockey, were modified to incorporate individual competition. Like other individual competitive events, minimal inter-competitor interactions occurred. The sports festival tended not to encourage interaction between participants, including within-facility resident interaction. Participants were expected to stay in close proximity, and move throughout the festival in groups. Interaction with other competitors was not encouraged by staff, and the skills necessary to independently meet others were not being demonstrated. These people-meeting social skills must already exist in these individuals, however, since police and emergency personnel drew large crowds of competitors wanting to interact with them. However, had this desire to meet new people been channelled toward interactions with fellow competitors, each participant would have most likely met someone with whom they had the potential to make a new friend.

This absence of acknowledgment during segregated community recreation also occurred at home. One group home had an exercise bicycle in the hallway, and it was used by one female resident on a regular basis. She was participating in a fitness program to improve her aerobic capacity, as she would exercise for 20 minutes daily. Even though the exercise bicycle was clearly visible to the other residents and in a heavily travelled section of the hallway, residents would continuously walk by and ignore her. Although the possibility for dyadic or

parallel participation existed (i.e., there was additional exercise equipment located in the same area), it rarely occurred. Only when one of the program observers stopped by to interact with the bicycle rider did the other residents stop by to do the same. However, their conversations were always directed toward the observer and not their housemate.

Finally, this reluctance to interact with fellow participants was also evident when the residents, as a group, recreated in a typical community environment. The seating arrangement at a Pizza Hut had four residents seated in a booth, while two staff sat at an adjoining table. Conversation at the resident table was usually held to a minimum, and most of the discussion was directed toward staff. It is doubtful that social interaction would have occurred at all if staff were not in close proximity.

The absence of what many would consider common courtesy or thoughtful behavior was also observed frequently. On one occasion, two residents of the facility entered the swinging doors of the cafeteria and, although it was obvious that a third individual (with a visual impairment) was following closely with a full tray of food, they let the doors swing shut on him, knocking him and his food about. Even though they observed the consequences, the two residents continued walking. Staff members arrived on the scene shortly thereafter. One resident who had a high-tech stereo system, large collection of tapes, and collection of "oldies" records invited one of the observers to listen to music in his room. When the observer arrived, the resident was playing the music extremely loud, and had been doing so for some time. This action could be considered appropriate in most instances. However, at this time his roommate was lying in bed, extremely ill, with a running fever. This resident was recreating in complete disregard to the needs of his ill roommate.

### **Concluding Remarks**

Regardless of who is providing the habilitative services to adults with mental retardation, with aspirations of full inclusion into the community, the development of friendships should be considered a high priority. Not only does friendship contribute to one's quality of life, but the intimacy and support provided through friendship has been demonstrated to contribute to physical and mental well-being. It is through recreation, however, with an emphasis on freedom of choice, that friendship development can flourish. For these reasons, therapeutic recreation specialists and community recreation professionals have an obligation to serve as catalysts for social integration.

Individuals who have never experienced friendship may have difficulty understanding what a friend is or the responsibilities of a relationship (Amado, Conklin, & Wells, 1990). There may exist varying perceptions of what a friend is. There appears to be one definition of friendship among adults with mental retardation, and another for their nondisabled peers. These differences of perception are evidenced when one observes integrated or segregated socially-oriented community recreation programs. Adults with mental retardation typically abort any opportunities for social interaction during social occasions by engaging, primarily, in parallel or solitary play (Morris & Dolker, 1974; Schleien & Wehman, 1986; Wehman & Schleien, 1981). When offered opportunities to participate cooperatively with same age peers, nondisabled adults typically make the best of these social settings. Unlike their nondisabled peers, adults with mental retardation have difficulty making or maintaining friends (Cheseldine & Jeffree, 1981).

We believe that this "handicapped" perception of friendship need not occur. By combining social skill instruction with friendship instruction during leisure skill instruction/therapeutic recreation sessions, individuals may develop the skills necessary to share leisure experiences with their non-disabled peers. These shared social experiences could lead to the development of meaningful relationships. It is not our intent to claim that for adults with mental retardation friendships with nondisabled peers are exclusively desirable, or even more desirable than friendships with peers with similar disabilities. To do so would be to acknowledge that friendships with peers with mental retardation are less significant. Nothing could be further from the truth. Our intent was to examine potential barriers to friendship development between adults with mental retardation and their nondisabled peers so that friendship development with nondisabled peers is an attainable goal as well. In this manner, we create situations and environments where people become empowered to select their own

friends.

We hope that future programmatic and research efforts promote the development of curriculum that improves the quality of life of adults with mental retardation by including friendship development as a primary goal area. Appropriate service models must be designed so that social opportunities and social skill development are targeted for instruction within the context of integrated community leisure services. If these goals and programs are not formulated, adults who are mentally retarded will most likely remain isolated from their non-disabled peers.

## References

- Amado, A. N., Conklin, F., & Wells, J. (1990). *Friends: A manual for connecting persons with disabilities and community members*. St. Paul, MN: Human Services Research and Development Center.
- Bates, P. & Renzaglia, A. (1979). Community-based recreation programs. In P. Wehman (Ed.). *Recreation programming for develop-mentally disabled persons* (pp. 97-125). Austin, TX: PRO-ED.
- Brown, G. W., Brolchain, M. M., & Harris, T. (1975). Social class and psychiatric disturbance among women in an urban population. *Sociology*, 9, 225-254.
- Bullock, C. C. (1988). Interpretive lines of action of mentally retarded children in main-streamed play settings. *Studies in Symbolic Interaction*, 9, 145-172.
- Cheseldine, S. & Jeffree, D. (1981). Mentally handicapped adolescents: Their use of leisure. *Journal of Mental Deficiency Research*, 25, 49-59.
- Donder, D. & Nietupski, J. (1981). Nonhandicapped adolescents teaching playground skills to their mentally handicapped peers: Toward a less restrictive middle school environment. *Education and Training of the Mentally Retarded*, 16, 270-276.
- Fine, G. A. (1987). *With the boys: Little league baseball and preadolescent culture*. Chicago: The University of Chicago Press.
- Galligan, B. (1990). Serving people who are dually diagnosed: A program evaluation. *Mental Retardation*, 28, 353-358.
- Glaser, B. G. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. NY: Aldine de Gruyter.
- Hill, B. & Bruininks, R. (1984). Maladaptive behavior of mentally retarded individuals in residential facilities. *American Journal of Mental Deficiency*, 88, 380-387.
- Heshusius, L. (1981). *Meaning in life as experienced by persons labeled retarded in a group home*. Springfield, IL: Charles C. Thomas.
- Jeffree, D. M. & Cheseldine, S. E. (1984). Programmed leisure intervention and the interaction patterns of severely mentally retarded adolescents: A pilot study. *American Journal on Mental Deficiency*, 88, 619-624.
- Kennedy, C. H., Homer, R. H., & Newton, J. S. (1989). Social contacts of adults with severe disabilities living in the community: A descriptive analysis of relationship patterns. *Journal of the Association for Persons with Severe Handicaps*, 14, 190-196.
- Krishef, C. H., Reynolds, M. C., & Stunkard, C. L. (1959). A study of factors relating to post-institutional adjustment. *Minnesota Welfare*, 11, 5-15.
- Moreno, J. K. (1934). *Who shall survive?* Washington, D.C.: Nervous and Mental Disease.
- Morris, R. J. & Dolker, M. (1974). Developing cooperative play in socially withdrawn retarded children. *Mental Retardation*, 12, 24- 27.
- O'Brien, J., Forest, M., Snow, J., & Hasbury, D. (1989). *Action for inclusion: How to improve schools by welcoming children with special needs into regular classrooms*. Toronto, Ontario: Frontier College.
- Pearlin, L. I., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337-356.
- Rubenstein, J. (1984). Friendship development in normal children: A commentary. In T. Field, J. L. Roopnarine, & M. Segal (Eds.), *Friendships in normal and handicapped children* (pp. 125-135). Norwood, NJ: Ablex.
- Rynders, J., Johnson, R., Johnson, D., & Schmidt, B. (1980). Producing positive inter-action among Down Syndrome and nonhandicapped teenagers through cooperative goal structuring. *American Journal of Mental*

Deficiency, 85, 268-273.

Rynders, J. & Schleien, S. (1991). *Together successfully: Creating recreational and educational programs that integrate people with and without disabilities*. Arlington, TX: Association for Retarded Citizens of the United States.

Schleien, S. (1984). The development of cooperative play skills in children with severe learning disabilities: A school-based leisure education program. *Journal of Leisurability*, 11(3), 29- 34.

Schleien, S., Fahnestock, M., Green, R., & Rynders, J. (1990). Building positive social networks through environmental interventions in integrated recreation programs. *Therapeutic Recreation Journal*, 24(4), 42-52.

Schleien, S., Olson, K., Rogers, N., & McLafferty, M. (1985). Integrating children with severe handicaps into recreation and physical education programs. *Journal of Park and Recreation Administration*, 3(1), 74-78.

Schleien, S. & Ray, M. T. (1988). *Community recreation and persons with disabilities: Strategies for integration*. Baltimore: Paul H. Brookes.

Schleien, S. & Wehman, P. (1986). Severely handicapped children: Social skills development through leisure skills programming. In G. Cartledge & J. Milburn (Eds.), *Teaching social skills to children: Innovative approaches* (2nd ed.) (pp. 219-245). Elmsford, NY: Pergamon.

Stainback, W. & Stainback, S. (1987). Facilitating friendships. *Education and Training in Mental Retardation*, 22, 18-25.

Taylor, S. & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meanings* (2nd ed.). NY: Wiley—Inter-science.

Vandercook, T. L. (1987). *Performance in the criterion situation for learners with severe disabilities*. Unpublished doctoral dissertation, University of Minnesota.

Wehman, P., & Schleien, S. (1981). *Leisure programs for handicapped persons: Adaptations, techniques, and curriculum*. Austin, TX: PRO-ED.