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RACHEL M. HOWARD BSc Hons MSc

EXPLORING THE IDEAL PARTNER PREFERENCES OF
PEOPLE WITH DISABILITIES

Section A:

A systematized review of research exploring the ideal partner preferences of people with disabilities

Word Count: 7,968 (309 additional words)

Section B:

Using the repertory grid technique to explore the ideal partner preferences of adults with Down's syndrome

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Summary of MRP portfolio

Section A is a systematized review of research exploring the ideal partner preferences of people with disabilities (PWD). Key findings are highlighted and understood in the context of mainstream and disability-specific theories. Implications for services, families and carers are discussed. It is recommended that future research specifically explores the ideal partner preferences of PWD, impact of within-participant variables on preferences, PWD explanations for these and how preferences compare to characteristics of their actual partners.

Section B describes an empirical study exploring the ideal partner preferences of people with Down's syndrome (DS); an immediately visible genetic disorder resulting in intellectual disability. Ten adults with DS (5 male, 5 female) engaged in interviews incorporating the repertory grid technique from personal construct psychology. Analyses identified their ideal partner preferences, five themes regarding their explanations for these and four profiles of construing ideal and actual partners and the self. It is recommended that dating initiatives aimed at facilitating relationships for people with DS may benefit from incorporating a service dedicated to helping them communicate their ideal partner preferences and process feelings linked with managing expectations of a romantic partner. Possible future research areas are highlighted.

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Section A:

A systematized review of research exploring the ideal partner
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Abstract

Socio-political changes have led to a growing awareness of the sexuality of people with disabilities (PWD). This review aimed to explore the impact of disability on ideal partner preferences; the traits ideally desired in a romantic partner. PsychINFO, ASSIA and Web of Science databases were searched up to March 2016 for studies in which PWD ideal partner preferences or actual partners were discussed. Of the 25 studies identified, 16 were assessed to be of good quality. These indicated that people with physical and intellectual disabilities typically prefer and have nondisabled partners, whereas people with sensory disabilities typically prefer and have partners with their own disability. Other ideal partner preferences include physical attractiveness, dressed nicely, emotional maturity, material resources, partner's family being approving of the relationship, conscientiousness, perceived similarity and dyadic reciprocity. The majority of PWD ideal partner preferences are shared with the nondisabled. However, preferring and having partners with disabilities may be more common among people with sensory and intellectual disabilities. Partner's parental approval may be a more prevalent need among people with intellectual disabilities. Limitations of the literature and implications for services, families, carers and research are discussed.

Keywords: disability, ideal partner preferences, romantic relationships, self-concept, systematized review

A systematized review of research exploring the ideal partner preferences of people with disabilities

The introduction will begin by defining the term ‘disability’ and considering people with disabilities’ (PWD) desire for and access to romantic relationships, with particular reference to stigma. Literature on the traits ideally desired in a romantic partner will then be explored before the aims and rationale for the review are outlined.

Defining disability

According to the International Classification of Functioning, Disability and Health (ICF), ‘disability’ is “an umbrella term for impairments, activity limitations and participation restrictions” (World Health Organisation [WHO], 2001, p. 8). Impairments are “problems in body function or structure” and activity limitations are “difficulties an individual may have in executing activities”, whilst participation restrictions are “problems an individual may experience in involvement in life situations” (WHO, 2001, p. 8). Therefore, disability reflects the interaction between a person’s body (deficit model of disability) and the society in which they live (social model). Using this definition, around 15% of the world’s population live with a disability (WHO, 2004). This review will group people according to their impairment. Alternative terms used in papers to describe intellectual disability (ID) have been replaced with ID.

Romantic relationships of PWD

Desire for and access to romantic relationships. Expressing and receiving love and belonging within a relationship, sexual or otherwise, is a basic human need (Maslow, 1945) and strongly related to wellbeing (Hawkey & Cacioppo, 2010). Accordingly, the majority of people aged above 16 in England and Wales are married, civil partnered or cohabiting (64%) (Office for National Statistics, 2015). Although research has found that the majority of PWD would also like romantic relationships, they seem to have more difficulty in initiating and

maintaining them than nondisabled people (Emerson, Malam, Davies, & Spencer, 2005; Pinquart & Pfeffer, 2012; Rintala et al., 1997). Two main barriers have been social challenges and consequences of stigma linked with disability (Chipouras, Cornelius, Daniels, & Makas, 1979; McCarthy & Thompson, 2010).

Stigma associated with disability. ‘Stigma’ has been defined as “a process by which certain groups are marginalised and devalued by society because they differ from the dominant cultural group” (Ali, Hassiotis, Strydom, & King, 2012, p. 2123). Inaccurate stereotypes have been that PWD are asexual (Nosek et al., 1994; Szollos & McCabe, 1995) or, specifically in relation to people with ID, promiscuous and sexually aggressive (Szollos & McCabe, 1995), would “produce children with similar conditions” and “harm, deprive or burden children they attempted to rear” (Fine & Asch, 1988, p. 21). Historically, these stereotypes have led to the sexual needs of PWD being ignored and any sexual behaviour being punished. People with ID and some physical disabilities such as epilepsy were institutionalised, where they were often segregated from the opposite sex and subjected to sterilisation, or hidden at home (McCarthy, 1999). Despite society beginning to develop a new attitude towards these people during the civil rights movement of the 1960’s, and reintegrating them into the community, there continues to be a lack of opportunities for PWD to find partners and date, and reluctance by carers to support particularly people with ID with romantic relationships due to the tension between safeguarding and positive risk taking (McCarthy & Thompson, 2010; Rintala et al., 1997; Smyth & Bell 2006).

Stigma linked with disability, particularly ID, was the starting point for the ‘normalization principle’ that supporting PWD to access “conditions of everyday living which are as close as possible to the regular circumstances” would enhance their perceived value in society and quality of life (Nirje, 1980, p. 33). There has consequently been a growing awareness of, and change in, public attitudes towards PWD, including their sexuality. This has

been reflected in government directives (Department of Health [DH], 2001; DH, 2009; The Equality Act, 2010; UN Convention of the Rights of Persons with Disability, 2006), which emphasise the rights of PWD and importance of listening to their views in shaping their everyday lives, and service provision. In addition to mainstream dating websites (for example OkCupid) and services (such as Speed Dater Events) stating that they support everyone regardless of their ability to find romantic partners, there are now dating websites (for example Enable Dating, Deafs) and the special dating agency movement (including Stars in the Sky) specifically aimed at supporting PWD to find romantic partners with their own or a similar disability (Daunton, 2015; Jones, 2009). Some of these websites also support PWD to find nondisabled partners (including Disability Match) (Daunton, 2015). Some services have been promoted in the media including Stars in the Sky which featured on Channel 4 in the first two series of 'The UnDateables'.

Managing stigma. Research has looked at the impact of stigma linked with disability on the identity of PWD. Some internalise stigma: they consider that stereotypic messages regarding disability apply to themselves and expect to be devalued. This may lead on to spoiled identity formation such that they develop a public self which denies their disability to preserve self-esteem and inner self where the reality is known (Edgerton, 1993; Goffman, 1963; Stokes & Sinason, 1992). Others reject stigma: view their disability as valuable and ascribe to alternative identities such as the culturally Deaf community (Bat-Chava, 2000), neurodiversity movement (Runswick-Cole, 2014) or 'minority group' (Jahoda et al., 1989).

Ideal partner preferences

The introduction will now consider literature on the traits that people ideally desire in a romantic partner or 'ideal partner preferences' as they have been commonly referred to (Eastwick, Luchies, Finkel, & Hunt, 2013). This is an important area of research because ideal partner preferences are thought to affect the way people evaluate and respond to potential

romantic partners (Eastwick et al., 2013; Fletcher, Simpson, Thomas, & Giles, 1999). For example, if someone is looking for a partner who is rich, they may evaluate potential partners with limited wealth negatively and avoid places where they may come into contact with people with limited wealth. This prevents the situation where they may get to know someone with limited wealth and evaluate them positively based on traits other than just their wealth. People also tend to be happier, and less likely to end relationships, with partners to the extent that they match their ideal partner preferences (Eastwick et al., 2013; Fletcher, Simpson, Thomas, & Giles, 1999). As a result, there is a significant body of literature on ideal partner preferences (Eastwick et al., 2013).

However, there are limitations to exploring ideal partner preferences. Some preferences are likely to be unrealistic, such as preferring only partners who are millionaires. Rigid adherence to such preferences may lead to people experiencing only a few or no relationships and prevent them developing successful relationships with partners who fulfil many but not all of their ideal partner preferences. This is likely to impact on their mood and self-esteem and could result in a referral for professional help. As a result of this, as well as each relationship experience, people can re-evaluate the relative importance of their individual ideal partner preferences and amend these over time. Additionally, what people explicitly state that they are looking for in a romantic partner when signing up for a dating website or agency, which is based on consciously held beliefs about the advantages and disadvantages of different traits, may differ from their affectively-laden gut level judgements of potential partners (Eastwick, Eagly, Finkel, & Johnson, 2011). These gut level judgements are beginning to be ascertained via implicit measures (Eastwick et al., 2011).

Hypotheses regarding romantic attraction. Hypotheses proposed to explain romantic attraction in the mainstream literature cluster under three main themes; preferring cultural ideals, routes to reproductive success or more dyadic aspects of relationships, most notably

similarity and difference to varying degrees (see Eastwick et al., 2013 and Hatfield et al., 2007 for reviews). The ‘ideal partner’ hypothesis suggests that people prefer partners who epitomise universal or cultural ideals (Krueger & Caspi, 1993). The ‘evolutionary’ hypothesis suggests that these ideals may reflect different evolved routes to reproductive success including, for example, characteristics indicating a capacity for intimacy and commitment or good genetic quality (Fletcher et al., 1999). The ‘similarity’ hypothesis proposes that people prefer partners who are similar to themselves (Bryne et al., 1971). This may actually reflect people disliking dissimilar partners, the so-called ‘repulsion’ hypothesis (Rosenbaum, 1986). Alternatively, people may prefer partners who are both similar and dissimilar regarding different characteristics, the so-called ‘optimal-dissimilarity’ (or ‘complementary’) hypothesis (Winch, 1958).

Empirical evidence regarding romantic attraction. There is strong evidence in support of people preferring hypothetical partners who epitomise both cultural ideals and differing routes to reproductive success (Eastwick et al., 2013; Hatfield et al., 2007). In the defining descriptive study of people’s ideal partner preferences, participants elicited 49 traits coded under three broad categories; ‘warmth and trustworthiness’ (for example ‘understanding’, ‘supportive’), ‘attractiveness and vitality’ (for example ‘nice body’, ‘adventurous’) and status and resources (for example ‘good job’, ‘financially secure’) (Fletcher et al., 1999). According to a recent review and meta-analysis (Eastwick et al., 2013), men typically prefer physically attractive partners more than women and women typically prefer partners with good resources more than men. However, when investigating characteristics of actual partners, both genders have attractive partners (moderate to strong effect) with good resources (small effect). This suggests that explicit ideal partner preferences may not always equate to characteristics of actual partners (Eastwick et al., 2013).

There is also strong evidence in support of people preferring partners who are similar to themselves (Hatfield et al., 2007). In a recent meta-analysis (Montoya, Horton & Kirchner, 2008), people preferred hypothetical partners who were perceived to be similar (moderate to large effect) and actually similar (large effect), including in aspects of personality, attitudes, physical attractiveness and hobbies. However, perceived similarity appeared to be more important than actual similarity in existing relationships. There is some evidence in support of people preferring similar partners due to disliking dissimilar others (Hatfield et al., 2007) including, for example, those who have disabilities, particularly ID (Miller, Chen, Glower-Graf, & Kranz, 2009). There is also some evidence in support of people preferring both similarity and difference with regards to different partner characteristics (Hatfield et al., 2007). For example, most individuals in a recent study preferred a complementary partner with the exception of wanting their personality to resemble their own (Dijkstra, 2008). However, there is minimal evidence in support of actual relationships between opposites and when these do occur they often end prematurely (Felmlee, 2001). Again, this suggests that ideal partner preferences may not equate to characteristics of actual long-term partners.

There is currently strong evidence in support of the ideal partner, evolutionary and similarity hypotheses and minimal evidence for the repulsion and optimal-dissimilarity hypotheses. However, this may reflect a predominance of research evaluating them. All may be valid.

Aims and rationale for the current review

The current paper aimed to review, for the first time, studies investigating the impact of disability on ideal partner preferences. The research question was: ‘What are the ideal partner preferences of PWD?’ Such a review could evaluate whether the ideal partner preferences of PWD can be explained by current hypotheses of romantic attraction and equate to those of their nondisabled peers or if additional ideal partner preferences exist and disability-

specific theories need to be drawn upon. It could also prompt recommendations for services aimed at supporting PWD, when needed, to engage in relationships and address mental health difficulties as well as future research.

Method

Type of review

A ‘systematized review’ was conducted. According to Grant and Booth (2009), this includes some elements of the gold-standard systematic review, including in this case a systematic search process, quality assessment and synthesis, whilst stopping short of claiming that the resultant output is a systematic review. A systematized review consequently possesses a greater likelihood of bias. Given that there is minimal literature relevant to the research question, a lack of clarity in the concepts investigated (ideal partner preferences versus characteristics of actual partners), these have not typically been the main focus of studies and a wide variety of designs have been employed, a review at the present time will involve comparing literature that is quite pluralistic. The researcher was also unable, being a postgraduate student, to draw upon resources required for a full systematic review, including two reviewers and searching multiple databases, and needed to demonstrate their own expertise in review processes to meet the academic requirements of the course.

Search strategy

Three electronic databases (PsychInfo, Applied Social Science Index and Abstracts and Web of Science) were searched up to March 2016 using variations of the keyword ‘disability’ combined with broad keywords (given the lack of consistent language) related to ‘ideal partner preferences’ (see Appendix A for full list of search terms). Due to the unmanageably large return of over 200,000 articles, the majority of terms were only searched for in the title of articles with the exception of “partner preference*” and “mate preference*” which continued to be searched for as keywords. The search using Web of Science was also limited to the social

sciences domain and all searches limited to articles written in English. This retrieved a more manageable 4,062 articles (including 914 duplicates). Titles and abstracts, and full articles when required, were screened to apply the following criteria.

Inclusion criteria:

- Participants had a disability (ICF; WHO, 2001).
- Article reported empirical data regarding ideal partner preferences or characteristics of actual partners. Given the paucity of studies looking specifically at ideal partner preferences, studies investigating characteristics of actual partners were also sought. However, this literature needs to be interpreted with caution given that characteristics of actual partners in the nondisabled have failed to reflect their ideal partner preferences (for example Eastwick & Finkel, 2008), which may also be the case for PWD.

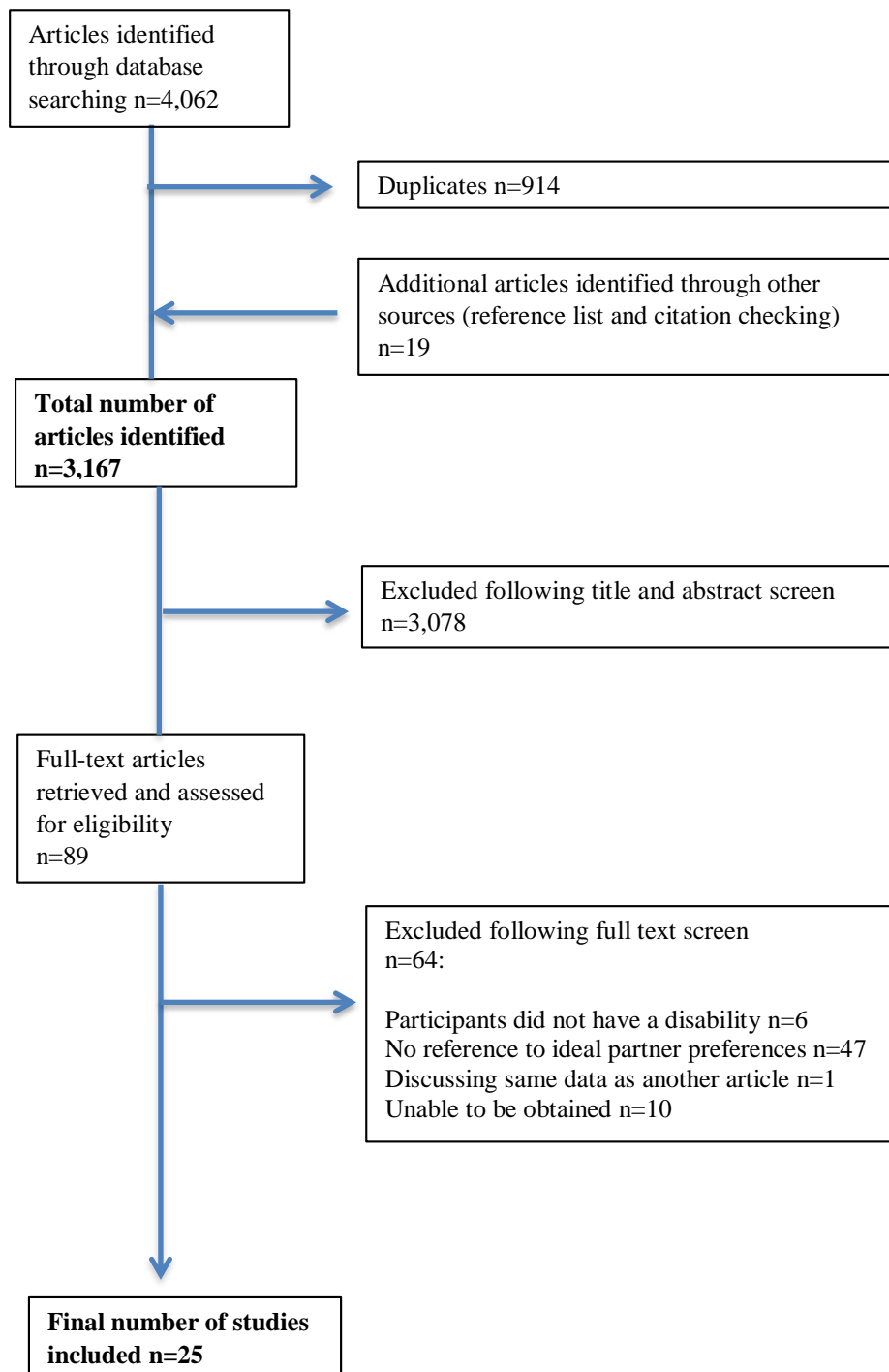
Exclusion criteria:

- Participants had only a mental health problem. This was due to it being possible to have only one episode of a mental health problem unlike other impairments which are permanent, albeit sometimes relapsing remitting.
- Article described reactions to nondisabled people attracted to PWD because of their disability. It was unclear whether rejecting so-called ‘devotees’ equated to preferring partners with disability or nondisabled partners attracted to their whole person opposed to just their disability.
- Article reported only indirect data because the review focused on the views of PWD.

Reference lists of relevant articles, and other articles within the databases citing these articles, were also checked and the above criteria applied to ensure all relevant studies were located.

Full search details can be found in Figure 1.

Figure 1. Full search details



Search results

Twenty-five studies met the criteria.

Systematized review

The aims, design, sample, measures, analysis and findings of the 25 identified studies are summarised in Table 1.

Table 1. An overview of the studies included in the review

Study	Aims	Design	Sample	Measures	Analysis	Key findings
Physical disability (n=4)						
Phillips (1990), US*	To investigate to what degree can heterogeneous groups of persons with disabilities have experience in common.	Qualitative	33 people with various physical and sensory disabilities; most early-onset, all visible. 29 aged 21-early 60s. 20 females, 13 male. 27 Caucasian, 2 "racially mixed". Sexual orientation NR.	Interview	NR	Disability not a deciding factor in partner choice: -A female wheelchair user displayed "ambivalence" about choosing a partner with or without a disability given the pros and cons of both choices (p. 853).
Howland & Rintala (2001), US	To explore sexuality and reproductive issues facing women with physical disabilities.	Qualitative	33 people with cerebral palsy, post-polio, spina bifida, amputation, rheumatic conditions, multiple sclerosis, spinal cord injury, traumatic brain injury or stroke; age at onset ranged from birth to 52. Aged 22-69. All female. 18 Caucasian, 4 Asian, 3 Hispanic, 6 African-American. 29 heterosexual, 2 homosexual.	Interview	Thematic analysis; 5 themes, one of 9 sub-themes within 'relationship' theme was 'selection of persons to date'.	Mixed preference regarding disability status: -Women were either: "very nonselective or very selective" (p. 53) with "some" preferring disabled partners and: "other women" preferring nondisabled partners or those they considered to have "compatible" disabilities (p. 54). Preference for physical attractiveness, emotional maturity, mutual interests and intelligence: -Many" women sought partners with: "interest in more than just a sexual relationship... marrying, someone who is a friend first, attractive appearance, mutual interests, good relationship with the woman's children, and single status" (p. 55). -One woman implied that she preferred partners who were her "equal intellectually" (p. 54).

Sze (2002), US	To investigate factors that played a role in the intimate relationships of women with early-onset physical disabilities.	Qualitative	15 people with amputation, cerebral palsy, spinal cord injury, post-polio, multiple sclerosis, spina bifida, juvenile rheumatoid arthritis and lupus; onset before aged 12. Aged 26-51. All female. 10 Caucasian, 2 African-American, 2 Asian, 1 Latino. 14 heterosexual, 1 lesbian.	Interview; face to face (n=12) or telephone (n=3).	Descriptive analysis and thematic analysis; 5 themes, one of 4 sub-themes within 'what difficulties do women experience when searching for romantic partners' theme was 'reluctance to date disabled persons', one of 6 sub-themes within 'what factors help to maintain their relationships' theme was 'similarities in experiences and views'.	Preference for a nondisabled partner: -5 women preferred nondisabled partners. Had a partner with a disability: -2 women had a disabled partner.
Hassouneh-Phillips & McNeff (2005), US	To review findings related to sexual esteem, body esteem and women's vulnerability to abuse from the author's larger qualitative study of the abuse of women with disabilities (Hassouneh-Phillips & Neff, 2004).	Qualitative	72 people with physical disabilities who had experienced abuse. Age NR. All female. Ethnicity NR. Sexual orientation NR.	Interview	Thematic analysis; 5 themes including 'preference for nondisabled men'.	Preference for a nondisabled partner: -"Many" women expressed a preference for nondisabled men and were willing to remain in abusive relationships to achieve this (p. 234). -Quotes suggested that 3 participants had nondisabled partners. Preference for physical attractiveness: -3 women valued their partners being: "athletic" and/ or "good looking" (p. 235).

Sensory Disability (n=7)						
Phillips (1990), US*	To investigate to what degree can heterogeneous groups of persons with disabilities have experience in common.	Qualitative	33 people with various physical and sensory disabilities; most early-onset, all visible. 29 aged 21-early 60s. 20 females, 13 male. 27 Caucasian, 2 "racially mixed". Sexual orientation NR.	Interview	NR	Preference for a nondisabled long-term partner: -A deaf woman stated that she may date, but did not plan to marry, a deaf person and would "feel strange" about dating a wheelchair user or blind person (p. 853).
Gregory, Bishop & Sheldon (1995), UK	To investigate aspects of family life of hearing families with deaf children.	Qualitative	71 deaf people (and 82 families of these and other deaf people). Aged 18-24. 31 female, 40 male. Ethnicity NR. 70 heterosexual, 1 lesbian.	Interview	Descriptive statistics and thematic analysis; 8 themes, one of 7 sub-themes within 'friendships, relationships and social life' theme was 'partners'.	Majority preference for a deaf partner: -The majority of deaf people preferred deaf partners (18/44, 41%) with smaller numbers preferring hearing partners (6/44, 14%), being non-selective (10/44, 23%) or saying it depended on the situation (10/44, 23%). Majority had a deaf partner: -Of the 24 deaf participants (17 female, 7 male) currently in relationships, the majority had deaf partners (19/24, 79%), of which 13 preferred deaf partners and six preferred hearing partners. -Of the minority who had hearing partners (5/24, 21%), only one preferred hearing partners with the remaining four actually preferred deaf partners.
Nikolarazi (2007), Greece	To explore the identity styles of prelingually deaf adults in Greece.	Qualitative	20 prelingually deaf people (i.e. onset before aged 3). Aged 22-47. 11 women, 9 men. Ethnicity NR. Sexual orientation NR.	Interview	Descriptive statistics and thematic analysis; 3 themes including 'identity' which included 'social and personal preferences'.	Mixed preference regarding disability: -"Most" participants with Deaf identity preferred or had deaf partners (p. 193). -Participants with hearing identity all expressed a preference for a hearing partner. -2 participants with bicultural identity preferred to have a deaf partner whilst another was nonselective and saw the ability to communicate with a partner as most important.

Karremans et al. (2010), The Netherlands	To investigate the waist-hip ratio preferences of congenitally blind men and controls.	Quasi-experimental, 3 independent groups.	57 participants; congenitally blind (i.e. never experienced visual input) (n=19), sighted (n=19) or sighted but blindfolded (n=19) people. Aged 23-72. All men. Ethnicity NR. Sexual orientation NR.	Participants touched two mannequins with differing waist-to-hip ratios and rated their attractiveness on a scale of 0-10.	Analysis of variance, paired t-tests	Preference for physical attractiveness: -Congenitally blind and sighted men preferred females with a lower waist-to-hip ratio ($F(2,49) = 28.74, p < .0001$). -Although significantly important for sighted ($t(18) = 4.92, p < .001$), blind ($t(16) = 2.65, p < .02$) and sighted but blindfolded ($t(18) = 2.16, p < .05$) individuals, the preference was stronger for those who were sighted ($d = 1.33$) compared to blind ($d = 0.68$) and sighted but blindfolded ($d = 0.54$).
Pinquart & Pfeiffer (2012), Germany	To examine the development of intimate relationships in visually impaired and sighted peers.	Correlational, cross-sectional, 2 independent groups	713 participants; visually impaired (n=180) or sighted (n=533). Mean aged 15.34-15.82 years across groups. 46-58% female across groups. Ethnicity NR. Sexual orientation NR.	Questionnaire by Hill (1945) with items not relevant for adolescents removed.	Factor analysis, ANCOVA	Preference for physical attractiveness, emotional maturity and material resources: -Identified a three-factor solution for mate selection criteria for all groups; physical attractiveness (Cronbach's $\alpha = 0.91$), emotional maturity (Cronbach's $\alpha = 0.77$) and material resources (Cronbach's $\alpha = 0.82$). -Physical attractiveness was more important for sighted than visually impaired adolescents ($F(1,712) = 25.39, p < .0001$) and adolescents with low vision than those who were blind ($F(1,179) = 3.96, p < .05$). -Material resources was more important for the sighted than visually impaired ($F(1,712) = 6.58, p < .05$). -Although most important for all groups, emotional maturity was more important for the visually impaired than sighted ($F(1,712) = 4.36, p < .05$).

McKenzie (2013), South Africa	To explore the experiences of sexuality of disabled people raised in poverty in the Eastern Cape province of South Africa.	Qualitative	11 people with physical and sensory disabilities including visual impairment (n=3), polio (n=1), cerebral palsy (n=1), hearing impairment (n=3) and undefined (n=4) (and 6 nondisabled mothers of a disabled child). Aged 38-72. 4 females, 1 male, 6 undefined. Ethnicity NR. Sexual orientation NR.	Interview with people with disabilities (n=3), two focus groups with adults with physical disabilities (n=9) and mothers of children with disabilities (n=6).	Descriptive statistics and thematic analysis; 3 themes including 'sexuality in the community' of which 'differences between disabled and nondisabled people' was a sub-theme and 'adult sexuality and creating families' of which 'affirmation' is a sub-theme.	Preference for a blind partner: -Relevant findings were only reported for one blind participant. -1 blind woman preferred blind men.
Kolibiki (2013), Iran	To explore deaf teenagers attitudes and feelings as far as relationships and sex are concerned.	Qualitative	63 deaf people. Aged 15-19. All female. Ethnicity NR. Sexual orientation NR.	Interview	Grounded theory; 3 themes including 'connection with the hearing - opportunity or threat?'	Preference for a hearing partner: -Abstract implied that all participants preferred hearing boys but results stated that "some" women preferred hearing boys (p. 400).
Intellectual Disability (n=14)						
Edgerton (1993), US	To provide a detailed account of the life circumstances of people with ID and the ways in which they perceive and manage their ID when discharged from an institution and left to their own devices.	Qualitative	110 people with mild-moderate ID (ID > 47, mean = 64) (and their families, friends and staff). Aged 20-75. 55 female, 55 male. 81 Caucasian, 22 Mexican-American, 5 negro, 1 American Indian, 1 Nisei. Sexual orientation NR.	Ethnography; observations and qualitative interviews.	Descriptive statistics and NR.	Majority had a nondisabled partner: -The majority of people with ID known to be married within one decade following discharge from the institution (18/48) had nondisabled partners. -Women were more likely to have nondisabled partners (16/28) than men (2/20). -Some women reported choosing to remain with this latter group when they were unhappy just to maintain the relationship.

Sally (1974), UK	To look at the records of all people with ID in Northern Ireland who had been married or pregnant.	Descriptive, cross-sectional	342 people with ID (mean social quotient = 58) who had been married or given birth to live children or had miscarriages or stillbirths. Aged 17-84. 310 females, 32 males. Ethnicity NR. Sexual orientation NR.	Survey	Descriptive statistics	Majority had a nondisabled partner: -Women and men with ID tended to marry partners who were intellectually and functionally superior but differences tended to be small. -Only one person had a partner who also had ID.
Craft & Craft (1979), UK	To follow up people known to be married who were once known to the ID care system in north and mid Wales to see how these couples fare in married life, how much support they need and how they cope with their children.	Descriptive, cross-sectional	45 married couples with disability since birth; 57 had spent at least 1 year in an institution. Age NR. Ethnicity NR. All heterosexual.	Survey	Descriptive statistics	Majority had a nondisabled partner: -Data was provided to show that the majority (29/45) were married to partners without ID (see Table 1a, p. 40), however four of these partners had once been diagnosed with ID which had since been overturned and 11 had mental health problems.

Gibbons (1985), US	To examine persons with ID living in institutionalised and community settings social perceptions of their peers.	Quasi-experimental, 2 independent groups.	140 people with mild-moderate ID (IQ > 40, mean = 61) living in institutionalised settings (n=61) and community settings (n=62); verbal, no visible physical abnormalities (and staff). Aged 16-40. 60 female, 63 male. 94% Caucasian. Sexual orientation NR.	Participants were presented with photos of the opposite sex labelled as having ID or nondisabled and asked whether they would like them as a friend/dating partner (yes/ no) and how smart, friendly, socially skilled and physically attractive they were (1-4).	Analysis of variance, Paired t-tests	Majority preference for a nondisabled partner: -Women and men preferred to be friends with, and date, the person in the photograph when they were labelled as nondisabled ($F(1,112) = 5.21, p < .03$).
Koller, Richardson, & Katz (1988), US	To examine marriage in a total population of young adults with ID born in a five year period.	Correlational, cross-sectional, 2 independent groups	43 people with mild ID (IQ > 50) and nondisabled peers (and their parents) who were married by aged 22. Aged 22. 24 female, 19 male. Ethnicity NR. Sexual orientation NR.	Survey including life-history interviews.	Descriptive statistics, Chi-square, T-test	?Majority had a nondisabled partner: -Only a minority of women (2/19) and men (3/24) had partners with ID.
McCarthy (1999), UK	To explore the sexual lives of women with disabilities referred to the author for sex education or counselling.	Qualitative	17 people with borderline-severe ID with sexual experience with at least one person (and their parents). Aged 19-55. All female. All Caucasian. All heterosexual.	Interview	Multi-stage narrative analysis	Preference for a nondisabled partner in a subsample: -5 women said that they had sex with men who did not have ID. -It was also stated that “it is highly probable from the circumstances described by some of the other women that they also had sex with nondisabled men, although they did not necessarily identify them as such” (p. 126).

White & Barnitt (2000), UK	To investigate whether people with ID feel empowered or discouraged when they engage in an intimate relationship.	Qualitative	8 people with ID from a social club for people with ID where the first author volunteered. Aged 18-35 years. 5 female, 3 male. Ethnicity NR. All heterosexual.	Interview	Descriptive statistics and interviews were transcribed and subjected to four readings (Barnitt, 1996). This allowed for analysis of pre-selected themes which had led to the interview questions.	Majority had a partner with ID: -Seven participants with ID: "had experience of established and satisfying relationships mainly with partners who also had learning disabilities" (p. 275).
Thompson (2001), UK	To summarise interview work spanning 10 years focusing on the sexual lives of men with ID referred to the author for sex education or counselling.	Qualitative	140 people with ID. Age NR. All male. Ethnicity NR. Sexual orientation partially reported.	Interview	NR	Mixed disability status of actual partner: -Female sexual partners of men with ID were: "almost invariably" women with ID (p. 5). -"Many" of the male sexual partners of men with ID did not have ID (p. 5). -Several men who had sex with men who were more able spoke about enduring sex that was painful.
Lofren-Martensen (2004), Sweden	To identify, describe and understand the opportunities and hindrances for young people with ID in forming relationships and expressing sexuality and love.	Qualitative	14 people with ID (and staff and parents) attending dances aimed at people with ID. Described as "youths and young adults". Sex NR. Ethnicity NR. Sexual orientation NR.	Ethnography; participant observations (n=14) and interviews with people with ID (n=13) (and parents n=11 and staff n=13).	NR	Majority had a partner with a disability: -"The result shows a large tolerance for differences - both concerning the degree and type of disability and other more individual variations, even if the majority seeks a communion with their 'likes'" (p. 203).

Beber & Biswas (2009), UK	To establish the number of married people with ID on the Leicestershire LD register and whether or not any differences exist with regard to marriage and family life between ethnic groups in adults with ID.	Correlational, cross-sectional.	146 participants with ID on the Leicestershire LD Register who were married. Aged 19+ 86 female, 60 male 111 Caucasian, 30 Asian, 5 Other or not recorded. Sexual orientation NR.	Survey	Descriptive statistics, Chi-square, T-test	Majority had a nondisabled partner: -The majority of women and men had nondisabled partners (79.5%). -The impact of ethnicity on ideal partner preference regarding disability was not stated.
Bononi (2009), Brazil	To discuss adolescence and sexuality in teenagers with DS.	Descriptive, cross-sectional	50 people with DS who attended the multi-professional DS clinic of the department of paediatrics of the Santa casa de Sao Paulo during the period 1 May 2007 to 30 April 2008. Aged 10-20 years (mean = 13.5). 25 female, 25 male. Ethnicity NR. Sexual orientation NR.	Questionnaire applied by the researchers.	Descriptive statistics	?Majority had a nondisabled partner: -18% affirmed that they had already dated, with one-third having had relationships with others with DS.
Yau, Ng, Lau, Chan, & Chan (2009), Hong Kong	To explore the sexual attitudes and concerns of people with ID in a Chinese society.	Qualitative	12 people with ID from non-government organisations that provide special service for people with ID. Aged 22-44. 9 female, 3 male. Ethnicity NR. Sexual orientation NR.	Interview	Content analysis; 5 themes including 'normalization'.	Majority preference for nondisabled partner: -"Most" participants preferred "a person with normal intelligence" (p. 103). All participant's partners at the time of the interviews had ID. Majority preference for employed: -"Most" participants preferred partners "holding a job" (p. 103).

Azzopardi-Lane & Callus (2014), Malta	To put forward the views of people with ID on the topics of sexuality and relationships.	Qualitative, inclusive research	19 people with ID from a self-advocacy group who hold regular meetings. Aged early 20s-late 50s. 50% female. Ethnicity NR. Sexual orientation NR.	4 focus groups; 2 mixed, 2 single sex. Questions generated by elected core group of 7 (4 female) and 2 nondisabled researchers.	Thematic analysis; the core group were supported in the process of data analysis by being asked questions that encouraged them to reflect on the data.	Preference for physical attractiveness, well-educated and parental approval: -Many of the participants reportedly talked about their ideal partner preferences but only two examples were given. One male stated: "I like a girl to be good looking, dressed nicely and well educated" (p. 35). -Another male spoke about the importance of consent from his girlfriend's parents.
Bates, Terry, & Popple (2016), UK	"To understand the characteristics that adults with ID look for in a partner" (p. 1).	Qualitative	11 people with ID who had had at least one relationship lasting at least 6 months (this did not need to be sexual). Aged 18+ 5 female, 6 male Ethnicity NR. All heterosexual	Interview, at least 8/11 participants interviewed with their partner	Hermeneutic phenomenology, guided by the theory of Van Manen (1990); 5 themes including 'personality', 'companionship', 'physical attractiveness' and 'expectations'.	Had partners with ID: -"Almost all" participants had only experienced relationships with people with ID (p. 5). Preferred/ had partners who were 'nice', supportive, physically attractive and committed: -"All participants" preferred/ had partners who were "nice", which was associated with characteristics such as "being friendly, kind... gentle... funny... caring" (p. 5-6). "All participants preferred/ had partners who would make a long-term commitment (p7). -Unknown number of participants preferred/ had partners who were willing and able to provide practical and emotional support. -Unknown number of participants preferred/ had partners who were physically attractive, including sometimes unconventional traits such as shortness in a man and avoidance of outward indicators of disability.

Autistic Spectrum Disorder (ASD, n=1)

Author (Year)	Study Description	Design	Participants	Measures	Correlation	Findings
Whitham (2014), US	To understand the processes associated with initial romantic attraction in adults with ASD.	Correlational, longitudinal (pre/ post/ 1 month post)	24 participants with ASD. Aged 18-30. 6 female, 18 male 9 Caucasian, 5 Asian, 4 Latino/ Hispanic, 3 African American, 2 Middle Eastern, 1 Other. All heterosexual.	Participants completed questionnaires about themselves and their ideal partner preferences before going on 5 or 6 speed-dates with others with ASD and rating their characteristics, attraction and perceived similarity. Then relationships with matches assessed at follow-up.		<p>Preference for perceived similarity including but not limited to ASD symptoms: -Initial attraction was correlated with perceived similarity (for self-characteristics, personality, social skills, dating anxiety and ASD symptoms) for men ($r = .39, p < .01$) and women ($r = .41, p < .01$). -There were no significant correlations between attraction and actual similarity for both genders.</p> <p>Preference for physical attractiveness and conscientiousness: -Initial attraction was correlated with ideal partner preferences for men (unlike woman) who were more attracted to physically attractive ($r = .90, p < .05$) and conscientious woman ($r = .98, p < .01$). -There were no significant correlations between attraction and ideal partner preferences for females.</p>

Note. NR = Not Reported, * = As Phillips (1990) included participants with physical and sensory disabilities, results pertaining to each group are split under the relevant sections.

Key characteristics and findings of studies involving people with physical disabilities (n=4¹), sensory disabilities (n=7²), ID (n=14) and Autistic Spectrum Disorder (ASD, n=1) will now be summarised before evaluating their design and methodology using a standard quality assessment tool (Kmet, Lee, & Cook, 2004). This tool includes “a scoring system that provides a systematic, reproducible and quantitative means of simultaneously assessing the quality of research encompassing a broad range of designs” (Kmet et al., 2004, p. 11). Studies are scored depending on the degree to which they meet 14 quantitative or 10 qualitative criteria (‘yes’ = 2, ‘partial’ = 1, ‘no’ = 0, n/a = not applicable) giving a summary score (total score across items divided by total possible score minus items marked n/a). Summary scores below the most conservative arbitrary cut-point (75%) put forward by Kmet et al. (2004) were considered to be of poorer quality. Therefore, findings of these studies are less likely to be accurate or generalise to the source population and need to be interpreted with caution.

Key findings

Physical disability. All four studies involving people with physical disabilities (Hassouneh-Phillips & McNeff, 2005; Howland & Rintala, 2001; Phillips, 1990; Sze, 2002) provided data on their ideal partner preference regarding disability. Two of these (Hassouneh-Phillips & McNeff, 2005; Sze, 2002) also provided data on their actual partners, although only the latter looked at ideal partner preferences and actual partners of the same participants. Two studies (Hassouneh-Phillips & McNeff, 2005; Howland & Rintala, 2001) also discussed other ideal partner preferences of people with physical disabilities.

Two studies suggested that people with physical disabilities typically prefer nondisabled partners (Hassouneh-Phillips & McNeff, 2005; Sze, 2002). Some also have nondisabled partners (Hassouneh-Phillips & McNeff, 2005) whilst others have partners with a

¹ This includes one study (Phillips, 1990) involving participants with physical and sensory disabilities.

² This includes two studies (Phillips, 1990; McKenzie, 2013) involving participants with physical and sensory disabilities of which the latter only presented relevant findings for a blind woman.

disability (Sze, 2002). Sze (2002) investigated factors playing a role in the intimate relationships of 15 American women with congenital physical disabilities via individual interviews. The paper only reported the ideal partner preferences or characteristics of actual partners of seven participants. Five women reportedly preferred nondisabled partners whilst the actual partners of two other women had a disability. Hassouneh-Phillips and McNeff (2005) explored sexual and body esteem and vulnerability to abuse of 72 American women with physical disabilities in individual interviews. They reported that "many" women preferred, and at least three judging by included quotes had, nondisabled partners (p. 234). Additionally, women were often willing to remain in abusive relationships with nondisabled men just to maintain the relationship.

Conversely, a study (Howland & Rintala, 2001) exploring sexuality and reproductive issues facing 33 American women with a variety of physical disabilities via individual interviews reported that they were either "very nonselective or very selective" (p. 53). "Some" preferred partners with a disability whilst "other women" preferred nondisabled partners or those they considered to have "compatible disabilities" (p. 54). The term 'compatible disabilities' was not defined. Another study (Phillips, 1990) investigated to what degree 33 American people with mostly congenital physical and sensory disabilities have experiences in common via individual interviews. However, the paper only reported the ideal partner preferences of two participants of whom only one had a physical disability (see 'sensory disability' for data regarding the other participant). Specifically, disability was reportedly not a deciding factor in partner choice for a female wheelchair user.

Two of these studies documented other ideal partner preferences of people with physical disabilities. Howland and Rintala (2001) described how one woman preferred partners to be her "equal intellectually" and "many" sought partners with "interest eventually in marrying, someone who is a friend first, attractive appearance, mutual interests, good

relationship with the woman's children, and single status" (p. 54-55). Hassouneh-Phillips and McNeff (2005) reported that three women valued their actual partners being "good looking" or athletic" (p. 235).

Sensory disability. Of the seven studies involving people with sensory disabilities, five (Gregory, Bishop, & Sheldon, 1995; Kolibiki, 2013; McKenzie, 2013; Nikolarazi, 2007; Phillips, 1990) provided data on their ideal partner preference regarding disability. One of these (Gregory et al., 1995) also looked at actual partners of the same participants. The other two studies (Karremans et al., 2010; Pinqart & Pfeiffer, 2012) discussed other ideal partner preferences of people with sensory disabilities.

Two studies suggested that people with sensory disabilities prefer and have partners with their own disability. One (Gregory et al., 1995) investigated aspects of family life of 71 deaf people, and 82 hearing families of these and other deaf people, in the UK via individual interviews. When asked whether their ideal partner was deaf or hearing, of the 44 deaf participants who answered, the majority reportedly preferred deaf partners (18/44, 41%). Smaller numbers preferred hearing partners (6/44, 14%), stated that it depended on the situation (10/44, 23%) or disability was not a deciding factor in partner choice (10/44, 23%). Of the 24 deaf participants (17 female, 7 male) currently in relationships, the majority also reportedly had deaf partners (19/24, 79%), of which 13 preferred deaf partners and six preferred hearing partners. Of the minority who had hearing partners (5/24, 21%), only one preferred hearing partners with the remaining four actually preferring deaf partners. This data suggests that, although not always the case, the disability status of partners of deaf people does typically reflect their ideal partner preference. Although gender differences were discussed, reported frequencies pertaining to ideal partner preference regarding disability and presence of disability in current partners of the same women and men were not reported. Another study (McKenzie, 2009) explored experiences of sexuality of people with disabilities born into poverty in South

Africa by conducting individual or focus group interviews with 11 adults with physical or sensory disabilities (and a focus group with mothers of six children with these disabilities). However, the paper only documented ideal partner preferences of one participant with a sensory disability. Specifically, a blind woman reportedly preferred blind partners.

Conversely, a paper describing a questionnaire study of attitudes and feelings regarding relationships and sex of 63 deaf adolescent females in Iran implied that all participants preferred nondisabled partners in the abstract, however reported only “some” in their results section (Kolibiki, 2013, p. 400). A deaf American woman in the aforementioned interview study of people with sensory or physical disabilities (Phillips, 1990) also preferred a nondisabled partner. Another study (Nikolarazi, 2007) exploring the identity styles of 20 prelingually deaf women and men in Greece via individual interviews found that ideal partner preferences may differ depending on the identity adopted. “Most” people with a culturally Deaf identity (that is, solely involved with the Deaf community whose first language is sign language) preferred or had deaf partners whilst all those with a hearing identity who read lips preferred nondisabled partners (p. 193). Two deaf persons with bicultural identity preferred deaf partners whilst disability was not a deciding factor in partner choice for another.

A further two studies documented other ideal partner preferences of people with sensory disabilities. One of these (Pinquart & Pfeiffer, 2012) examined the development of intimate relationships in 180 visually impaired and 533 sighted German women and men by completing a questionnaire about the importance of characteristics in a partner. This identified a three-factor solution for the criteria involved in selecting a partner including physical attractiveness, material resources and emotional maturity. Physical attractiveness and material resources were significantly more important for sighted than visually impaired adolescents and physical attractiveness was significantly more important for low vision than blind adolescents. Conversely, whilst emotional maturity was most important for all groups, it was significantly

more important for visually impaired than sighted adolescents. The other study (Karremans et al., 2010) investigated the waist-to-hip ratio preferences of 19 congenitally blind, 19 sighted and 19 sighted but blindfolded Dutch men by them rating the attractiveness of two mannequins with differing waist-to-hip ratios after touching them. Both blind and sighted men reportedly preferred females with a lower waist-to-hip ratio but this was stronger for sighted than blind participants.

Intellectual disability. Of the 14 studies involving people with ID, only two provided data on their ideal partner preference regarding disability (Gibbons, 1985; Yau, Ng, Lau, Chan, & Chan, 2009). One of these (Yau et al., 2009) also provided data on the disability status of actual partners of the same participants. Eleven studies looked at the disability status of actual partners (Bates, Terry, & Pople, 2016; Beber & Biswas, 2009; Bononi, 2009; Craft & Craft, 1979; Edgerton, 1993; Koller, Richardson, & Katz, 1988; Lofren-Martensen, 2004; McCarthy, 1999; Scally, 1974; Thompson, 2001; White & Barnitt, 2000). Three studies also provided data on other ideal partner preferences of people with ID (Azzopardi-Lane & Callus, 2014; Yau et al., 2009) and characteristics of their actual partners (Bates et al., 2016).

Ten studies suggested that people with ID preferred (Gibbons, 1985; Yau et al., 2009) or had (Beber & Biswas, 2009; Bononi, 2009; Craft & Craft, 1979; Edgerton, 1993; Koller et al., 1988; McCarthy, 1999; Scally, 1974; Thompson, 2001) nondisabled partners. The two studies looking at ideal partner preference regarding disability opposed to disability status of actual partners will be discussed first. Gibbons (1985) specifically investigated people with ID' social perceptions of their peers. One hundred and forty American women and men with mild-moderate ID living in institutionalised and community settings were presented with a photograph of a person of the opposite sex labelled as having ID or nondisabled and asked whether they would like them as a friend and dating partner. The results showed that both women and men preferred to befriend and date the person significantly more when they were

labelled as having no disability opposed to ID. Yau et al. (2009) investigated the sexual attitudes and concerns of people with ID in a Chinese society by conducting individual interviews with 12 women and men with ID from Hong Kong. The results showed that “most” participants preferred “a person with normal intelligence” (p. 103). However, their partners at the time all had ID, suggesting that actual partners do not typically reflect their ideal partner preferences.

The eight studies looking at only the actual partners of people with ID suggesting that they typically had nondisabled partners will now be discussed (Beber & Biswas, 2009; Bononi, 2009; Craft & Craft, 1979; Edgerton, 1993; Koller et al., 1988; McCarthy, 1999; Scally, 1973; Thompson, 2001). An ethnographic study (Edgerton, 1993) aiming to detail the life circumstances of 110 American women and men with mild-moderate ID, and ways in which they perceived and managed their ID, when discharged from an institution between 1949 to 1958 concluded that the majority of those known to be married within one decade had nondisabled partners (18/48). Women were more likely to have nondisabled partners (16/28) than men (2/20). Regarding the males, Edgerton (1993) concluded that “one marriage was virtually arranged and supported by the ex-patient’s mother” and the other nondisabled female partner was thought to possess “borderline intelligence at best” (p. 111). Regarding the females, Edgerton (1993) noticed two patterns; 10 nondisabled male partners were “older men, all of whom were divorced or widowed” and sought the “dependent, submissive, appreciative wife he had not had in his earlier marriage” and six were “marginal wage earners at best” and “had a history of one or more of the following; narcotics addiction, alcoholism, criminal conduct, or mental illness” (p. 114-115). Some women reported choosing to remain with this latter group when they were unhappy just to maintain the relationship. A survey (Scally, 1973) involving people with ID in Northern Ireland who had been married or pregnant at that time found that 310 women and 32 men typically married partners who were intellectually and functionally

superior, albeit only slightly, and only one had a partner with ID. Another survey (Craft & Craft, 1979) followed up 45 couples with ID known to be married and who were once known to the ID care system in Wales to see how they fared in married life and parenting. Data was provided to show that the majority (29/45) were married to partners without ID (see Table 1a, p. 40), however four of these partners had once been diagnosed with ID which had since been overturned and 11 had mental health problems. A further survey (Koller et al., 1988) examined marriage in a total population of 43 adults with ID born in a British city over a five year period (p. 94). The results showed that only a minority of women (2/19) and men (3/24) had partners with ID.

In an interview study (McCarthy, 1999) exploring the sexual lives of 17 British women with borderline-severe ID referred for sex education and counselling with the author, five reported having had sex with nondisabled men. It was also stated that “it is highly probable from the circumstances described by some of the other women that they also had sex with nondisabled men, although they did not necessarily identify them as such” (p. 126). Another survey (Beber & Biswas, 2009) explored marriages of 146 women and men with mild ID on the Leicestershire ID register. The majority (79.5%) had nondisabled partners. A further questionnaire study (Bononi, 2009) investigated adolescence and sexuality in 50 teenagers with Down’s syndrome (DS) who visited a DS clinic in Brazil during a one year period. Eighteen percent of people with DS had reportedly already dated of whom a minority (33.3%) had dated partners with DS. Another interview study (Thompson, 2001) investigating the sexual lives of 140 British men with ID referred for sex education or counselling with the author suggested that preference regarding disability may differ according to the partner’s sex. The results showed that female sexual partners were “almost invariably” women with ID whilst “many” male sexual partners did not have ID (p. 5). Men were also “often” willing to engage in painful sexual activity just to maintain the relationship (p. 9).

Three studies looking at only actual partners of people with ID suggested that they typically had partners with disabilities (Bates et al., 2016; Lofren-Martensen, 2004; White & Barnitt, 2000). An interview study (White & Barnitt, 2000) investigated whether people with ID felt empowered or discouraged when they engaged in intimate relationships. The results showed that seven out of eight British women and men had experienced relationships “mainly” with partners with ID (p. 275). Another study (Lofren-Martensen, 2004) explored the opportunities and hindrances for young people with ID in forming relationships using ethnography, concluding that 14 young Swedish people with ID had partners with ID but not necessarily the same degree or type as themselves. A further study (Bates et al., 2016) specifically aimed to “understand the characteristics that adults with ID look for in a partner” (p. 1) and reported that “almost all” of the 10 UK participants in their sample had only experienced relationships with people with ID (p. 5). It should be noted that whilst Bates et al. (2016) reported that they aimed to look at the ideal partner preferences of people with ID, they also stated that “most participants in this research, when asked this question, described their current partner” (p. 9), perhaps due to the majority being interviewed with their current partner. This suggests that the study actually predominantly looked at the characteristics of actual partners of people with ID, which may not reflect ideal partner preferences, and it did not make clear when this was and was not the case.

Three studies documented other ideal partner preferences of people with ID (Azzopardi-Lane & Callus, 2014; Yau et al., 2009) and characteristics of their actual partners (Bates et al., 2016). “Most” women and men in the aforementioned Chinese interview study reportedly preferred partners to have a job (Yau et al., 2009, p. 103). Another study (Azzopardi-Lane & Callus, 2014) aimed to put forward views on sexuality and relationships of 19 women and men with ID in Malta obtained through focus groups. The paper only reported the ideal partner preferences of two male participants. One man reportedly preferred partners to be

“good looking, dressed nicely and well educated” (p. 35). Another man referred to breaking up with his girlfriend due to the lack of consent from her parents, which he felt was particularly important.

In the aforementioned study by Bates et al. (2016), “all participants” reportedly preferred or had partners who were “nice”, which was associated with characteristics such as “friendly, kind... gentle.... funny.... caring” (p. 5-6), and would make a long-term commitment. An unknown number of participants also preferred or had partners who were physically attractive, including sometimes unconventional traits such as shortness in a man and avoidance of outward indicators of disability, and willing and able to provide practical and emotional support.

Autistic Spectrum Disorder. One study (Whitham, 2014) looked at the ideal partner preferences and characteristics of actual partners of people with ASD. This aimed to understand the processes associated with initial romantic attraction in adults with ASD but seemingly no ID. Twenty-four women and men went on five-minute speed-dates with others with ASD and completed various pre and post questionnaires. Initial romantic attraction was positively correlated with ideal partner preferences, namely physical attractiveness and conscientiousness of partners, for men but not women. This suggests that the actual partners of people with ASD do typically reflect their ideal partner preferences. Initial romantic attraction was also positively correlated with perceived (but not actual) similarity, including ASD symptoms, for both women and men and dyadic reciprocity (that is, mutual attraction).

Quality assessment of studies

The above findings need to be considered alongside a quality assessment of the nine quantitative and 16 qualitative studies using a standard assessment tool by Kmet et al. (2004), which is summarised in Table 2 and interpreted below.

Table 2. Quality assessment of quantitative and qualitative studies included in the review

Disability type	Phillips (1990) ¹	Howland & Rintala (2001)	Size (2002)	Hassouneh-Phillips & Neff (2005)	Gregory, Bishop & Sheldon (1995)	Nikolarazi (2007)	Karremans et al. (2010)	Pinquart & Pfeiffer (2012)	McKenzie (2013)	Kolibiki (2013) ¹	Edgerton (1967)	Scally (1974) ¹	Craft & Craft (1979)	Gibbon (1985)	Koller, Richardson, & Katz (1988)	McCarthy (1999)	White & Barnitt (2000) ¹	Thompson (2001) ¹	Lofren-Martensen (2004)	Beber & Biswas (2009)	Bononi (2009)	Yau, Ng, Lau, Chan, & Chan (2009)	Azzopardi-Lane & Callus (2014)	Bates, Terry, & Popple (2016)	Whitham (2014)	
	P/S	P	P	P	S	S	S	S	P/S	S	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ASD	
Quality scoring of quantitative studies																										
1 Objective sufficiently described?							2	2				2	2	2	2						2	2			2	
2 Study design evident and appropriate?							2	2				2	2	2	2						2	2			2	
3 Method of subject/ comparison group selection described/ appropriate?							1	2				2	1	2	1						1	1			0	
4 Subject characteristics sufficiently described?							1	1				1	1	1	1						1	1			2	
5 If random allocation was possible, was it described?							2	NA				NA	NA	NA	NA						NA	NA			NA	
6 If blinding of investigators was possible, was it reported?							NA	NA				NA	NA	NA	NA						NA	NA			NA	
7 If blinding of subjects was possible, was it reported?							NA	NA				NA	NA	NA	NA						NA	NA			NA	
8 Measures reported, defined and robust?							2	2				0	0	2	2						2	2			2	
9 Sample size appropriate?							2	2				NA	NA	2	2						NA	NA			0	
10 Analytic methods described, justified and appropriate?							2	2				1	2	2	1						2	2			2	
11 Some estimate of variance is reported for the main results?							2	2				0	0	2	2						2	0			2	
12 Controlled for confounding?							2	2				NA	NA	2	2						NA	NA			2	
13 Results reported in sufficient detail?							2	2				1	2	1	2						2	1			2	
14 Conclusions supported by the results?							2	2				0	2	0	0						2	2			2	
TOTAL (%)							92*	95*				50	67	82*	77*					89*	72			82*		

	Phillips (1990) ¹	Howland & Rintala (2001)	Sze (2002)	Hassouneh-Phillips & Neff (2005)	Gregory, Bishop & Sheldon (1995)	Nikolarazi (2007)	Karremans et al. (2010)	Pinquart & Pfeiffer (2012)	McKenzie (2013)	Kolibiki (2013) ¹	Edgerton (1967)	Scally (1974) ¹	Craft & Craft (1979)	Gibbon (1985)	Koller, Richardson, & Katz (1988)	McCarthy (1999)	White & Barmitt (2000) ¹	Thompson (2001) ¹	Lofren-Martensen (2004)	Beber & Biswas (2009)	Bononi (2009)	Yau, Ng, Lau, Chan, & Chan (2009)	Azzopardi-Lane & Callus (2014)	Bates, Terry, & Popple (2016)	Whitham (2014)	
Disability type	P/S	P	P	P	S	S	S	S	P/S	S	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ASD	
Quality scoring of qualitative studies																										
1 Objective sufficiently described?	2	2	2	2	2	2			2	2	2					2	2	2	2			2	2	2		
2 Study design evident and appropriate?	2	2	2	2	2	2			2	2	2					2	2	2	2			2	2	1		
3 Context for the study clear?	2	2	2	2	2	2			2	2	2					2	2	2	2			2	2	2		
4 Connection to a theoretical framework/ wider body of knowledge?	1	1	1	1	0	2			1	0	0					1	1	0	2			1	2	2		
5 Sampling strategy described, relevant and justified?	1	1	2	1	1	1			1	1	1					2	1	1	1			1	1	1		
6 Data collection methods clearly described and systematic?	1	2	2	2	2	2			2	0	2					2	2	1	1			2	1	2		
7 Data analysis clearly described and systematic?	0	1	1	1	1	1			1	1	1					1	2	0	1			1	1	1		
8 Use of verification procedure(s) to establish credibility?	0	2	0	2	2	2			2	2	2					0	0	2	2			0	2	0		
9 Conclusions supported by the results?	2	0	2	2	2	2			2	1	2					2	1	0	2			2	2	2		
10 Reflexivity of the account?	0	2	1	0	1	0			1	0	2					2	1	1	0			0	1	0		
TOTAL (%)	55	75*	75*	75*	75*	80*			80*	55	80*					80*	70	55	75*			65	80*	65		

Note. P = Physical disability, S = Sensory disability, ID = Intellectual Disability, ASD = Autistic Spectrum Disorder, * = Overall summary score above the most conservative cut-point (<75%) to indicate a good quality study described by Kmet et al. (2004).

Quantitative studies. Three (Bononi, 2009; Craft & Craft, 1979; Scally, 1974) out of the nine quantitative studies scored below the most conservative arbitrary cut-point (75%) described by Kmet et al. (2004) to indicate a good quality study. This suggests that the finding that people with ID typically have nondisabled partners needs to be interpreted with caution. However, this finding has also been documented in four of the five other good quality studies investigating this which scored above the 75% cut-point (2/2 quantitative - Beber & Biswas, 2009; Koller et al., 1988; 2/3 qualitative - Edgerton, 1993; McCarthy, 1999).

Qualitative studies. Six (Bates et al., 2016; Kolibiki, 2013; Phillips, 1990; Thompson, 2001; White & Barnitt, 2000; Yau et al., 2009) out of the 16 qualitative studies scored below the most conservative arbitrary cut-point (75%) described by Kmet et al. (2004) to indicate a good quality study, suggesting that the findings of these studies also need to be interpreted with caution. This includes finding that disability was not a deciding factor in partner choice for a female wheelchair user (Phillips, 1990) and deaf women prefer nondisabled partners (Kolibiki, 2013; Phillips, 1990). It also includes the finding that people with ID typically prefer nondisabled partners (Yau et al., 2009), although this was reported in the one other study investigating this which scored above the 75% cut-point (Gibbons, 1985). Finding that people with ID typically have partners with ID (Bates et al., 2016; White & Barnitt, 2000; Yau et al., 2009) or this differs according to the sex of the partner (Thompson, 2001) also need to be interpreted with caution. Consistent with this, only one of the six other good quality studies investigating this scoring above the 75% cut-point reported this (Lofren-Martensen, 2004) with the majority concluding that they actually typically have nondisabled partners as stated above. Results showing people with ID prefer or have partners who are physically attractive, have a job, committed, 'nice' and supportive need to be interpreted with caution (Bates et al., 2016; Yau et al., 2009). Consistent with this, of these traits only physical attractiveness was desired

in the one other good quality study exploring the ideal partner preferences or characteristics of actual partners of people with ID (Azzopardi-Lane & Callus, 2016).

Discussion

This paper aimed to review studies investigating the ideal partner preferences of PWD, their actual partners or both. Findings will be summarised by disability group and linked to explanations by study participants and previous literature. Implications for services, families, carers and future research will then be considered.

Summary of findings

Twenty-five studies looked at the ideal partner preferences of people with physical disabilities, sensory disabilities, ID and ASD, their actual partners or both. The majority (23/25) discussed PWD ideal partner preference regarding disability, whether their actual partners had a disability or both. A minority (8/25) discussed other ideal partner preferences of PWD. However, nine studies were of poor quality according to a standard quality assessment tool (Kmet et al., 2004).

Physical disability. People with physical disabilities typically preferred nondisabled partners in the majority of good quality studies (excluding Phillips, 1990) looking at their ideal partner preference regarding disability (2/3 - Hassouneh-Phillips & McNeff, 2005; Sze, 2002). However, one of the two studies (Sze, 2002) looking at the disability status of actual partners of people with physical disabilities, albeit not the same participants whose ideal partner preferences they had reported, stated that two people had partners with disabilities opposed to nondisabled partners as in the other study (Hassouneh-Phillips & McNeff, 2005). No study looked at ideal partner preference regarding disability and the disability status of actual partners of the same participants. People with physical disabilities also preferred physical attractiveness (Hassouneh-Phillips & McNeff, 2005; Howland & Rintala, 2001), equal intelligence, interest

in eventually marrying, friends first, mutual interests, getting on with existing children and being single (Howland & Rintala, 2001).

Sensory disability. By contrast, people with sensory disabilities typically preferred partners with their own disability in the majority of good quality studies (excluding Kolibiki, 2013; Phillips, 1990) looking at their ideal partner preference regarding disability (2/3 – Gregory et al., 1995; McKenzie, 2013). One of the three good quality studies (Gregory et al., 1995) also looked at the disability status of actual partners of the same participants, reporting that deaf people also typically had partners with their own disability. Consistent with people with physical disabilities, people with sensory disabilities preferred physical attractiveness in a partner (Karremans et al., 2010; Pinguart & Pfeiffer, 2012). They also preferred emotional maturity and material resources (Pinguart & Pfeiffer, 2012).

Intellectual disability. Consistent with people with physical disabilities, people with ID typically preferred nondisabled partners in the only good quality study (excluding Yau et al., 2009) looking at their ideal partner preference regarding disability (Gibbons, 1985). People with ID also had nondisabled partners in the majority of good quality studies (excluding Bates et al., 2016; Bononi, 2009; Craft & Craft, 1979; Scally, 1974; Thompson, 2001; White & Barnitt, 2000; Yau et al., 2009) investigating their actual partners (4/6 - Beber & Biswas, 2009; Edgerton, 1993; Koller et al., 1988; McCarthy, 1999). In the only good quality study (excluding Yau et al., 2009) investigating their other ideal partner preferences (Azzopardi-Lane & Callus, 2014), consistent with people with physical and sensory disabilities people with ID preferred physical attractiveness. They also preferred dressed nicely, well-educated and having partner's parental approval.

Autistic Spectrum Disorder. Consistent with people with sensory disabilities, in the only study involving people with ASD (Whitham, 2014), which was of good quality, they preferred perceived similarity in a partner including in relation to ASD symptoms. Consistent

with people with physical, sensory and intellectual disabilities, they preferred physical attractiveness in a partner. They also preferred conscientiousness and dyadic reciprocity.

Impact of participant variables. Gender differences in the ideal partner preferences of PWD remain unclear due to studies typically including only one gender, failing to clearly report data by gender and findings being mixed in two or the three studies that have clearly reported this. One (Edgerton, 1993) reported that females with ID typically had nondisabled partners whilst males typically had partners with ID whereas another (Koller et al., 1988) reported that both women and men with ID typically had nondisabled partners. Males (unlike females) with ASD in a further study (Whitham, 2014) were more likely to prefer partners who were physically attractive and conscientious. The impact of ethnicity and sexual orientation also remains largely unclear due to studies including predominantly Caucasian people of heterosexual orientation, failing to report this data at all or by ethnicity and orientation. The impact of other variables such as severity and visibility of disability and previous contact with people with and without disabilities have also rarely been discussed.

Overall critique of the studies. A number of issues make it difficult to draw conclusions from the existing literature on ideal partner preferences of PWD. Most notably, only three studies involving blind individuals (Karremans et al., 2010; Pinqart & Pfeiffer, 2012) and people with ID (Gibbons, 1985) specifically aimed to investigate, and actually did investigate, the ideal partner preferences of PWD. Therefore, findings discussed in this review for the other 22 identified studies are often secondary minor findings of papers reported in vague terms (such as ‘most participants’) or a subsample without clarifying whether they generalise to the rest of the sample. Alternatively, findings have come from papers looking at only the actual partners of people with physical disabilities and particularly ID, which may not reflect their ideal partner preferences, and again were often reported in vague terms or a subsample. Several studies involving people with ID were also conducted some time ago.

Despite these difficulties, the fact that the majority of studies have referred to ideal partner preference regarding disability or disability status of actual partners suggests that this may be a particularly important criteria in partner choice.

PWD explanations for ideal partner preferences

Only 10 papers clearly documented explanations by PWD for their ideal partner preferences. The reason for this remains unclear but may relate to participants struggling to articulate this or simply not being asked. When reported, explanations were only for their ideal partner preference regarding disability and related to practicalities, risk of abuse and differing ways of managing stigma. When explanations were offered by researchers of only 13 papers, these also predominantly related to PWD ideal partner preference regarding disability and differing ways of managing stigma.

Links to theoretical literature and mainstream empirical literature

Participants typically preferring or having nondisabled partners in the majority of good quality studies (11/16), and sometimes choosing to remain in unhappy relationships with them, may be supported by the ideal partner and evolutionary hypotheses that people prefer cultural ideals (Krueger & Caspi, 1993) and these may reflect evolved routes to reproductive success (Fletcher et al., 1999). This finding may also suggest that PWD, particularly people with ID, internalise stigma associated with disability and develop a public self which denies the existence of disability in an attempt to preserve self-esteem (Edgerton, 1993; Goffman, 1963; Stokes & Sinason, 1992). Preferring nondisabled partners is shared with the nondisabled (Miller et al., 2009).

Participants typically preferring or having partners who also have a disability in a minority of good quality studies (5/16) may be supported by the similarity and repulsion hypotheses that people prefer partners who are similar to themselves (Bryne et al., 1971) and avoid those who are dissimilar (Rosenbaum, 1986) respectively. Stigma-related explanations

for this preference may suggest that PWD internalise stigma associated with disability and ‘settle’ for partners with disabilities due to believing they will be undesirable to the nondisabled partners they desire (Ali et al., 2012). This view may be more common among people with ID opposed to sensory disabilities given that they are more stigmatised (Miller et al., 2009) and may be more psychologically vulnerable. Having partners with specifically ID may also stem from family and carers fearing that people with ID will be exploited by nondisabled partners and only facilitating opportunities to maintain relationships with partners with ID (McCarthy & Thompson, 2010; Smyth & Bell 2006). However, practical explanations such as easier communication with partners with a disability may suggest that other PWD reject stigma linked with disability and ascribe to alternative identities, such as the culturally Deaf community (Bat-Chava, 2000), ‘minority group’ (Jahoda et al., 1989) or neurodiversity movement (Runswick-Cole, 2014), valuing disability and activity choosing it as a positive choice and to affirm one’s true identity. Disability not being a deciding factor in partner choice in a minority of good quality studies (2/16) may suggest that some deaf people ascribe to a bicultural identity valuing partners being deaf and hearing or other traits more than this.

People with physical disabilities and ASD preferring partners who are perceived to be similar (Howland & Rintala, 2001; Whitham, 2014) is supported by the similarity hypothesis (Bryne et al., 1971) and shared with the nondisabled (Montoya et al., 2008). PWD preferring physical attractiveness, dressed nicely, emotional maturity, material resources, conscientiousness, good relations with family and dyadic reciprocity may be supported by the ideal partner (Krueger & Caspi, 1993) and evolutionary (Fletcher et al., 1999) hypotheses. These preferences are also shared with the nondisabled (Fletcher et al., 1999; Eastwick, Finkel, Mochon, & Ariely, 2007). However, partner’s parental approval may be a more prevalent need among people with ID, who may be more likely than their nondisabled peers to be in close contact with their parents into adulthood.

Implications

Clinical implications. This review has given an insight into the ideal partner preferences of PWD and the way they manage their disability. There appears to be a group of people who are deaf, blind, have ID or ASD who value their own disability in a partner. This group could be supported in challenging stigma associated with disability, especially those with ID who may struggle most to get their voices heard given the power over this group currently afforded to nondisabled people (DH, 2001; 2009). Emerging dating websites and agencies aimed at supporting PWD to find friends and romantic partners with their own or a similar disability (Daunton, 2015; Jones, 2009) may be particularly important for this group.

There also seems to be a large group of people with physical, sensory and intellectual disabilities, particularly people with ID, looking for nondisabled partners. As PWD, particularly ID, do tend to be undesirable to the nondisabled (Miller et al., 2009) and at times exploited (Edgerton, 1993; Hassouneh-Phillips & McNeff, 2005; Thompson, 2001), this group may present to mainstream mental health or specialist ID services with problems such as loneliness, low self-esteem and posttraumatic stress (Jones, 2009). It is consequently important for professionals to routinely consider ideal partner preference regarding disability and relational history when assessing, formulating and intervening with PWD. Family and carers could also prompt conversations about managing unrealistic expectations in a romantic partner with a view to preventing such difficulties. This may involve helping people with DS to prioritise their individual ideal partner preferences (that is, establish essential versus desirable traits) and understand that it is typical for everyone to make compromises on some of these.

Mainstream dating initiatives need to ensure that they cater for this preference for nondisabled partners or do not claim to do so. Disability dating websites may also consider broadening their remit to support PWD to find nondisabled as well as disabled partners for whom disability is not a deciding factor in partner choice, which a minority already do.

Assessing capacity to consent to relationships, particularly in relation to abusive relationships, is required to safeguard especially people with ID. Dating initiatives need to ensure that they enlist the support of professionals qualified to assess capacity and are aware of how to safeguard people and signpost them for support as appropriate. However, if deemed to have capacity, it is important that families, carers and dating initiatives empower them, consistent with government directives (DH, 2001; 2009), to make their own choices. Deeley (2002) referred to protective attitudes generally being driven by “the wish to protect people with ID from unpleasant experiences, but it is these very experiences that help towards human growth” (p. 32). The dilemma for families, carers and dating initiatives is enabling people to consent, when they have capacity, to what they may consider to be ‘unwise’ choices (as is typically the case for their developing nondisabled peers) whilst safeguarding them from the higher level of abuse they reportedly experience in relationships (McCarthy, 1999).

Research implications. There is a need for further research on the ideal partner preferences of PWD as opposed to only characteristics of actual partners as has particularly been the case for those with ID. This should consider more wide ranging ideal partner preferences than just presence of disability and seek explanations by PWD for preferences. Future research could also establish whether ideal partner preferences of PWD reflect the characteristics of their actual partners, which only a minority of studies have done with mixed findings (Gregory et al., 1995; Whitham, 2014; Yau et al., 2009), and explanations for this. Quality assurance criteria need to be more closely adhered to. Additionally, reporting data by gender and other within-participant variables would enable the impact of these to be more thoroughly investigated. Therefore, further research could:

1. Establish the ideal partner preferences of PWD.

2. Investigate the impact of within-participant variables such as sex, ethnicity, sexual orientation, severity and visibility of disability and previous contact with people with and without disabilities on the ideal partner preferences of PWD.
3. Seek explanations for ideal partner preferences of PWD.
4. Consider how ideal partner preferences of PWD compare to their actual partners.

Conclusion

Twenty-five studies have made reference to the ideal partner preferences of PWD, characteristics of actual partners or both. In the 16 studies assessed to be of good quality according to a standard quality assessment tool (Kmet et al., 2004), this included having a disability, no disability or disability not being a deciding factor in partner choice, physical attractiveness, dressing nicely, emotional maturity, material resources, partner's family being approving of the relationship, conscientiousness, perceived similarity and dyadic reciprocity. However, findings are limited by only three studies specifically aiming to investigate, and actually investigating, ideal partner preferences opposed to documenting these as secondary minor findings in a minority of the sample or vague terms, looking at only characteristics of actual partners which may not reflect preferences or both. Only 10 studies put forward explanations by PWD for their preferences. As the majority investigated PWD ideal partner preference regarding disability or disability status of actual partners, this may be a particularly important criteria in partner choice. Some ideal partner preferences of PWD are consistent with their nondisabled peers whilst preferring and having partners with one's own disability may be more common among people with sensory and intellectual disabilities. Additionally, partner's parental approval may be a more prevalent need among people with ID. As such, findings were understood in the context of mainstream and disability-specific theories. Overall limitations of the literature and implications for services, families, carers and future research have been put forward.

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RACHEL M. HOWARD BSc Hons MSc

EXPLORING THE IDEAL PARTNER PREFERENCES OF
PEOPLE WITH DISABILITIES

Section B:

Using the repertory grid technique to explore the ideal partner preferences of adults with Down's syndrome

Word Count: 7,995 (323 additional words)

Abstract

There is a growing number of initiatives aiming to support people with intellectual disability (ID) to find romantic partners but minimal relevant research to inform these initiatives. The present study explored the ideal partner preferences of people with Down's syndrome (DS); a genetic disorder resulting in ID. Adults with DS (5 male, 5 female) completed an interview incorporating the repertory grid from Personal Construct Psychology to explore their ideal partner preferences, explanations for these and how they relate to their perceptions of actual partners and self. Interview data was subjected to content analysis, thematic analysis and analysis using Idiogrid. Participants typically preferred partners who were good looking, warm, employed, nondisabled and similar to them with the exception of having no disability. Partner's parental approval also appeared to be important. Explanations were grouped into five themes. Actual partners were typically dissimilar from ideal partners, including all but one having ID. Four participants' more unique ways of thinking about people were also discussed. Five participants had a current partner. These relationships appeared to be maintained by valuing unconventional traits such as disability or managing expectations of a partner by making compromises or employing psychological defences. Initiatives aimed at facilitating relationships for people with DS may benefit from incorporating a service dedicated to helping them communicate their ideal partner preferences and process feelings linked with managing expectations. One area of future research could evaluate how best to facilitate these conversations.

Keywords: Down's syndrome, ideal partner preferences, romantic relationships, self-concept, repertory grid

**Using the repertory grid technique to explore the ideal partner preferences of adults
with Down's syndrome**

Intellectual disability (ID) involves intellectual impairment (IQ below 70), impaired adaptive functioning and age of onset before 18 years (World Health Organisation [WHO], 2010). Whilst the 'normalization principle' (Nirje, 1980) and later policy directives (Department of Health [DH], 2001; DH, 2009; UN Convention of the Rights of Persons with Disability, 2006) have led to some positive changes in access to healthcare, education, independent living and friendships for people with ID, supporting them to initiate and maintain romantic relationships remains an important challenge faced by society (Jenner & Gale, 2006).

Desire for and access to romantic relationships

Love and belonging within a relationship, sexual or otherwise, is a basic human need (Maslow, 1945), related to well-being (Hawkey & Cacioppo, 2010) and marker of success in society (Jones, 2009). Consistent with this, research has found that people with ID express the same need for romantic relationships as nondisabled people (Sieberlink, de Jong, Taal, & Roelvink, 2006). However, they are much less likely to have romantic partners (Emerson, Malam, Davies, & Spencer, 2005; Office for National Statistics, 2015). Many carers are reluctant to support people with ID to initiate and maintain romantic relationships due to the tension between safeguarding and positive risk taking (Smyth & Bell 2006). There is typically a lack of opportunities for people with ID to access relationship education, meet partners and date (McCarthy & Thompson, 2010). This puts them at increased risk of unsuccessful attempts to establish relationships which may prompt mental health service involvement for loneliness, low self-esteem and inappropriate sexual behaviour (Jones, 2009; Thompson, 2001).

There are consequently a growing number of initiatives (for example Stars in the Sky) aiming to support people with ID to meet partners who also have ID and maintain romantic relationships (Jones, 2009). However, there is a lack of research involving people with ID to

inform these initiatives. As far as the author is aware, only two studies (Bates, Terry, & Popple, 2016; Gibbons, 1985) have specifically aimed to identify their 'ideal partner preferences'; the traits ideally desired in a romantic partner. This is despite there being a significant body of literature on the ideal partner preferences of nondisabled people (Eastwick et al., 2013). This is an important area of research because ideal partner preferences are thought to affect the way people evaluate and respond to potential partners (Eastwick et al., 2013; Fletcher, Simpson, Thomas, & Giles, 1999). For example, if a person with ID is looking for a partner who is nondisabled, they may evaluate potential partners with disabilities negatively and avoid places where they may come into contact with people with disabilities. This prevents the situation where they may get to know someone with a disability and evaluate them positively based on traits other than just their disability. People also tend to be happier, and less likely to end relationships, with partners to the extent that they match their ideal partner preferences (Eastwick, Luchies, Finkel, & Hunt, 2013; Fletcher, Simpson, Thomas, & Giles, 1999).

Ideal partner preferences of people with ID

Gibbons (1985) investigated 140 people with ID' perception of their peers and reported that females and males living in institutionalised and community settings preferred to be friends with and date a person significantly more when labelled as nondisabled compared to having ID. However, this study was conducted some time ago; therefore, it remains unclear whether findings will translate to the current ID population. Additionally, the study only looked at ideal partner preference regarding disability.

Whilst Bates et al. (2016) aimed to understand the ideal partner preferences of 11 people with ID, they stated that "most participants... described their current partner" (p. 9), perhaps due to the majority being interviewed in couples. This suggests that the study actually predominantly looked at characteristics of their actual partners, which may not reflect

preferences (Eastwick & Finkel, 2008). Therefore, the results are reported below with other studies looking at only actual partners of people with ID.

Another two studies (Azzopardi-Lane & Callus, 2014; Yau et al., 2009) reported ideal partner preferences of people with ID as secondary minor findings in a subsample without clarifying whether they generalise to the rest of the sample. Eleven studies looked at the disability status of actual partners of people with ID. Again, it remains unclear whether this reflects their ideal partner preference and results were often reported as secondary findings in a subsample or vague terms such as 'most participants'. Consistent with Gibbons (1985), the majority found that people with ID typically preferred (Yau et al., 2009) or had (Beber & Biswas, 2009; Bononi et al., 2009; Craft & Craft, 1979; Edgerton, 1993; Koller, Richardson, & Katz, 1988; McCarthy, 1999; Scally, 1974; Thompson, 2001) nondisabled partners opposed to having partners with ID (Bates et al., 2016; Lofren-Martensen, 2004; White & Barnitt, 2000). Again, many were conducted some time ago and it remains unclear whether findings will translate to the current ID population. In the only study looking at ideal and actual partners of the same participants (Yau et al., 2009), the results showed that "most" of the 12 participants preferred nondisabled partners but their partners at the time "all" had ID (p. 103). Gender differences were investigated in two studies. One study (Edgerton, 1993) reported that females typically had nondisabled partners whilst males had partners with ID. Conversely, Koller et al. (1988) found that both genders typically had nondisabled partners.

Regarding other ideal partner preferences, people with ID reported preferring (Azzopardi-Callus & Lane, 2014) or having (Bates et al., 2016) physically attractive partners. They also reported preferring partners to be employed (Yau et al., 2009), dressed nicely, well-educated and have parents who approve of the relationship (Azzopardi-Callus & Lane, 2014) and having "nice", committed and supportive partners (Bates et al., 2016, p. 5).

Ideal partner preferences of people with Down's syndrome

One of the most common known causes of ID is Down's syndrome (DS); a genetic chromosomal disorder present at 10 per 10,000 live births throughout the world (Weijerman & de Winter, 2010). As a result of an extra whole or part copy of chromosome 21, almost all individuals with DS have mild (IQ 50-69) to moderate (IQ 35-49) ID, distinct physical characteristics and increased risk of various physical health conditions (Weijerman & de Winter, 2010). Therefore, ID caused by DS is immediately visible. This may not be the case for ID not caused by DS and may result in this DS subgroup of people with ID being more stigmatised (Gething, 1991; Schmelkin, 1984).

Only one of the aforementioned studies (Bononi et al., 2009) stated whether participants had DS opposed to ID that was not immediately obvious. This reported that nine out of 50 Brazilian teenagers with DS who visited a DS clinic over one year (18%) had already dated, of whom three (33.3%) had dated partners with DS. However, this is based on very little data. It remains unclear whether partners who did not have DS had ID not caused by DS, no disability or they did not answer. Additionally, the study only looked at the disability status of actual partners opposed to ideal partner preferences. Therefore, it remains unclear whether ideal partner preferences and characteristics of actual partners of participants with ID in the above studies (which may or may not be caused by DS), and the disability status of actual partners of people with DS reported by Bononi et al. (2009), will generalise to other people with DS.

Links to mainstream empirical literature

Most ideal partner preferences held by people with ID and specifically DS in research to date are shared with the nondisabled including; no disability (Miller, Chen, Glover-Graf, & Kranz, 2009), physically attractive, dressed nicely, well-educated, employed, 'nice', committed and supportive (Fletcher et al., 1999). However, the importance placed on partner's

parental approval, and having partners with ID, in a minority of studies may be more common among those with ID.

Links to theoretical literature

Hypotheses proposed to explain romantic attraction in the mainstream literature cluster under three main themes; preferring cultural ideals, routes to reproductive success or dyadic aspects of relationships, most notably similarity and difference to varying degrees (see Eastwick et al., 2013 and Hatfield et al., 2007 for reviews). People with ID preferring partners with no disability who are physically attractive, dressed nicely, well-educated, employed, 'nice', committed and supportive in the above studies may be supported by the 'ideal partner' and 'evolutionary' hypotheses that people prefer partners who epitomise cultural ideals (Krueger & Caspi, 1993) and routes to reproductive success (Fletcher et al., 1999). These preferences may also be explained by the 'optimal-dissimilarity' hypothesis that people prefer others who are similar (if they possessed these traits themselves) and dissimilar (regarding disability status) (Winch, 1958). Preferring nondisabled partners may reflect rejection of the disability label (Finlay & Lyons, 1998; Jahoda et al., 1985) which could possibly be explained by hypotheses pertaining to being unable to understand if one has ID until a certain level of cognitive development is reached, use of denial (described as using a 'cloak of competence' to 'pass' as nondisabled by Edgerton, 1993), unawareness stemming from protection of others or awareness at the level of experience rather than discourse (Beart, Hardy, & Buchan, 2005).

Preferring partners with a disability is consistent with the 'similarity' and 'repulsion' hypotheses that people are attracted to similar others (Bryne et al., 1971) and avoid dissimilar others (Rosenbaum, 1986). It may reflect individuals internalising stigma linked with disability and 'settling' for partners with disabilities due to believing they will be undesirable to nondisabled partners they desire (Ali et al., 2012). Alternatively, individuals may be rejecting

stigma and ascribing to a 'minority group' identity valuing disability and actively choosing it (Jahoda et al., 1989).

Aim and rationale for the current study

The aim of the current study was to explore, for the first time, the ideal partner preferences of people with DS. This warrants investigation because there is a growing number of initiatives aiming to support people with ID, incorporating the subgroup of people with DS, to find romantic partners but minimal research to inform these. Choosing to focus on people with DS is warranted because distinct physical characteristics inherent in the disorder may cause their ideal partner preferences and actual partners to differ from those of people with ID which is not immediately obvious and perhaps, therefore, less stigmatised. This study could inform initiatives aiming to support people with DS to find romantic partners, including evaluating whether their preferences are similar to peers with and without ID, as indicated in previous literature, and can be explained by hypotheses regarding ideal partner preferences and the disabled identity.

Given that literature suggests there are differences among people with ID in their ideal partner preferences, and communication between people with and without ID is frequently marked by a lack of reciprocity in light of power imbalances (Jingree, Findlay, & Antaki, 2006), Personal Construct Psychology (PCP; Kelly, 1955/1991) was viewed as a useful framework from which to conduct an investigation. According to PCP, individuals 'construing' of the world is idiosyncratic and changeable (Caputi, Viney, Walker, & Crittenden, 2012). Construing involves generating 'elements' (aspects of the world) that can be described using bipolar 'constructs' arising from an awareness of similarity or difference between them. Research spanning the past 40 years has demonstrated that PCP-informed techniques can help people with ID to communicate complex world views without the need for similarly complex language and regardless of how these might be judged by others (for example, Spindler-Barton,

Walton, & Rowe, 1976; Thomas, Butler, Hare, & Green, 2011), including when “other approaches appear to be at an impasse” (Fransella, 2005 cited in Hare, Searson, & Knowles, 2010, p. 191). Hare (1997) suggested that they appeal because they can be visual, practical and adapted for variation in ability. The research questions were:

RQ1. What constructs do people with DS use to describe their ideal partner?

RQ2. Why have people with DS chosen these constructs as being important?

RQ3. How does the ideal partner of people with DS compare to their current partner, previous partners and self on these constructs?

Method

Design

Given that no previous research had investigated the ideal partner preferences of people with DS, a pilot study was conducted. The design included one-off face-to-face individual interviews incorporating the repertory grid, a PCP-informed technique, and additional semi-structured questions. The repertory grid was selected for its relevance to RQ1 and particularly RQ3, which other PCP-informed techniques could not directly answer, and adaptability for people with ID (Hare, 1997). Specifically, participants with ID are asked to think of elements in concrete terms. Traditional triadic elicitation involves asking participants how two elements are similar and different from a third. To simplify the task, participants with ID are asked to identify a similarity or difference between two elements before, if a similarity is given, being asked for the opposite construct pole. Participants are also asked to provide concrete behavioural descriptions of constructs to confirm their meaning. The relative positioning of elements along constructs is typically elicited by asking participants with ID ‘who’s the most...’ with regards to the positive construct pole, continuing with a diminishing set of photographs until all elements have been ranked (Oliver, 1986). Although this ‘adapted repertory grid technique’ has been used to investigate self-concept and social comparisons of

people with ID (for example Hare et al., 2010), comparing the self and current partner has not been the specific focus of any study and no paper has documented including ideal and past partners. Additional semi-structured questions were incorporated to investigate ideal partner preference regarding disability when not elicited (see 'Measures') and RQ2.

The researcher followed qualitative quality assurance criteria (Mays & Pope, 1992) including; describing data collection and analysis such that they could be replicated, providing sufficient data for readers to judge whether interpretations are adequately supported, having two raters complete analyses when appropriate and reflecting on the likely impact of their own characteristics and biases. In terms of the researcher's position, she has first-hand experience of people with DS preferring nondisabled partners but their actual partners having ID from discussions with her sister and friends who have DS. A reflective diary was maintained enabling each stage of the study to be scrutinised (see Appendix B for an abridged version, including reflection on a bracketing interview).

Participants

As PCP positions individuals as constructing their own idiosyncratic and dynamic understanding of the world, concepts such as reliability do not apply and large representative samples are not required. Consistent with this, previous studies using repertory grids with people with ID have presented as little as one or two case studies (Oliver, 1986; Hare et al., 2010). Given the pragmatics of the project, a purposive sample of 10 participants was sought. The inclusion and exclusion criteria were:

Inclusion criteria:

- Having DS.
- Aged 18 or above.
- Verbal comprehension of at least 5 years assessed by the British Picture Vocabulary Scale-II (BPVS-II, Dunn, Dunn, Whetton, & Burley, 1997); a test requiring participants to choose

pictures, from a possible four, that best illustrate the meaning of words said by the researcher for which inter-rater reliability is reported to be good (0.86; Glenn & Cunningham, 2005).

Previous research suggests that verbal comprehension below 5 years leads to participants producing fewer and mainly single opposed to bipolar constructs (Thomas et al., 2011).

- Heterosexual orientation. Sexual orientation has been found to have several effects on ideal partner preferences of people with no disability (Howard, Blumstein, & Schwartz, 1987) and ID (Thompson, 2001).

- Desiring a romantic relationship and had at least one self-identified romantic relationship that they would feel happy to talk about. Morales et al. (2015) reported that, according to modern authors, there are three separate components of romantic love - passion, intimacy and commitment - which exist to varying degrees among different people and at different times. Flynn (1986 cited in McCarthy, 1999) pointed to difficulties in ID with abstract concepts such as love and time, thus what constitutes a romantic relationship and relationship duration, and suggest these are avoided. Given these complexities, for the purpose of this research 'romantic relationship' was broadly defined as when a person with DS considers a bond to be 'romantic' (opposed to 'friendship') and 'serious' or 'important'.

- Equal numbers of men and women to investigate gender differences.

Exclusion criteria:

- Would find it difficult to talk about relationships at this time.
- Deemed to lack capacity to consent.
- Unable to prepare photographs or drawings of their ideal partner, one or two current or past partners and self for the interview.

Measures

Interview. Participants were guided through a demographic questionnaire and the BPVS-II. The adapted repertory grid technique (Hare, 1997, see 'Design') was employed to

elicit up to ten idiosyncratic bipolar constructs relating to their ideal partner, one or two current or past partners and self and rank these elements along constructs. Additional semi-structured questions regarding their ideal partner preference regarding disability and why constructs were preferred were then posed. An interview schedule is attached (Appendix C). The questions were customised to be simple to understand for people with ID with a flesch reading ease score of 85.4. Standard documents aim for a score between 60 and 70 (Microsoft, 2016). The interview schedule was piloted with an adult who had DS following which amendments were made (Appendix B). Most notably, the adult with DS failed to elicit disability status as a construct in their grid and it was noticed that they struggled to recognise disability in others. Therefore, the researcher prepared questions to ascertain preference regarding disability, perceived disability status of other elements including the self and definition of DS or disability if not volunteered.

Procedure

The researcher approached various third-sector organisations and personal contacts involved with people with DS for support with recruitment. They identified participants meeting the inclusion and exclusion criteria and talked through a study advert (Appendix D) with them or gave this to families or carers to do so. When participants, families or carers contacted the researcher, the researcher checked whether they met inclusion and exclusion criteria other than being able to prepare photographs or drawings and verbal comprehension above 5 years. If eligible, a meeting was arranged to discuss an information sheet and consent form (Appendix E) adapted for people with ID (flesch reading ease score = 91.0) and reviewed by an adult with DS (Appendix B). It informed participants that the interview would last between 60-90 minutes and be audio-recorded. The researcher asked questions to check capacity and was alert for negative indicators of consent (DH, 2005; Nind, 2008). If unable to prepare photographs or drawings or deemed to lack capacity, participants were informed that

they were not eligible to take part. Otherwise, participants were asked to provide written consent. Interviews took place on a second occasion at the participants' home in a private room. Participants were given £10 for taking part, including if they were excluded due to having verbal comprehension below 5 years or withdrew.

Ethical considerations

Participants were treated in accordance with the ethical standards of the British Psychological Society (2009; 2011). They were informed about the limits of confidentiality. Identifying information was stored securely and removed when writing up the research. Participants were informed that consent forms and anonymised data would be kept securely post submission at the Salomons Centre for Applied Psychology for five and ten years, respectively. The possibility that the repertory grid may cause distress (Caputi et al., 2012) was explained prior to gaining consent and managed by the researcher regularly asking about their well-being and being willing to stop at any time. Ethical approval was obtained from the Salomons Centre for Applied Psychology Ethics Panel (Appendix F).

Data analysis

RQ1. The repertory grids elicited constructs equating to the ideal partner preferences of people with DS which were analysed between participants using content analysis, specifically the modified Classification System for Personal Constructs (CSPC; Feixas, Geldschlager, & Neimeyer, 2002). This allows constructs to be classified into 45 content categories belonging to eight areas. Inter-rater reliability has been shown to be good (0.73; Green, 2002). The researcher listened back to the audio recordings to check the content of repertory grids drawn out with participants during interviews before coding data along with another independent rater and calculating inter-rater reliability.

RQ2. A thematic analysis of answers to questions regarding explanations for ideal partner preferences was undertaken following guidance by Braun and Clarke (2006). This is a

“theoretically flexible approach” for “identifying, analysing and reporting patterns within data” (p. 77-79). Given that this was the first study to explore explanations for ideal partner preferences of people with DS, a thematic analysis of the entire section of each interview on explanations for preferences was conducted, codes and themes were developed inductively and at the semantic level. This section of each interview was transcribed by the researcher and, after repeated reading, a list of codes was generated using NVivo version 10 software (QSR International, 2012) (see Appendix G for an example). These were then sorted into themes before being reviewed, defined and named. Codes were considered prevalent if different participants articulated them or one participant spent a significant amount of time discussing them. It was planned that the data would also be coded by another independent rater.

RQ3. The relative positioning of elements along constructs in repertory grids was analysed using Idiogrid version 2.4 software (Grice, 2008) to produce a Slater analysis (Slater, 1977) for each participant, discussed via exemplars supporting and contradicting general findings. This enabled a calculation of standardised element Euclidean distances and principal components analysis (PCA). Standardised element Euclidean distances between the ideal and actual partners and self gave a measurement of how similarly they were construed (Grice, 2006). This is depicted on a PCA ‘pingrid’; a two-dimensional illustration of participant’s construct system in terms of the loadings of each element (depicted as points) and construct (vectors) on their first two components of construing (x and y-axis). The smaller the distance between elements, the more similar their ratings along all constructs. It is recommended that components that, between them, account for 80% of the variance in construing are discussed (Jankowitz, 2004). A high percentage of variance accounted for by the first component (>80%) is thought to indicate tight simplistic construing (Winter, 1992). The smaller the angle between a construct vector and the x or y-axis on the ‘pingrid’, the more the component can be taken to represent participant’s ratings of elements along that construct (Jankowitz, 2004).

Results

Demographics of participants

Demographic details of the ten participants who were recruited across seven UK counties are summarised in Table 3.

Table 3. Demographic details of participants

Participant	Recruitment	Gender	Age	Ethnicity	Relationship status	School	Living situation
M1	Personal contact	Male	27	White British	Single	Mainstream/ special	Independently with support
F1	Support service	Female	32	White British	In a relationship (engaged)	Mainstream/ special	With parents
F2	Charity	Female	27	White British	In a relationship	Mainstream/ special	With parents
F3	Support service	Female	23	White British	Single	Mainstream	With parents
M2	Charity	Male	30	White British	Single	Not reported	Group home with support
M3	Charity	Male	42	Black African	In a relationship	Not reported	Group home with support
M4	Support service	Male	41	White British	In a relationship	Special	Adult placement
F4	Personal contact	Female	26	White British	In a relationship (engaged)	Mainstream/ special	With parents
M5	Support service	Male	28	White British	Single	Mainstream/ special	With parents
F5	Personal contact	Female	28	White British	Single	Mainstream	Independently with support

Note. Family or carers commented on schooling when the participant suggested that the researcher ask this of them during or following the interview.

Overview of engagement in the repertory grid exercise

Repertory grid details of participants are summarised in Table 4.

Table 4. Repertory grid details of participants

Participant	No. of elements elicited	Element stimuli	Description of ideal partner	BPVS-II raw score	BPVS-II age equivalent score (years/ months)	BPVS-II age equivalent confidence interval (years/ months)	No. of bipolar constructs elicited (n=90)	No. of bipolar constructs ranked (n=85)
M1	4	Photograph/ drawing	Model	64	06:04	5:09-7:00	9	8
F1	4	Photograph	Actor	75	07:04	6:09-8:00	9	9
F2	3	Photograph/ drawing	Current partner	72	07:01	6:06-7:09	10	9
F3	3	Photograph	Attended same social club	65	06:05	5:10-7:01	10	10
M2	3	Photograph	Supported by same service	53	05:02	4:08-5:11	8	7
M3	4	Photograph	Works at local pub	70	06:10	6:04-7:07	9	9
M4	4	Photograph	Actor	68	06:08	6:01-7:04	8	8
F4	4	Photograph	Singer	66	06:06	5:11-7:02	8	8
M5	4	Photograph	Singer	55	05:05	4:10-6:01	9	7
F5	4	Photograph	Actor	86	08:05	7:09-9:02	10	10

Note. No. of bipolar constructs ranked = The fact that two elements could not be ranked identically led to five constructs across four participants' repertory grids not being ranked and thus excluded from analysis using Idiogrid to address RQ3 (Appendix H).

Eliciting elements. As can be seen from Table 4, all participants were able to identify an ideal partner, of whom five had met them. One female insisted that her current boyfriend was her ideal partner. Two had dated only one person whilst eight identified a current and past partner (n=4) or two past partners (n=4).

Eliciting constructs. Consistent with research suggesting participants scoring below 5 years produced fewer and mainly single constructs (Thomas et al., 2011), all participants were able to generate at least eight out of a maximum of ten bipolar constructs.

Ranking elements along constructs. All participants were able to rank elements. An example list of constructs identified by a participant, and their ranking of elements along these, can be found in Appendix I.

RQ1. What constructs do people with DS use to describe their ideal partner?

Repertory grid constructs equating to ideal partner preferences of people with DS were coded using the CSPC by the researcher and another independent rater. This yielded a 91.19% agreement (82/90 constructs), which was deemed acceptable (Jankowicz, 2004). Of the eight inconsistently coded constructs, it was agreed six would be recoded in line with the second rater (Appendix J). The 90 constructs were classified under seven of the eight areas, as can be seen in Table 5. Gender differences in preferences coded under each area were calculated using the Fisher's exact test because one or more cells had expected frequency of less than five.

Table 5. Constructs (that is, ideal partner preferences) of males and females with DS coded using the CSPC (Feixas et al., 2002)

Construct area/ category	No. of constructs - all (90)	No. of constructs - male (43)	No. of constructs - female (47)	% of total constructs - all	% of total constructs - male	% of total constructs - female	No. using area/category - all (n=10)	No. using area/ category - male (n=5)	No. using area/ category - female (n=5)	Two-tailed Fisher exact p
Moral area	10	5	5	11.11	5.56	5.56	7	4	3	1.000
Altruist-Egoist	4	2	2	4.44	2.22	2.22	4	2	2	
Faithful-Unfaithful	3	2	1	3.33	2.22	1.11	3	2	1	
Sincere-Insincere	1	0	1	1.11	0.00	1.11	1	0	1	
Responsible-Irresponsible	2	1	1	2.22	1.11	1.11	2	1	1	
Emotional area	13	6	7	14.44	6.67	7.78	10	5	5	-
Warm-Cold	8	4	4	8.89	4.44	4.44	8	4	4	
Balanced-Unbalanced	2	1	1	2.22	1.11	1.11	2	1	1	
Specific emotions	3	1	2	3.33	1.11	2.22	3	1	2	
Relational area	21	11	10	23.60	12.22	11.11	10	5	5	-
Extroverted-Introverted	2	0	2	2.25	0.00	2.22	2	0	2	
Pleasant-Unpleasant	3	2	1	3.37	2.22	1.11	2	1	1	
Sympathetic-Unsympathetic	5	2	3	5.62	2.22	3.33	4	2	2	
Trusting-Suspicious	2	0	2	2.25	0.00	2.22	2	0	2	
Others	9	7	2	10.11	7.78	2.22	7	5	2	
Personal area	6	1	5	6.74	1.11	5.56	4	1	3	0.524
Active-Passive	5	1	4	5.62	1.11	4.44	4	1	3	
Hard working-Lazy	1	0	1	1.12	0.00	1.11	1	0	1	
Intellectual/operational area	8	7	1	8.99	7.78	1.11	6	5	1	0.048*
Specific abilities	8	7	1	8.99	7.78	1.11	6	5	1	
Values/ interests area	9	3	6	10.11	3.33	6.67	7	2	5	0.167
Values/ specific interests	9	3	6	10.11	3.33	6.67	7	2	5	
Existential	0	0	0	0	0	0	0	0	0	-
Concrete descriptors area	23	10	13	25.84	11.11	14.44	10	5	5	-
Physical characteristics	15	7	8	16.85	7.78	8.89	10	5	5	
Social roles	5	2	3	5.62	2.22	3.33	5	2	3	
Others	3	1	2	3.37	1.11	2.22	3	1	2	

Note. * = Significant difference in the frequency of male and female participants eliciting ideal partner preferences coded under this area of the coding frame

The content analysis highlighted similarities and differences in the constructs used by people with DS to describe their ideal partner. The most commonly elicited constructs across the sample were good looking (concrete descriptors area, n=10), warm (emotional, n=7) and specific values/ interests (values/ interests, n=7). Participants also preferred partners who were competent in specific interests (intellectual/ operational, n=6), had family or friends who appeared to like the participant (relational, n=5) and were employed (concrete descriptors, n=5). There were other constructs preferred by a minority of the sample (see Appendix K for a full list of constructs).

Male participants were significantly more likely to have ideal partner preferences coded under the intellectual/ operational area than females (two-tailed Fisher exact $p = .048$), suggesting a stronger preference for partners who are competent in specific interests. There were no other significant gender differences.

What was noticeable by its absence from the repertory grids was reference to participants' ideal partner preference regarding disability. As discussed, because this was also the case during the practise interview the researcher had prepared to ask questions regarding this, the disability status of other elements including the self and definition of DS or disability. Data pertaining to this is summarised in Table 6.

Table 6. Preference regarding disability status of participants

Participant	Preferred disability status of ideal partner when asked	Disability status of ideal partner photo identified for use in the interview*	Definition of DS or disability when asked	Identified disability status of other elements when asked?*	Identified disability status of self when asked?	Disability status of partners to date including but not limited to those used as elements*
M1	No disability	No disability	Primary	N	N	ID or specifically DS
F1	No disability	No disability	Secondary	N	Y	ID or specifically DS
F2	ID	DS	Primary	Y	Y	DS
F3	ID	ID & ASD	No definition for DS or disability	N	Y	DS
M2	No disability	No disability (actually ID)	Secondary	N	Y	ID
M3	No disability	No disability	Primary	Y	N	ID or no disability
M4	No disability	No disability	Secondary	N	N	ID or specifically DS
F4	Any disability	No disability	Secondary	N	Y	ID or specifically DS
M5	No disability	No disability	No definition for DS or disability	N	N	ID or specifically DS
F5	No disability	No disability	Primary	Y	Y	ID or ID & ASD

Note. DS = Down’s syndrome, ID = Intellectual Disability, ASD = Autistic Spectrum Disorder, Primary = definition of DS involving impaired IQ or adaptive functioning, Secondary = definition of DS involving physical disabilities including but not limited to those linked with DS or other consequences such as having a disabled badge; Y= Yes, N= No, * = Family or carers commented on the disability status of partners of their own accord or when asked to do so by the participant at the initial meeting to discuss the information sheet and consent form, in which all participants wanted a family member or carer present, or when the participant suggested that the researcher ask this of them during or following the interview. When M2 suggested that the researcher check the disability status of his past partner with his carer, M2’s carer stated that actually both his past and ideal partners identified for use in the study had ID. When the researcher was liaising with M3’s carer to arrange a date for the interview, they stated that the current and past partners he had identified for use in the study were thought to be “playing along” with being his partner.

As can be seen from Table 6, when asked for their ideal partner preference regarding disability, seven participants (5 male, 2 female) stated that they preferred nondisabled partners. Three females preferred partners with a disability, of whom two seemed to specifically prefer them to have ID. This matched the disability status of the ideal partner photograph participants had identified for use in the study in all but one case. M2 stated that he preferred a nondisabled partner, and his ideal partner photograph was nondisabled, when according to his carer they had ID. Only four participants (2 male, 2 female) had a primary definition for DS related to impaired IQ or adaptive functioning opposed to a secondary definition related to physical disabilities including but not limited to those resulting from DS or other consequences such as having a disabled badge (2 male, 2 male) or no definition for DS or disability (1 male, 1 female) (see Appendix L for full list of definitions). Additionally, only three participants (1 male, 2 female) appeared to correctly identify (based on the photographs and comments by families and carers) whether actual partners chosen for use in the study had a disability. In terms of self-concept, six participants (1 male, 5 females) identified themselves as having DS. The other four males rejected the label. This information will be considered alongside participants' repertory grid data in the discussion.

RQ2. Why have people with DS chosen these constructs as being important?

Although participants often struggled to elaborate on why ideal partner preferences, including regarding disability, were important, every participant offered at least one explanation. Five themes incorporating 14 codes were identified, as summarised below (see Appendix M for an outline of the themes, codes and number of participants using them and frequency of use, and Appendix N for a full list of quotes). Although it was planned that the data would also be coded by another independent rater, this did not take place.

Support from others. Two participants spoke about preferred constructs ('nice and kind family', 'normal') equating to support from nondisabled people with solving problems

(M4) or understanding things (F5). One participant spoke about preferred constructs ('arranges dates') equating to support from a partner with DS with planning (F4)

Doing things together. Six participants spoke about constructs ('work in [same job as participant]', 'family like them', specific interests, 'arranges dates', 'confidence') facilitating spending time together (M1, F1, F2, M4, F4, F5). Two participants also spoke about constructs ('kind', 'good cook') equating to sharing the cost of dates (M4) or chores (F5).

Positive emotions. Eight participants referred to a variety of preferred construct poles leading to them feeling positive emotions such as happy (M1, F1, F3, M2, M4, F4, M5, F5), proud (M1), special (F5) and comfortable (F5). Seven referred to undesired construct poles leading to negative emotions including angry (M1, F1), sad (F3, M2, M4, F5), embarrassed (F1), worried (F1, M4) and uncomfortable (F2).

Modelling and advice. Two participants spoke about constructs ('friends first', 'good cook', 'good looking', 'smartly dressed') being modelled to them by their sister's partner (M1, F5) or parents (F5). One of these and another participant explained that constructs ('friends first', 'ID') equated to direct advice from family (M1) or a group for people with disabilities run by nondisabled people (F3) respectively. The other participant spoke about constructs ('want to get married and have a family', 'live independent') equating to a desire to escape parental advice (F5).

Practicalities. Three participants referred to constructs being chosen for practical reasons including 'has a job' to earn money for dates (F1) and save for a house together (F1, F5), 'big muscles' to lift things (F1), 'ID' opposed to 'deaf' so they can hear you (F3), 'quite short' (defined as similar height) for easier kissing and cuddling and 'good cook' and 'smartly dressed' to prevent getting unwell through food poisoning or poor hygiene (F5).

RQ3. How does the ideal partner of people with DS compare to their current partner, previous partners and self on these constructs?

Whilst the content of the repertory grids differed for each participant, because by definition each person's construal is unique, there appeared to be four distinct profiles. The majority (n=6) construed their ideal partner as more similar to themselves than current or past partners. In a minority of cases, participants did not appear to select (n=1) or rank (n=1) their ideal partner in a genuine manner or the predominant profile of construing was reversed (n=2), as summarised in Table 7 and discussed thereafter.

Table 7. Slater analysis (Slater, 1977) of *each participant's* repertory grid

Participant	Euclidean distance for ideal partner and self	Euclidean distance for ideal partner and current or recent past partner	Euclidean distance for ideal partner and past or distant past partner	% variance in construing accounted for by first component	% variance in construing accounted for by second component
M1	0.55	0.93	1.36	85.93*	10.85
F1 ¹	0.82	1.06	1.26	60.49	20.00
F2 ¹²	0.71	1.29	Not applicable	84.69*	15.31
F3 ³	0.71	1.24	Not applicable	80.41*	19.59
M2 ³	1.25	0.85	Not applicable	78.57	21.43
M3 ¹	0.97	0.93	0.89	66.63	25.45
M4 ¹	0.64	0.93	1.52	87.55*	10.99
F4 ¹	0.97	1.36	1.19	66.84	22.50
M5	0.83	0.93	1.36	71.01	23.92
F5	0.55	1.08	1.33	82.32*	11.96

Note. ¹ = Participant has current partner, ² = Participant had three opposed to four elements in their repertory grid due to identifying their current partner as their ideal partner; ³ = Participant had three elements in their repertory grid due to having had only one romantic relationship, * = High percentage of variance accounted for by the first component (>80%) which is thought to indicate tight simplistic construing (Winter, 1992).

Participant M1. As can be seen from Table 7, M1 displayed the same profile of construing his ideal partner, actual partners and self as two other male (M4, M5) and three female (F1, F3, F5) participants. Data from M1 is presented here as an example of this profile of construing (see Appendix O for participant data not discussed as exemplar). The standardised element Euclidean distances between M1's ideal partner and self (0.55), recent past partner (0.93) and distant past partner (1.36) revealed that he construed his ideal partner as most similar to himself and most dissimilar from his distant past partner. This is depicted in Figure 2, a 'pingrid' of M1's construing, by the self being closest to the ideal partner and distant past partner being furthest away.

Figure 2. 'Pingrid' of elements in construct space for M1

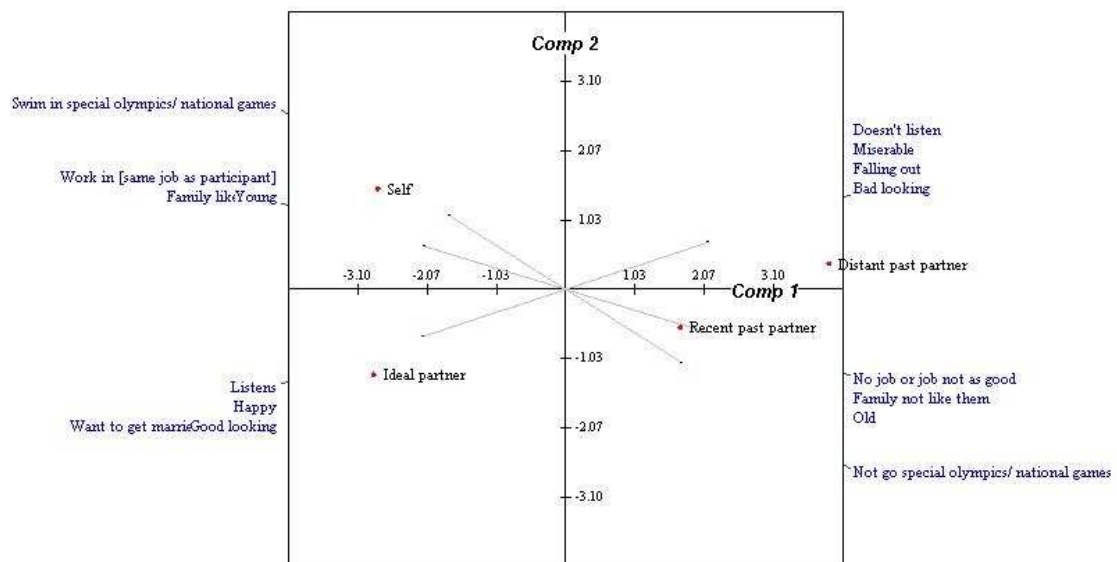
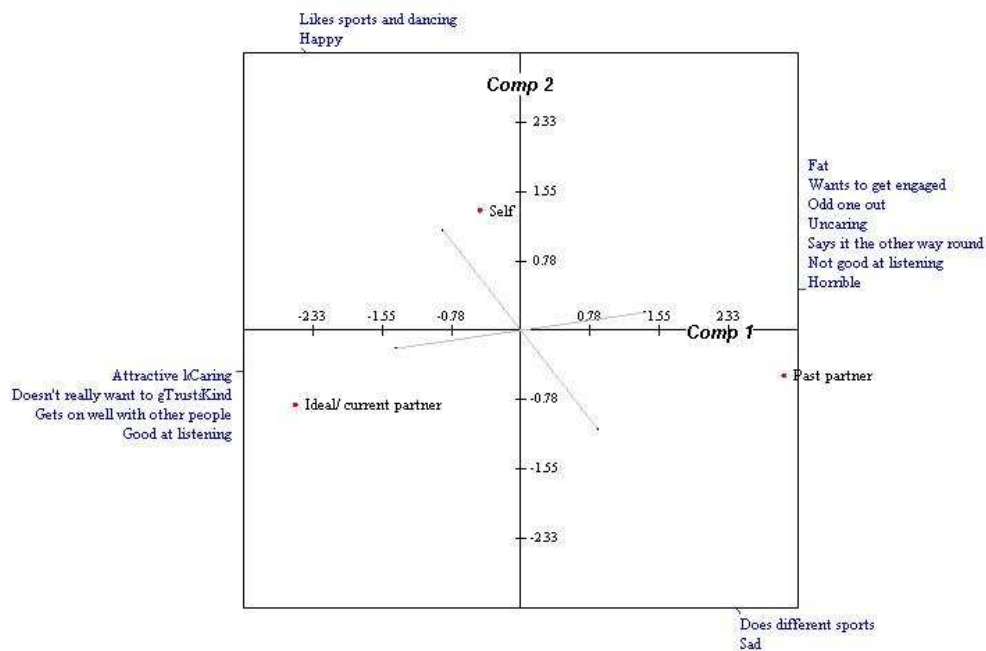


Table 7 shows that distant past partners were also construed as more dissimilar than recent past or current partners across the other participants (F1, M4, M5, F5) displaying this profile of construing (excluding F3 who had had only one relationship).

PCA revealed that M1's first component accounted for 85.93% of the variance in his construing, suggesting a tight system of construing. Figure 2 shows that M1's principal dimension of construing predominantly contrasts his ideal partner and self with his distant past partner. The reader is reminded that the smaller the angle between a construct vector and the x-axis (first component) or y-axis (second component), the more the component can be taken to represent participant's ratings of elements along that construct. Table 7 shows that the other five participants (M1, F1, F3, M4, M5, F5) displaying this profile of construing also had relatively tight systems of construing.

Participant F2. Data from F2 is of particular interest as she chose her current partner as her ideal partner (resulting in her having three opposed to four elements in her grid). Although this suggested that her ideal and current partners are construed as similar, it prevented investigation of whether her ideal and current partners were construed as less (consistent with the majority group of participants described above) or more (consistent with a minority group described below) similar than her ideal partner and self. The standardised element Euclidean distances between F2's ideal (current) partner and self (0.71) and past partner (1.29) revealed that she construed her ideal (current) partner as most similar. This is depicted in Figure 3, a 'pingrid' of F2's construing, by the self being closest to the ideal partner.

Figure 3. 'Pingrid' of elements in construct space for F2

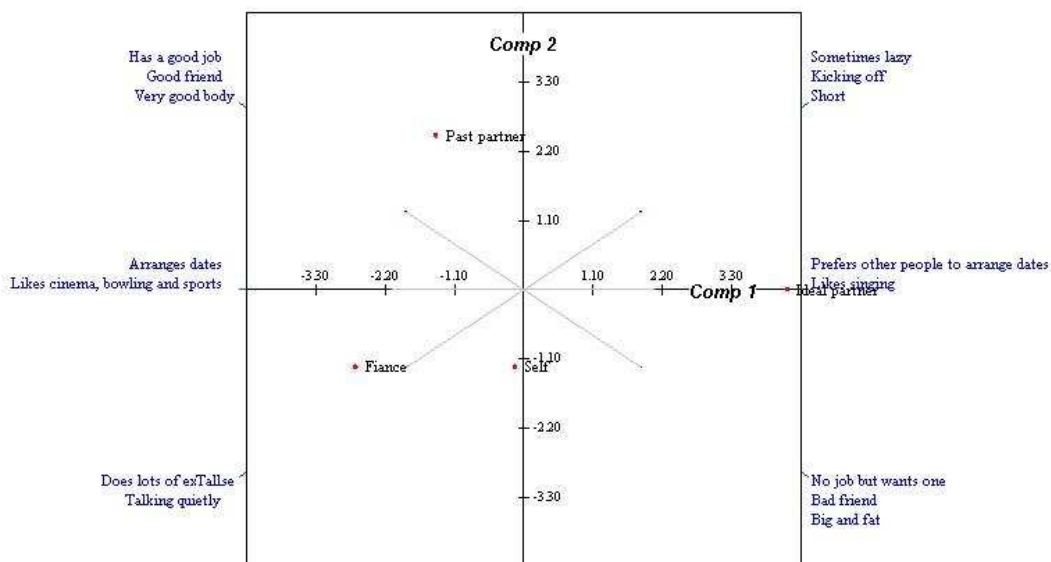


PCA revealed that F2's first component accounted for 84.69% of the variance in her construing, suggesting she also had a tight system of construing. Figure 3 shows how F2's principal dimension of construing predominantly contrasts her ideal (current) partner and past partner. An exploration of the bipolar construct 'wants to get engaged-doesn't really want to get engaged' revealed that the preferred pole was 'wants to get engaged', suggesting that F2's current partner was not actually her ideal partner even if very close to it.

Participant F4. Data from F4 is of particular interest because, although she displayed the same profile of construing as the majority group of six participants described above, this appeared to stem from her not ranking her ideal partner in a genuine manner. The majority group construed their ideal partner as more similar to themselves than actual partners by ranking their ideal partner as higher along constructs than themselves and then actual partners, particularly their most distant partner. However, F4 achieved the same profile of construing from ranking her actual partners and self, particularly her fiancé, as higher than her ideal partner

along constructs. F4 prepared a photograph of her nondisabled ideal partner for the interview and initially seemed happy to elicit similarities between him and other elements. However, when it came to ranking elements along constructs, F4 refused to include her ideal partner in the ranking and, when encouraged to do so, ranked him as lower than her actual partners and self, particularly her fiancé, along all constructs. This is shown by the Euclidean distances between her ideal partner and fiancé (1.36) being more dissimilar than with her past partner (1.19) and self (0.97). It is depicted in Figure 4, a 'pingrid' of her construing, by no element being close to her ideal partner and her fiancé being furthest away.

Figure 4. 'Pingrid' of elements in construct space for F4

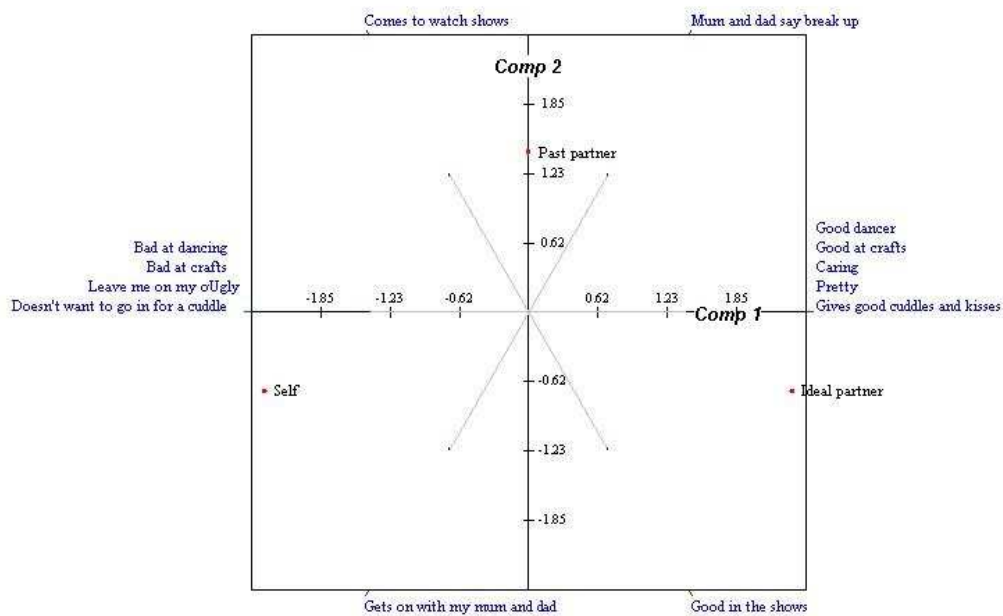


PCA revealed that F4's first component accounted for 66.84% of the variance in her construing and second component accounted for 22.50%, suggesting that she had more than one viable dimension of construing. Figure 4 shows how F4's principal dimension of

construing predominantly contrasts her fiancé with her ideal partner and second major dimension primarily contrasts her fiancé and self with her past partner.

Participant M2. As can be seen from Table 7, M2, who had only had one relationship (and thus three opposed to four elements in his grid) displayed a different profile of construing his ideal partner, actual partners and self to the participants discussed above. This was shared with one other male participant (M3). Data from M2 is presented here as an example of this alternative profile of construing (see Appendix O for data from M3). The standardised element Euclidean distance between M2's ideal partner and self (1.25) and past partner (0.85) revealed that he construed his ideal partner as most similar to his past partner. This is depicted in Figure 5, a 'pingrid' of M2's construing, by the past partner being closest to the ideal partner.

Figure 5. 'Pingrid' of elements in construct space for M2



PCA revealed that M2's first component accounted for 78.57% of the variance in his construing and second component accounted for 21.43%, suggesting that he had more than one

viable dimension of construing. Figure 5 shows how M2's principal dimension of construing predominantly contrasts his ideal partner with himself and second major dimension contrasts his ideal partner and self with his past partner.

Discussion

This study aimed to explore, for the first time, the ideal partner preferences of adults with DS and how these relate to their perception of actual partners and self. Analysis of repertory grids and supplementary questions will be linked to previous literature before limitations and implications are considered.

Summary of findings and links to previous literature

RQ1 - Ideal partner preferences. There were constructs preferred by a majority and minority of the sample, suggesting that similarities and differences exist in the ideal partner preferences of adults with DS. All participants with DS preferred partners who were good looking and warm. The majority preferred partners with specific values/ interests and males preferred them to be competent at specific interests. Half of the sample spoke about the importance of good relations with a partner's family and friends and being employed.

Preferring partners to be good looking, warm and employed are preferences shared with the nondisabled (Fletcher et al., 1999) and people with ID not seemingly caused by DS (Azzopardi-Lane & Callus, 2014; Bates et al., 2016; Yau et al., 2009). These may reflect cultural ideals (Krueger & Caspi, 1993) and different routes to reproductive success (Fletcher et al., 1999). Partner's parental approval, also documented in other research involving people with ID (Yau et al., 2009), may be particularly important for people with DS given that they are likely to be influenced by family more than their nondisabled peers (Foley, 2012). Males (unlike females) preferring partners to be competent at interests, and four preferring them to be more competent than themselves, is unexpected in a patriarchal society where males might be expected to prefer females to be less competent.

No participant volunteered their ideal partner preference regarding disability, consistent with people with ID in previous research failing to mention ID when asked to provide a self-description (Finlay & Lyons, 1998). When prompted, the majority stated that they preferred nondisabled partners.

Preferring nondisabled partners is shared with the nondisabled (Miller et al., 2009) and people with ID (Gibbons, 1985; Yau et al., 2009), perhaps reflecting a cultural ideal (Krueger & Caspi, 1993) or evolved route to reproductive success (Fletcher et al., 1999). It may evidence participants accepting the DS label for themselves but rejecting stigma regarding being undesirable to nondisabled partners, which appeared to be the case for one male and both females. Alternatively, it may reflect participants rejecting the DS label, which appeared to be the case for the other four males. This has been reported in previous research involving people with ID (Finlay & Lyons, 1998; Jahoda et al., 1989). However, both may stem from not possessing the level of cognitive development to understand the ID label, denial of having a stigmatised identity, protection from others or awareness at the level of experience not discourse (Beart et al., 2005).

This is the first study to document that a minority of participants with ID (n=3) prefer (opposed to have) partners with disabilities, of whom two seemed to specifically prefer them to have ID (see 'RQ3' for possible explanations). All three being female contrasts with research reporting the opposite or no gender difference in actual partners of people with ID (Edgerton, 1993; Koller et al., 1988). Further research could examine these results in more detail.

RQ2 - Explanations for ideal partner preferences. The fact that participants often struggled to elaborate on why ideal partner preferences were important may explain why previous research exploring this in people with ID has rarely documented their explanations. Only three studies have done this and explanations have only related to preference regarding disability (Gibbons, 1985; McCarthy, 1999; Yau et al., 2009). However, in this study every

participant offered an explanation for at least one of their ideal partner preferences including but not limited to preference regarding disability. They equated to; support from others, doing things together, positive emotions, modelling and advice, and practicalities. Preferences which equate to support from others have been highlighted in previous research (Bates et al., 2016; Yau et al., 2009) and perhaps demonstrate the value of partners or their family possessing complementary skills (Winch, 1958).

RQ3 - Comparing ideal and actual partners and the self along ideal partner preferences. The majority of participants (n=6) construed their ideal partner as more similar to their self than actual partners in their repertory grid. One of these also seemed to prefer partners who were similar in terms of having ID, consistent with them preferring similarity (Bryne et al., 1971) and avoiding dissimilarity (Rosenbaum, 1986), whilst five preferred nondisabled partners, consistent with them preferring similarity and dissimilarity regarding different characteristics (Winch, 1958). However, consistent with previous research (Yau et al., 2009), all of these participants had only had partners with ID, implying that actual partners may not always reflect preference regarding disability.

Preferring partners with disabilities, and compromising in terms of the disability status of a romantic partner, may reflect participants ascribing to a minority group identity valuing disability and actively choosing it as a positive choice and to affirm one's true identity (Jahoda et al., 1989). Alternatively, it may evidence 'settling' for partners with disabilities due to believing they will be undesirable to nondisabled partners (Ali et al., 2012). Specifically preferring or having partners with ID may stem from family and carers fearing that participants will be exploited by partners without ID, which may lead to them safeguarding (DH, 2005), or exerting the control society currently affords them over people with ID and preventing those with capacity making 'unwise' choices, by only enabling opportunities for relationships with partners with ID (McCarthy & Thompson, 2010; Smyth & Bell 2006).

As noted in the results, four participants' profiles of construing warranted closer attention. Unlike the majority group, one female chose her current partner as her ideal partner (F2), another female construed her current partner as better than her ideal (F4) and two males construed their ideal partner as more similar to actual partners than them self. They also seemed to prefer partners with ID (F2), any disability (F4) or stated that their actual partners were nondisabled when according to carers they had ID (M2) or were 'playing along' (M3) (termed the 'benevolent conspiracy' by Edgerton, 1993). This may stem from not possessing the level of cognitive development to understand the ID label, protection from others or awareness at the level of experience not discourse (Beart et al., 2005), which appeared to be the case for F4 and M2. It may also reflect unconscious psychological defences to manipulate through splitting and idealisation or deny the dominant reality to defend against pain linked with having a partner (and personal identity) different from one's ideal (Beart et al., 2005).

Limitations

Participant's explicitly expressed ideal partner preferences, based on consciously held beliefs about the advantages and disadvantages of different traits, may differ from their affectively-laden gut level judgements of potential partners (ascertained via implicit measures) (Eastwick, Eagly, Finkel, & Johnson, 2011). However, as in the nondisabled literature, it made sense to first explore the explicitly expressed ideal partner preferences of people with ID before going on, in future research, to also explore these using implicit measures.

The thematic analysis relevant to RQ2 was only completed by one opposed to two raters as intended. However, this was considered to be a minor limitation because the data fell easily into themes, the analysis was approved by the researcher's supervisor and a full list of quotes has been provided in Appendix N for readers to additionally judge whether interpretations are adequately supported should they wish to do so.

Using 'ranking' grids, it was not possible to ascertain whether actual partners simply possessed less of preferred traits than ideal partners and the self or did not possess them at all. Additionally, two elements could not be ranked identically, leading to constructs being excluded from four participants' grids for the Slater analyses. Although 'rating' grids using a scale may have overcome these limitations, they have been criticised for implying "people can make very fine judgements, consistently for all the elements regardless of the construct in question, and this is not the case" (Jankowitz, 2004, p. 55). This is likely to be even more applicable to people with ID. Encouraging participants to think about their ideal partner in concrete terms led to them occasionally being ranked lower than actual partners across four participants' grids (Appendix P), which need to be interpreted with caution. However, this was only for a minority of constructs (7/90, 7.8%). Despite these difficulties, and all participants failing to elicit disability status as a construct in their grid, overall the adapted repertory grid technique was successful in helping people with DS communicate their ideal partner preferences and self-concept outside of disability status.

The fact that all participants stated having an ideal partner preference regarding disability when asked suggests they had a level of understanding of the difference between the construct 'No disability-Disability'. However, six struggled to define DS or disability, seven appeared to struggle to recognise this in others and four rejected the label for themselves. Previous research involving deaf individuals put forward the idea that this identification may change depending on the context (Bat-Chava, 2000), suggesting the comparison 'No disability-Disability' is fluid along a continuum. The researcher being nondisabled may have made it difficult for participants to talk genuinely about disability and they may have stated what they thought may please the researcher (Finlay & Lyons, 2001). Perhaps what is needed is more theoretically driven research, and research involving people with DS as co-researchers, to

explore the complex issues attached to self-perception, identity formation and preference regarding disability for this group.

Implications

Actual partners of participants were typically dissimilar from their ideal partner preferences, including all but one having ID. Current relationships (n=5) appeared to be maintained by continuing to date a partner despite perceiving them to be dissimilar to their ideal (n=2), perceiving their current partner to be their ideal (n=1) or better than their ideal (n=1) or finding a partner fitting one's ideals albeit someone others may think is 'playing along' (n=1). These processes are perhaps not unusual in the nondisabled population. Managing expectations of a romantic partner is a challenge for any developing individual but perhaps particularly for this group given the complicating factor of having a stigmatised identity. Having ID is also associated with cognitive rigidity, as reflected by participants displaying relatively tight simplistic systems of construing, which may result in people being viewed as one's ideal partner or not opposed to recognising that both may be true. It seemed that two participants in current relationships were working through this by consciously making compromises in their expectations of a romantic partner. Three others were perhaps using psychological defences to manipulate or deny their partner or their own identity differing from their ideals. Alternatively, their construing may reflect holding differing values to the dominant nondisabled population. The dilemma for families, carers and dating initiatives is enabling people with DS, when they have capacity, to consent to what they may view as 'unwise' choices (as is typically the case for their developing nondisabled peers) whilst also safeguarding them from potential harm (Foley, 2012).

It is promising that a growing number of families, carers and organisations are attempting to support people with ID (including DS) to find partners and maintain romantic relationships. However, these initiatives may benefit from including a service, perhaps

involving psychologists, dedicated to helping people with DS communicate their ideal partner preferences and process feelings linked with managing unrealistic expectations opposed to just being told, or only facilitated, to date people with certain traits such as ID. This may involve helping people with DS to prioritise their individual ideal partner preferences (that is, establish essential versus desirable traits) and understand that it is typical for everyone to make compromises on some of these to facilitate having relationships. However, using psychological defences to deny that one's partner's identity differs from one's ideal may be enabling existing relationships and thus the need for, or timing of, such conversations should be carefully considered. The service could also support families and carers to better understand psychological defences and consider positive risk taking.

Following on from this pilot study, future research could investigate whether these findings are replicated in a wider sample of individuals with DS or ID. More theoretically driven research, and perhaps research involving people with DS as co-researchers, could explore the complex issues attached to self-perception, identity formation and ideal partner preference regarding disability for this group. The use of repertory grids and other approaches in supporting people with DS to communicate ideal partner preferences and process feelings linked with managing expectations could also be evaluated, and how best to enable conversations with family and carers regarding psychological defences and positive risk taking.

Conclusion

The results of this study show that the majority of people with DS preferred partners who were good looking, warm, employed, nondisabled and similar to themselves with the exception of having no disability. However, six struggled to define DS or disability, seven appeared to struggle to recognise this in others and four rejected the label for themselves. Partner's parental approval also appeared to be important for this group. All participants were able to provide at least one explanation for their preferences, which were grouped under five

themes. Ideal partners were typically dissimilar from actual partners, particularly distant past partners, including all but one having ID. Four participants' had a more unique way of thinking about partners. Ideal partner preferences typically held by participants are shared with the nondisabled and may reflect preferring cultural ideals, routes to reproductive success, similarity and dissimilarity and internalising stigma linked with disability. However, current relationships appeared to be maintained by valuing unconventional traits such as disability or managing expectations of a partner by making compromises or, alternatively, employing psychological defences. Current initiatives aiming to facilitate romantic relationships for people with DS may benefit from including a service dedicated to helping them communicate their ideal partner preferences and process feelings linked with managing expectations, and family and carers to understand defences and consider positive risk taking. Future research could investigate how best to facilitate these conversations, whether findings are replicated in a wider sample and the complex issues attached to self-perception, identity formation and ideal partner preference regarding disability for this group.

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RACHEL M. HOWARD BSc Hons MSc

EXPLORING THE IDEAL PARTNER PREFERENCES OF
PEOPLE WITH DISABILITIES

Section C:

Appendices of supporting material

Appendix A
Full list of search terms

Primary search term		Secondary search term
disab* OR "mental* retard*" OR disfigure* OR amput* OR "short stature" OR deaf* OR blind OR impair* OR syndrome OR neurodevelopmental OR autis* OR asperger*	AND	"partner/ mate preference*" OR "partner/ mate selection" OR romantic OR dating OR girlfriend OR boyfriend OR marriage OR sexual* OR relationships

Appendix B
Abridged reflective diary

Nov 2013 – Research fair

We had the research fair today. Jan Burns and Helen Caird seemed most suited to contacting regarding my research idea - something in the area of people with Down's syndrome and romantic relationships involving people with DS themselves. Although they put forward some specific projects, both seemed open to any research in the area of ID and sexuality. Jan also put forward another interesting idea - unrecognised/ unclaimed mental health problems in elite athletes - which fits with my experience as a GB athlete. I also liked Jan's emphasis on working to a strict timetable to prevent feeling rushed at the end of the project. Planning to contact them both...

Feb 2014 – Developing research ideas

Following discussions with Jan, we agreed that it is perhaps too soon following my retirement to research mental health problems in elite athletes. We have since been working up a project about people with DS' feelings about their choice of partner. I have been searching for studies looking at what people with ID and other disabilities want in a partner and can't find much. Whilst this is good as there appears to be a gap that my research could fill, it also means there is not much to base the structure of my research on. Most of the literature that does exist seems to focus on whether or not people want partners with a disability opposed to other traits and often, for people with ID, the disability status of actual partners opposed to what they are looking for, which mainstream reviews suggest may differ. A book by Edgerton about people with ID putting on a 'cloak of competence' and particularly women marrying nondisabled partners, and papers about the culturally Deaf community valuing deafness in partners and sometimes children, seem particularly interesting.

June 2014 – Proposal panel meeting

Given that I have been heavily involved in writing my research proposal opposed to selecting a pre-defined project from the research fair, I was anxious to hear what the panel would think. They seemed very interested which was encouraging and lessened my anxiety. They also gave me some ideas to improve my research; to use qualitative quality assurance criteria and think about whether I would want to exclude anybody, for example people for whom discussing relationships may be distressing due to recent relationship breakdown or difficult past experiences. Another point they made concerned the reliability of data from people with DS (e.g. whether relationships described are "real"). Jan and I have since discussed how requesting organisations/ family/ carers help highlight suitable participants and asking them to bring photos of participants to the interview should help negate this. Whether partners are considered to be romantic by others raises the question of whose reality we are talking about.

Jan 2015 – Bracketing interview

I completed a bracketing interview with a colleague guided by Ahern (1999), during which we discussed factors which may have contributed to me wanting to do this project. Clearly, the sadness I feel about my sister with DS struggling to find a partner fitting her ideals is the main influencing factor. Through my sister, her friends with DS and two people I have met

during my ID placement, I have seen how this can lead to difficult feelings such as loneliness, low self-esteem and/ or jealousy. I wonder, based on some of my reading, if the visibility of DS makes it even harder to find a partner? Whilst it is exciting that dating agencies are increasingly being set up to support people with ID to find and maintain partners, including plans for one near where my sister lives, I am aware that there is a lack of research to inform these.

We discussed some of my expectations. My experience suggests that people with DS want nondisabled partners but end up with people with ID, although not necessarily DS. However, it seems that they typically have nondisabled partners in the available literature. I am wondering whether this is the norm or there are other explanations as to why this may not be the case for the current UK ID population (e.g. most studies being conducted some time ago when there was perhaps less protection for vulnerable people)? My sister also seems to want many of the things any person would want in a partner such as having a job. We spoke about needing to be mindful not to approach interviews with expectations of finding what my sister wants (or indeed what I want) and how this could easily influence the direction of my questioning. The structured nature of the repertory grid technique will hopefully go some way to negate this. I need to be mindful of these expectations when analysing the data too and not over focus on them.

We also discussed my fears. Most notably, that participants may disclose difficult past relational experiences and how to remain in the researcher opposed to therapist role (especially given research suggesting they experience more abuse). Jan and I have since spoken about how to manage this, including checking participant's well-being regularly and being prepared to stop the interview at any time, making clear the limits of confidentiality when obtaining consent and gaining a contact number for someone I could call if they became distressed. We also talked about how asking participants to talk about their worst partner may well be distressing and I have since cut this.

Feb 2015 – Practice interview

Practised the interview schedule on a person with DS. Going through the information sheet and consent form and checking capacity to consent took a lot longer than I expected. I don't see how doing this on the phone would work and, based on the practise interview, doing it on the day of the interview will leave them tired before we even start the repertory grid. Coupled with the difficulties I have been having with recruitment, Jan agreed that it may be best to offer to meet with potential participants to go through the information sheet/ consent form and then meet again on a second occasion to complete the interview.

We thought about how to simplify the information sheet/ consent form. The service user appeared to find the phrase 'perfect boyfriend or girlfriend' confusing - she kept saying "but I don't have a girlfriend". Since she also did not understand the term 'partner', we agreed that I could produce gender specific information sheets/ consent forms (i.e. for male participants using the phrase 'perfect girlfriend' and for females the phrase 'perfect boyfriend'). As anticipated in light of having an ID, the service user struggled to tell me how long her past relationships had been but she was clear about why they were boyfriends and not friends (e.g. kissing). She also suggested that I clarify details with her mother. We discussed my concern

that corroborating information would be seen as positioning participants as untrustworthy. She thought that if this was offered by her, it would be ok.

Despite my anxieties beforehand, overall the repertory grid technique appeared to work well in eliciting the desired information – the service user told me 10 constructs and could generate opposite construct poles and rank elements and provide explanations for why constructs were preferred. I ended up naturally generating opposite construct poles and ranking elements together, which seemed to work well. However, there were a few issues. Most notably, the service user had not prepared photos of her elements as we had agreed so we ended up doing this together, which probably contributed to her tiredness before starting the interview - perhaps a reminder phone call the day before? She also failed to elicit disability status as a construct and, although she stated preferring nondisabled partners when I asked, she struggled to recognise the disability status of other elements and people we both know. Again, she suggested that I clarify the disability status of these people with her mother. Following discussion with Jan, I have added some questions to the interview schedule to ascertain preference regarding disability, perceived disability status of other elements and the self and definition of DS if not volunteered. Another issue was that the service user did not understand some of the questions (e.g. “what is the opposite of [construct]?” and questions near the end investigating why ideal partners were different from actual partners or self) and I found it difficult rephrasing them on the spot. Therefore, Jan and I discussed alternative simple ways of asking questions (e.g. “If you weren’t [construct], what would you be like?”).

Apr 2015 – Meeting with Helen and Jan to talk about issues with recruitment
Recruitment has finally started to pick up! Have arranged meetings with four participants! Met with Jan and Helen to reflect on the difficulties I’ve had... We discussed how I am having to gain the support of so many gatekeepers before my advert is even received by a person with DS. Still feeling particularly disappointed by the response of [prominent organisation] who initially were very supportive but have now retreated and are no longer willing to support me in recruiting participants. It seems that some people can become so concerned with safeguarding that they prevent any opportunity for people with DS to have a relationship and in this case even talk about relationships with me! It makes me wonder if some people with DS get to talk about having relationships with anyone if they are unable to do so with these people.... However, we kept the conversation hopeful, recognising that not all recruitment avenues had led to nothing and both chasing initial lack of contact, which I am gaining confidence in, and offering to meet in person to discuss information about the study, were seemingly helping.

Nov 2015 – Post data collection

I am so pleased to have finally completed and transcribed 10 interviews! Am also well on the way with completing my Part A draft and have been reading about how to analyse my data, which I have not thought about since the first year. The CSPC and thematic analysis make sense but literature on using Idiogrid software (as recommended by [Jan’s contact] who has experience in using grids) is less accessible – need to focus on this and perhaps contact him for a discussion. Looking forward to doing the analysis soon, after I finish Part A. My initial thoughts include... I think most participants preferred nondisabled partners but there were some who preferred partners with disabilities and all but one seemed to have only had

partners with ID or specifically DS. So I guess on the whole this fits with my experience and not that of the older studies. I am not entirely sure which other traits were most commonly cited so will be interesting to complete the content analysis. Am wondering if wanting partners to get on well with family may be particularly important for these participants given that they were all in close contact with them? It was encouraging that some people could talk to me about why they preferred certain traits but this was usually much more difficult for them than the service user who completed the practise interview. I am particularly interested in exploring the data regarding recognising and defining DS/disability and participants who did non-typical things in their interview. I also remember that participants sometimes refused to rank elements along constructs due to insisting that they had exactly the same amount of that construct and must read up on how to deal with this when analysing their grids.

March 2016

Feeling relieved that Jan has said both my Part A (after restructuring it by impairment group opposed to ideal partner preference) and Part B (after restructuring particularly the introduction and discussion) are much improved. Looking forward to receiving Helen's comments soon. Met with a researcher from the Tizard Centre who I recently discovered is doing similar research. She told me about a relevant paper she has had accepted for publication which will be imminently available. Will try and include if possible.

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Appendix C
Interview schedule

KEY:

Italics – Interview questions

Not italics – Instructions for researcher

Check consent and remind can ask for breaks, withdraw at any time

Audio on

Complete demographic questionnaire

Complete gender

When were you born? How old are you?

What country were you born in? (to establish ethnicity)

Tell me about where you went to school? What were the names of your schools? Were there mainly people with or without disabilities there? (to establish whether mainstream and/ or special education)

Tell me about your friends? Are they people with DS or disabilities? If people with disabilities, what do they find hard/ difficult/ need help with? (to establish social contacts outside of nondisabled family)?

Complete British Picture Vocabulary Scale-II

Audio paused

Discontinue interview if score < 5 years

Audio on

Complete repertory grid: Agreeing 3/4 elements

Now I would like us to talk about you, your perfect boyfriend/ girlfriend and real boyfriends/ girlfriends.

Did you bring along a photo of yourself? Ask to draw if not. Place on table facing participant

Did you bring along a photo of the most perfect girlfriend/ boyfriend you can think of? Ask to draw if not. Place on table facing participant.

Did you bring along a photo of your most important 1/2 girlfriends/ boyfriends? Ask to draw if not. Gather brief background to relationship. How did you meet? How long were you boyfriend and girlfriend? What did you do together? Why did you break up?

Generating up to 10 constructs

Point at ideal partner and one other element - In what way are [ideal partner] and [other element] like each other/ the same?

How would I know if someone was [construct]? What would they say/ do?

In what way are [ideal partner] and [other element] not like each other/ different?

How would I know if someone was [construct]? What would they do?

Repeat for each until elicit 10 constructs or no more can be elicited - ideal and current/ past, ideal and past, ideal and self

Asking about ideal partner preference regarding disability if not volunteered

Do any of these people [or insert each element] have DS/disability?

What would someone with DS/disability be like? How do you know that someone has DS/disability? Do people with DS/disability find anything hard/ difficult/ need help?

Have you ever had a girlfriend/ boyfriend with [insert DS/disability or no disability as appropriate]?

Generating bipolar constructs/ contrasting elements along constructs

What would someone who was the opposite of/ different from [construct] be like? If you *weren't [construct] what would you be?*

How would I know if someone was [opposite]? What would they do?

Place positive and negative construct poles in front of participant [on post it notes] with space in between for element photos/drawings. Of these *people [point to photos/drawings], who's* the most [positive construct pole]? Place photo next to it.

Of these people [point to photos/drawings *left*], *who's the most [insert positive construct pole]*? Repeat until all elements visually placed along construct.

Are you happy with where you have put the photos?

Repeat for each construct.

Asking about why preferences are held

You have told me that your perfect girlfriend/ boyfriend would be [positive construct pole]. Other people have said that. What would be good about being with someone like that? Anything else?

What would be bad about [opposite]? Anything else?

Repeat for each positive construct pole.

Asking about discrepancies between ideal and actual partners/ self (if relevant)

Some people say that their [girlfriends/ boyfriends in real life] are not the same as the most perfect girlfriend/ boyfriend they can think of. It seems that your [current or past partners] is/ are also different in some ways to your perfect girlfriend/ boyfriend in [give examples]. Why do you think you are not dating your perfect girlfriend/ boyfriend at the moment? Anything else?

Some people say that they are not the same as the most perfect girlfriend/ boyfriend they can think of. It seems that you are also different in some ways to your perfect girlfriend/ boyfriend in [give examples]. Why do you think you are dating someone different to yourself? Anything else?

Debrief

Check In – how did you find the interview, how are you feeling? Is there anything you want me to feedback to [named person], do you need me to contact [name person] for support?

Would it be ok to contact you if I need to clarify any information until April 2016?
Would you like me to let you know the results of my project? I will send you a letter. You can ring me to talk about the results if you want.

Do you know anyone else with DS who has had a relationship who may like to take part?

Here is £10 for taking part – sign to confirm receipt. Thank you very much!

Audio off

Appendix D

Advert

Would you like to take part in a research project about romantic relationships?

Who am I?

My name is [name]. I am a Trainee Clinical Psychologist.

I have a sister with Down's syndrome. I study at Canterbury Christ Church University.

[researcher's photo]

What is the project about?

I would like to find out what people with Down's syndrome look for in a boyfriend or girlfriend. I would also like to ask you about boyfriends or girlfriends you have had.

You can take part if:

- You have Down's syndrome.
- You are 18 or older.
- You are heterosexual – this means you like people of the opposite sex.
- You have had 1 or 2 important boyfriends or girlfriends and are happy to talk about them.



What will we do?

We will arrange to meet to read an information sheet about the study. We will meet for about **30 minutes**. You can bring a parent or carer along if you wish.

If you want to take part, we will arrange to meet again to do the interview. The interview will take about **1-1½ hours**. You can ask for breaks. Again, you can bring a parent or carer along if you wish. I will give you **£10** for taking part in the interview.

Does the project have ethical approval?

The project has been allowed to happen by a group of people called an Ethics Panel. This means that they think it is safe for you to meet me and answer my questions.

Please contact me if you would like to take part:

Telephone – [number]

Email – [email]

I look forward to speaking to you!



Appendix E
Information sheet and consent form

Information Sheet - Male



Salomons Centre for Applied Psychology
Canterbury Christ Church University
Runcie Court
David Salomons Estate
Broomhill Road
Tunbridge Wells
TN3 0TF

Who I am?

- My name is Rachel Howard.
- I am a Trainee Clinical Psychologist studying at Canterbury Christ Church University.

[researchers
photo]

What is the research project about?

- I am doing a research project about people with Down's syndrome and their relationships with a boyfriend or girlfriend.
- There is not much research on this.



Do I have to take part?

- It is your choice whether you take part or do not take part.
- Some people find it helpful to talk to Someone they know to help them decide.
- If you agree to take part, I will ask you to sign a form called a consent form.
- If you do not wish to take part, that is ok too.



What would I be doing if I want to take part?

- We would meet up once more to do an interview.
- First I would ask you to do a short test involving pictures. I will let you know after the test if I do not need you to do the rest of the interview.
- Then I will ask you about you, girlfriends you have had, and what you look for in a girlfriend.
- I would like you to bring photos of the following people to help you answer the questions:



1. You
2. Your girlfriend right now if you have one
3. 1 or 2 old girlfriends
4. The most perfect girlfriend you can think of (this could be a photo of a real person, a person cut out of a magazine or person printed from the computer)

- If you do not have photos of these people, please draw them instead.
- We would talk for about 1-1 ½ hours. You can ask for breaks.
- To help me remember what you say I will record our meeting on a voice recorder.

What happens to my recorded interview when it is done?

- I will listen to the recording, write down what we talked about (called a 'transcript') and delete the recording.
- Your transcript will be kept in a safe place for 10 years and then destroyed.
- Your name will not be on your transcript.



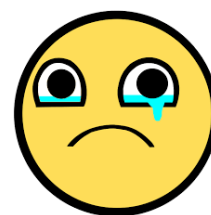
Will anyone else know what we have talked about?

- Some of what you say may be discussed with my supervisors and written in my project BUT no one except me will know it was you who said it.
- Your name will not be anywhere in my project.



Are there any risks to taking part?

- Talking about girlfriends might be difficult. If this happens we can take a break or stop.
- If you tell me anything that I think puts you or someone you know at risk, I will have to tell someone about it but we would talk about this first.



What would be good about taking part?

- This research may help people who support adults with Down's syndrome to understand what people with Down's syndrome look for in a girlfriend or boyfriend and why.
- You will receive £10 for taking part.



What happens if I want to take part but then change my mind?

- You can change your mind at any time up until I finish the project in April 2016.



Who has approved the project?

- The project has been allowed to happen by a group of people called an Ethics Panel.
- This means they think it is safe for you to meet me and answer my questions.



How can I find out about the results of the study?

- When the project is finished, I will tell you the results if you would like me to.
- Sometimes projects like this are written about in a science journal. If this happens, I will tell you.
- Your name will not be mentioned.



How can I complain about the project?

- You can ring or email me or my supervisor
[Name], Research Director:
Tel: [number
Email: [address]



Any questions?

- You can ring or email me:
Tel: [number]
Email: [address]



Consent Form - Male



Canterbury
Christ Church
University

Salomons Centre for Applied Psychology
Canterbury Christ Church University
Runcie Court
David Salomons Estate
Broomhill Road
Tunbridge Wells
TN3 0TF

Please read the sentences below and put a tick if you agree:

18

I am 18 years old or older.



I would like to have a girlfriend.



I have had at least 1 girlfriend.



I am happy to talk about my girlfriends.



I do not have a serious mental health problem.



I have read the information sheet about the project.



I have been able to ask questions.



I know the project is about people with Down's syndrome and their relationships with a girlfriend or boyfriend.

[researcher's
photo]

I know that I will meet with Rachel for 1-1 ½ hours. I will be asked to do a short test. I may then be asked about me, my girlfriends and what I look for in a girlfriend.



I know the meeting may be upsetting for me. I can say “stop” at any time.



I am happy for what I say to be recorded. What I say will be kept in a safe place until it is destroyed. Only Rachel will know my name.



I know that what I say may be put in the final project. Only Rachel will know it was me who said it. I can see the final project if I want to.



I have had time to think about if I want to take part.



I agree to take part in the project.

Please write your name, signature and the date below:

Name of participant:.....

Signature:.....

Date:.....

NB. This consent form will be kept in a safe place for 5 years and then destroyed.

Appendix F
Ethics approval

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Appendix G

Example annotated transcript of a *participant*'s interview regarding discussions about disability and explanations for ideal partner preferences

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Appendix H

Constructs that it was not possible to rank

1. Start off as my friend-Not friends first (M1)
2. Lives in own house-Parents don't want you to live in your own house (F2)
3. Lives with friends-Lives with Mum and Dad (M2)
4. Drinks a little bit-Too much drinking beers (M5)
5. Say no to kids-Wants to have kids (M5)

Appendix I

An example list of constructs identified by one participant and ranking of elements along these

Negative construct pole	Ideal partner	Distant past partner	Recent past partner	Self	Positive construct pole
Old	2	3	4	1	Young - 27 or younger
Bad looking – enormous	1	3	4	2	Good looking - blonde hair, slim
Falling out	1	3	4	2	Want to get married when ready
Not friends first	NR	NR	NR	NR	Start off as my friend
Family not like them	2	3	4	1	Family like them
Not go special Olympics/ national games	2	4	3	1	Swim in Special Olympics/ national games
No job or job not as good	2	3	4	1	Work in [same job as participant]
Miserable	1	3	4	2	Happy
Doesn't listen - Wanted to hold my hand at work when staff said no, I said no	1	3	4	2	Listens

Note. NR = Not ranked

Appendix J

Disagreements between two raters regarding content analysis and resolutions

1. 'Wants to get married when ready-Falling out' (M1). Researcher coded as 'values and interests area: values and specific interests'. Recoded in line with second rater as 'moral: responsible-irresponsible'.
2. 'Wants to get engaged-Doesn't want to get engaged' (F2). Researcher coded as 'values and interests area: values and specific interests'. Recoded in line with second rater as 'moral: responsible-irresponsible'.
3. 'Polite-Doesn't ask how you are' (M5). Researcher coded as 'emotional: warm-cold'. Recoded in line with second rater as 'relational: pleasant-unpleasant'.
4. 'Caring-Uncaring' (F2). Researcher coded as 'emotional: warm-cold'. Recoded in line with second rater as 'relational: sympathetic-unsympathetic'.
5. 'Caring-Leave you alone' (M2). Researcher coded as 'emotional: warm-cold'. Recoded in line with second rater as 'relational: sympathetic-unsympathetic'.
6. 'Phones and texts lots-Only sometimes phones and texts back' (F2). Researcher coded as 'emotional area: warm-cold'. Recoded in line with second rater as 'personal: active-passive'.
7. 'Kind-Lazy' defined as "give me a nice massage-not give me a massage" (F2). Second rater coded as 'moral area: altruist-egoist'. Example of a 'bent construct' where "the superordinate relationship between the poles is difficult to discern... may be composed of poles from separate constructs" (Yorke, 1989 cited in Green, 2004, p. 85). Agreed to code as 'emotional area: warm-cold' in line with the researcher, although "coding such a construct into a single category is problematic" (Yorke, 1989 cited in Green, 2004, p. 85).
8. 'Say no to kids-Wants to have kids' (M5). Second rater coded as 'moral: responsible-irresponsible. Agreed to code as 'values and interests: values and specific interests' in line with the researcher.

Appendix K
Full list of constructs

Construct area/ category	Construct elicited
Moral Constructs concerning the moral value of the element, e.g., their kindness, generosity and fairness	
Altruist-Egoist	Kind-Horrible (F2) - helping people put things away Kind-Doesn't share (F3) - sharing chocolate Kind-Unkind (M3) - buying drinks
Faithful-Unfaithful	Kind-Unkind (M4) - paying for dinner, buying presents Only love the person they are going out with-Having an affair behind your back (F2) Only wants to be with one person-Kiss someone else (M4)
Sincere-Insincere	Just be with one person-Talks to ex (M5) Always tells the truth-Tells lies (F3) Wants to get married when ready-Falling out (M1)
Responsible-Irresponsible	Wants to get engaged-Doesn't want to get engaged (F2)
Emotional Constructs concerning the degree of emotionality or sexuality of the element described, to his or her emotional attitude towards life or with regard to certain specific feelings	
Warm-Cold	Good at kissing and cuddling-No time for kissing and cuddling (F1) Kind-Lazy (F1) - giving massages Does and says nice things-Says horrible things (F3) Gives good kisses and cuddles-Doesn't want to go in for a cuddle (M2) Gives cuddles-Not give you cuddles (M3)
Balanced-Unbalanced	Confident-Gets embarrassed (M4) - say you look sexy, kiss, cuddle, hold hands, make love Nice-Horrible (M5) - gives kisses and snuggles, says your gorgeous and lovely Likes hugs-Doesn't like hugs (F5)
Specific emotions e.g. Happy-Sad	Calm and relax-Gets arsy a lot (M4) Talking quietly-Kicking off (F4) Looks happy-Miserable (M1) Happy mood-Sad (F1) Happy-Sad (F3)
Relational Constructs concerning all of those aspects that describe types of relationship with others	
Extroverted-Introverted	Gets on well with other people-Odd on out (F1) Friendly-Shy (F3)
Pleasant-Unpleasant	Makes funny jokes-Doesn't tell jokes (F3) Makes good jokes-Doesn't make me laugh (M5) Polite-Doesn't ask how are you (M5)
Sympathetic-Unsympathetic	Listens-Doesn't listen (M1) Good at listening-Not good at listening (F1) Caring-Uncaring (F2) - look after when unwell Caring-Leave you alone (M2) - look after me when sad Good friend (look after me every day)-Bad friend (F4)
Trusting-Suspicious	Trusts you-Says it the other way round (F1) Doesn't get jealous when I spend time with other people- Jealous (F3)
Others	Start off as my friend-Not friends first (M1) Family like them-Family not like them (M1) Spend some time together and some time with friends- Right behind me to dance with me all the time (F1) Gets on with my mum and dad-Mum and dad say break up (M2) Nice friends-friends don't want to talk or buy me drinks (M3)

	Nice family talk to me-doesn't have nice family (M3) Nice and kind family-Horrible family (M4) Just a little bit of texting a ringing-Too much texting and ringing (M5) Get on with my family-Say they don't like my family and family not like them (F5)
Personal Constructs concerning a variety of characteristics traditionally pertaining to the area of personality, character or way of being	
Active-Passive	Arranges dates-Only see at [daycentre] (F1) Phones and texts lots-Only sometimes phones and texts back (F1) Arranges to do nice things-Doesn't arrange things as much (F3) Rings you up to talk or go out somewhere-Doesn't want to ring you (M3) Arranges dates-Prefers other people to arrange dates (F4)
Hard working-Lazy	Does lots of exercise-Lazy (F4)
Intellectual/Operational Constructs concerning skills, abilities and knowledge both at the intellectual and operational levels	
Specific abilities e.g. Good carpenter-Doesn't know how to work with wood	Swim in special Olympics and other national games-Not go to special Olympics and other national games (M1) Good at crafts-Bad at crafts (M2) Good dancer-Bad at dancing (M2) Good in the shows-Comes to watch shows (M2) Good singer-Bad singer (M3), Good at acting-Comes to watch pantomime (M4) Good and fast dancer-Slow dancer (M5) Good cook-Never cook me a meal (F5)
Values and Interests Constructs concerning ideological, religious or distinct values as well as diverse interests and hobbies	
Values and specific interests e.g. Likes sports-Does not like sports or Esteems family-Does not esteem family	Likes sports and dancing-Does different sports (F1) Good at drama, singing and dancing-Bad at drama, singing and dancing (F2) Likes youth club, dancing, taking pictures, bowling, cinema and darts-Likes other things (F3) Likes watching soaps and football and wrestling-Likes watching horror films (M4) Likes cinema, bowling and sports-Likes singing (F4) Drinks a little bit-Too much drinking beers (M5) Say no to kids-Wants to have kids (M5) Wants to get married and have a family-Doesn't want a baby (F5) Likes dancing-Doesn't like dancing (F5)
Existential Constructs concerning central existential projects or appraisals, often of the respondent's own core sense of self or life, bearing on issues of purpose, meaning or ultimate direction.	
Not applicable	
Concrete Descriptors Constructs concerning concrete, opposed to abstract, features or positions of people, as well as their actions	
Physical characteristics e.g. Attractive-Ugly or Young-Old	Young (defined as same age as participant or younger)-Old (M1) Good looking-Bad looking (M1) Good looking-Ugly (F1) Attractive looking-Fat (F2) Good looking-Rolls his eyes (F3) Pretty-Ugly (M2) Good looking-Ugly (M3) Young-Old (M3) Beautiful-Not very beautiful (M4) Tall (defined as similar height to participant)-Short (F4) Very good body-Big and fat (F4)

	Nice looking-Ugly (M5)
	Quiet short (defined as similar height to participant)-
	Really tall (F5)
	Good looks-Ugly (F5)
	Smartly dressed-Scruffy (F5)
Social roles e.g. Rich-Poor	Work in [same job as participant]-No job or job not as good (M1)
	Has a job-Can't get a job (F2)
	Good job-Doesn't have a job (M3)
	Has a good job-No job but wants one (F4)
	Talented-No job (F5)
Others e.g. Owns a home-Rents an apartment	Lives in own house-Parents don't want you to live in your own house (F2)
	Lives with friends-Lives with Mum and Dad (M2)
	Lives independent-Don't get chance to do things (F5)

Appendix L
Full list of definitions of DS/disability

Participant	Definition of DS/disability
M1	<p>What would a person be like if they had DS? [silence] Do they find things difficult? Yes What do they find difficult? Reading, writing, spellings</p>
F1	<p>How do you know you've got DS [previously stated that they had DS]? Umm, I think I've been to the Doctors or something So you've been to the doctors. What else makes you think you have DS? Maybe my sister has got it too I think, I don't know, I think so, is that right Mum Well it's what you think love that, erm, [researcher] is interested in? Yeah my sister's got it too So how else do you know that you've got DS? Erm, my, erm, I have gluten free Ah And I can't eat the wrong stuff, it upsets my stomach, I'm very good at my diet anyway So do people with DS have to eat gluten free food? I think so, I don't know That's alright, lots of people say that. It means I lost my hair once, isn't that right Mum What darling? What's it mean when I lost my hair? Oh you had chemotherapy for cancer I had that, I had cancer</p>
F2	<p>How do you know someone has DS? We were, we were born like it Can you say any more? Because we, because we have special needs, and disabilities What does special needs and disabilities mean? Disability means, erm, it means, erm, that you have a difficulty, and you can't help it Ok My difficulty is struggling with words With words ok And with, erm, [current partner] he has the same and he gets a stammer Ok And the difference is, erm, with, with learning disabilities people aren't able, and people are standing and, physical disabilities is, erm, people in, erm, wheelchairs, erm, and people do have different abilities so, but that's what [group] has, because I, in [group] I do, erm, erm, work with learning disabilities and I work with physical people with physical disabilities Ok, I see, and are there other people with DS there? Yes How can you tell who has DS? Well, my face, erm, you can tell that me, I have DS, and the other person, erm, their face, you can see that person has not got, erm, DS, because you can tell by their faces Ok And Dad, Dad can tell you, erm, there is, erm, loads of people around the country who have DS, and erm, learning disability or physical disability</p>

F3	<p>How do you know that someone has special needs [mother had just used this word]? Erm, erm, I don't know what that one is You don't know what special needs is? No So you're not sure what that word means? Ahh, I don't know it Ah, so it's just mum that said that word Yeah Ok, can you tell me what someone with DS is like? Don't know that one Or can you tell me what someone with a disability is like? No</p>
M2	<p>How do you know someone has DS? I have type 1 diabetes Is diabetes a part of having DS? Yeah Any other ways you can tell someone has DS? I have toilet problems Can you say again? Toilet problem, erm, I have to use, go to the toilet So a problem with going to the toilet? Yeah, go to toilet, on the floor Ok, anything else? No, they have a folder that's DS, they have a list [pointing to client notes kept by carer] A list of what? DS, in the folder</p>
M3	<p>How do you know that people have DS or disability? Erm, bit behind Bit behind, what does that mean? Find things hard, yeah What might they find hard? [silence] Is it something you don't want to talk about? Yes</p>
M4	<p>How do you know someone has got DS? It means, erm, means, brains Brains, what about brains? Get, erm, damage to your head Can you say any more? You get strokes, go to hospital</p>
F4	<p>How do you know people have DS? Don't know Is there anything people with DS find hard? We don't find anything hard But you think that you've got DS [previously said this]? Yeah How do you know that you've got DS? Because I've got a disabled badge</p>
M5	<p>How do you know that someone has DS? What Have you heard the word DS before? No Any idea what someone with DS would be like? No Can I just ask, have you heard of the word disability? No Any idea what the word disability means? No</p>

F5	<p>How do you know someone has DS? I can tell from the eyes</p> <p>You can tell from the way they look? Yeah, and when I talk to my friend [name] I can tell that she's got DS from the lips, the way she talks sometimes</p> <p>Do you mean the way they talk or the look of her lips? I can tell because it's hard for [friend] to talk sometimes</p> <p>Ok And because she's got hearing aids</p> <p>So is having hearing aids a part of having DS? I think so yeah because it's hard for her to hear me so that's why I need to speak up a bit louder, for her to hear me</p> <p>Ok, so so far you've said that you can tell people have DS because their eyes look a bit different Yeah</p> <p>And they struggle to talk and hear sometimes Yeah and I do understand it's hard for them to understand people</p> <p>Hard for them to understand people, ok, and is there any other ways you can tell they have DS or is that it? Sign language</p> <p>Ok so some people with DS use sign language? Yeah</p> <p>Is there anything else people with DS find difficult? They can't cope and need help, like, erm, it's hard when I do money with [support worker]</p> <p>Ok And I need to lose weight, it's hard for me because I keep eating a lot</p> <p>Ok And it stops me having a family</p> <p>Ok, does it stop you doing anything else? It stops me having fun and I don't get the chance to go out and do things like independent</p> <p>Ah ok, on your own? Yeah, independent</p> <p>Do you know what the word disability means? Is that like different things, there's lots of them, like I got DS, some people find it hard like at school, some people can't talk to people</p> <p>Yeah so, do you know any other types of disability? Yeah I know sometimes someone is, can't see, or deaf</p>
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Appendix M

Themes, codes, example construct and quote, number of participants using them and frequency of use

Theme	Code	Example construct and quote	No. of participants using each code	Total no. of times code used across all interviews
Support from others	Support from nondisabled person	<p>Nice and kind family-Horrible family (M4) - Why is it good if your girlfriend has a nice, kind family who talk through problems with you? Makes me happy, makes me smile Makes you happy ok, any other reasons why it's good if they talk through problems with you? They help me And if they were horrible and didn't talk through problems with you what would it be like? Not very nice Not very nice? No, I can't do it, the problems, on my own</p>	2	2
	Support from partner with DS	<p>Arranges dates-Prefers other people to arrange dates (F4) - Why is it good when your boyfriend arranges dates? Erm, always take me out So why is that good? Don't know So why is it bad if you have to arrange the dates? I don't, my fiancé does, he does it, all of it, prefer that Do you know why you prefer him to do it? He's got a diary, he's good at working out when to do it Are you good at working out when to do it? No</p>	1	1
Doing things together	Spending time together	<p>Likes sports and dancing-Does different sports (F2) - Why is good to go out with a boyfriend who also likes dancing and sports? Because we do the same thing together, because we can hang out more and do stuff</p>	5	11
	Sharing	<p>Kind-Unkind (M4) - Ok, so you like a girlfriend to be kind and sometimes pay for meals, why is that good? Because, go out for meals we do like her birthday, my birthday, valentine's meal together</p>	2	2

		<p>Ok Makes me happy And if you had a girlfriend who never paid and you always paid, what would that be like? Be bad, not fair</p>		
Positive emotions	Facilitates positive emotions	<p>Good at kissing and cuddling-No time for kissing and cuddling (F1) - What would be good about your boyfriend wanting to kiss and cuddle you? Feel happy</p>	8	10
	Avoids negative emotions	<p>ID-No disability or physical disability (F2) - Would you go out with him [ideal in a wheelchair]? No Lots of people say that, so why not? Because, erm, because he is in a wheelchair and erm Why would that be bad? Erm, because, erm, it doesn't really make you feel that comfortable</p>	7	10
Modelling and advice	Modelling	<p>Smartly dressed-Scruffy (F5) - Why do you want your boyfriend to be smartly dressed, what's good about that? Like Dad, what Dad normally does with mum Ah, so your Dad dresses smartly Yeah he makes an effort and takes people out for a nice meal Ok, so you like someone that's willing to dress up? Yeah, I want someone who really wants to make an effort and takes it serious</p>	1	3
	Accepting advice	<p>Friends first-Not friends first (M1) - Ok, next one. So you want to be friends with your girlfriend first? Yes Why would that be good? Because if you're friends first, because, because I'm more likely to stick with her if we've been friends for long time, told, told that. Did someone tell you that? Parents and sisters. [Sister], she got a boyfriend, she met, she worked at [job] and met somebody and she said do the same thing, do the same thing, friends first. Ah so [sister] suggested that's how it should be? Yes [sister] did that, I want to do the same.</p>	2	2

	Rejecting advice	<p>Live independent-Don't get chance to do things (F5) - What's good about your boyfriend being independent?</p> <p>Because you got freedom, and you got your own space, you can do things what you like to do, and, telling the truth, you don't have your parents nagging you telling you need to do this, this is what you need to do and I don't want that</p> <p>Ah ok</p> <p>And you be independent and do things that you love to do, like I like listening to music and I can sing out loud, I love to do that [laughs]</p> <p>Sing out loud</p> <p>Yeah, I can do my own thing, I can't do that if people is around me because it feels like you haven't got your own whereabouts, it's like someone's in my bubble and if someone is in your bubble you can't move around</p> <p>Ok, so what would be bad about your boyfriend not getting chance to do things on his own?</p> <p>People always nagging him and telling us what to do</p> <p>Ok</p> <p>And don't get chance to do things we want to do</p>	1	2
Practicalities	To lift things	<p>Good looking-Ugly (F1) - what would it be like going out with somebody who was ugly and had small muscles and a big bottom?</p> <p>Not lift things</p> <p>What might he lift?</p> <p>Carry me like a baby, I like that</p>	1	1
	To pay for things	<p>Has a job-Can't get a job (F1) - Why would it be good if your boyfriend had a job?</p> <p>He might get paid</p> <p>And why is it good to get paid?</p> <p>Could give the money to my nephews, and him pay for dates, not me</p>	2	3
	To hear you	<p>ID-No disability, physical or sensory disability (F3) - So tell me [client], would you go out with someone who is deaf like [name] who Mum said?</p> <p>No</p> <p>Would it be bad?</p> <p>Yeah</p> <p>Lots of people say that, why would it be bad?</p> <p>It be hard</p> <p>Why would it be hard?</p>	1	1

		Well if someone can't hear he won't hear what you're saying		
	Easier cuddling	<p>Quite short-Really tall (F5) - So, you told me that you would prefer your boyfriend to be quite short?</p> <p>Yeah</p> <p>So why is that good?</p> <p>I want someone who is the same height as me as it's really hard to reach people when they're too tall</p> <p>What does hard to reach mean?</p> <p>Like [recent past partner], because [recent past partner] was really tall and it's really hard to reach him when I, when I try to kiss him</p> <p>Ah to kiss him, ok</p> <p>And hug him</p>	1	1
	Prevent illness	<p>Good cook-never cooked me a meal (F5) - So why would it be bad to have a boyfriend who was a bad cook?</p> <p>Erm, if they don't cook the food properly I get food poisoning</p> <p>Ok</p> <p>And I don't want someone who, who's a bad cook and going to make people ill</p>	1	2

Appendix N
Full list of quotes

Theme	Code	Construct/ question and full list of quotes
Support from others	Support from nondisabled person	<p>Nice and kind family-Horrible family (M4) - Why is it good if your girlfriend has a nice, kind family who talk through problems with you? Makes me happy, makes me smile Makes you happy ok, any other reasons why it's good if they talk through problems with you? They help me And if they didn't talk through problems with you what would it be like? Not very nice Not very nice? No, I can't do it, the problems, on my own</p> <p>Normal-DS (F5) - And why would it be bad to have a boyfriend with DS? I just don't want someone who's got DS, I just want them to be normal Lots of people say that, do you know why, what would be good about having a boyfriend who is normal? It's just the way, when I talk to [sister's boyfriend] sometimes, he helps me to understands things</p>
	Support from partner with DS	<p>Arranges dates-Prefers other people to arrange dates (F4) - Why is it good when your boyfriend arranges dates? Erm, always take me out So why is that good? Don't know So why is it bad if you have to arrange the dates? I don't, my fiancé does, he does it, all of it, prefer that Do you know why you prefer him to do it? He's got a diary, he's good at working out when to do it Are you good at working out when to do it? No</p>
Doing things together	Spending time together	<p>Work in [same job as participant]-No job or job not as good (M1) - Why would it be good for your girlfriend to work in the same place as you? Same [job] Yeah, why would that be good? Because I see more, see more of her.</p>
		<p>Family like them-Family not like them (M1) - You want your family to like your girlfriend? Yeah Why would that be good? Because, because it's good because if my family like her, can meet up together. Can meet up with her family as well. What would be bad if your family didn't like your girlfriend? Cannot come see my family.</p>
		<p>Good at drama, singing and dancing-bad at drama, singing and dancing (F1) - You told me your perfect boyfriend was good at drama, singing and dancing, why would it be good to have a boyfriend like that? If you, erm, need a dance partner, at the discos</p>
		<p>Arranges dates-Only see at [dayservice] (F1) - So you said that you like your boyfriend to arrange dates – romantic dinners, come and spend time at your house</p>

	<p>And his house And his house. So why is that good to have a boyfriend that arranges those things? To see him, properly To see him properly ah And sort our wedding plans out, him not get married to me yet So you'd like to see him so you can have proper conversations and make plans for the future? Yeah And why would it be bad if you only saw your boyfriend at the daycentre? Maybe I want some time with him to myself</p>
	<p>Likes sports and dancing-Does different sports (F2) - Why is good to go out with a boyfriend who also likes dancing and sports? Because we do the same thing together, because we can hang out more and do stuff</p>
	<p>Likes watching soaps and football-Likes watching horror films (M4) - So why is it a good thing if your girlfriend also likes watching [soap] and [soap]? Erm, she might watch it with me, spend time in my bedroom together</p>
	<p>Good at acting-Comes to watch pantomime (M4) - Why is it a good thing that your girlfriend is also good at acting? Because, it is important to me, be nice to be in, both in the pantomime</p>
	<p>Confident-Gets embarrassed (M4) - So you said you'd like your girlfriend to be confident? Because she is happy to see me a bit more, a lot more, I don't see her very much Ok so if they were confident they would want to see you more? Yeah, and want to cuddle more</p>
	<p>Likes cinema, bowling and sports-Likes singing (F4) - So why is good if your boyfriend likes the same things as you like cinema, bowling, sports? Go out more</p>
	<p>Likes dancing-Doesn't like dancing (F5) - Why is it good to have a boyfriend that loves dancing? Because my passion is dancing and I love dancing and I don't want to dance by myself Ok Do it together, it romantic</p>
	<p>Likes hugs-Doesn't like hugs (F5) - You said your boyfriend would like hugs, what would be good about having a boyfriend like that? Cuddle up and watch nice film together</p>
Sharing	<p>Kind-Unkind (M4) - Ok, so you like a girlfriend to be kind and sometimes pay for meals, why is that good? Because, go out for meals we do like her birthday, my birthday, valentine's meal together Ok Makes me happy And if you had a girlfriend who never paid and you always paid, what would that be like? Be bad, not fair</p>
	<p>Good cook-Never cook me a meal (F5) - so the next one you said was, erm, a good cook Yeah I want someone who is a good cook because I love cooking and my passion is cooking</p>

		<p>Umm And I want someone who is good at cooking because I thought it be nice if we can share the cooking Ah so you can share the cooking Because I don't want to do all the cooking myself if someone else can do it as well</p>
Positive emotions	Facilitates positive emotions	<p>Happy-Miserable (M1) - What would be good about your girlfriend looking happy? Erm, makes me, makes me happy</p>
		<p>Swim in special Olympics/ national games-Not go special Olympics/ national games (M1) - Why would it be good if you're girlfriend was good at swimming and went to special Olympics and national games? Make me happy, happy if win medals, and I feel proud of her, proud of her for taking part.</p>
		<p>Good at kissing and cuddling-No time for kissing and cuddling (F1) - What would be good about your boyfriend wanting to kiss and cuddle you? Feel happy</p>
		<p>Tells lies-Always tells the truth (F3) - Why is it good if they never wind you up and always tell the truth? Makes me happy</p>
		<p>Gives good kisses and cuddles-Doesn't want to go in for a cuddle (M2) - Why is it good if your girlfriend gives you cuddles and kisses? Feel happy</p>
		<p>Beautiful-Not very beautiful (M4) - What's good about being with a girlfriend who is beautiful? Make me happy, make her happy</p>
		<p>Very good body-Big and fat (F4) - So why is it good that he's got a good body and muscly? I love it, I love touching him So you like it because it's nice to touch Yeah, feel happy he's my fiancé</p>
		<p>Good and fast dancer-Slow dancer (M5) - What's good about having a girlfriend that is good at fast dancing? Make me happy, smiling</p>
		<p>Good looks-Ugly (F5) - So the next one was about having good looks, so you'd like your boyfriend to have beautiful eyes and a beautiful smile Yeah So what would be good about them looking like that? Because I'm actually interested in someone who has good looks, yeah, because it makes me feel really happy and special</p>
		<p>Normal-DS/disability (F5) - I'm just interested to know why having a boyfriend with DS would be so bad? I just feel like talking to normal people makes me feel happy, because, makes me feel more comfortable</p>
	Avoids negative emotions	<p>Looks happy-Miserable (M1) - Why would it be bad if your girlfriend was miserable? Falling out</p>
		<p>Good at kissing and cuddling-No time for kissing and cuddling (F1) - if your boyfriend didn't want to kiss or cuddle you, why would that be bad? Angry, angry Yeah Make me feel like going home and need some space to myself</p>
		<p>Good looking-Ugly (F1) - anything else that would be bad about your boyfriend being ugly and having small muscles</p>

		<p>and a big bottom? Him embarrassing me, at the disco, people say you are fat</p> <p>Phones and texts lots-Only sometimes phones and texts back (F1) - what is bad about having a boyfriend who never gets back to you? I can't keep phoning him so I have to wait for him to phone me Ok Don't know why he hasn't rung, maybe he's got things on So you're wondering why hasn't he rung? Yeah, if he remembers to love me back or not You sound a bit worried? Yeah I am worrying</p> <p>ID only-No disability, physical or sensory disability (F2) - Would you go out with him [ideal in a wheelchair]? No Lots of people say that, so why not? Because, erm, because he is in a wheelchair and erm Why would that be bad? Erm, because, erm, it doesn't really make you feel that comfortable</p> <p>Tells lies-Always tells the truth (F3) - Why is it bad if your boyfriend winds you up and tells lies? Makes me cry</p> <p>Gives good kisses and cuddles-Doesn't want to go in for a cuddle (M2) - And if your girlfriend didn't want to give you a cuddle? Make me feel upset</p> <p>Likes watching soaps and football-Likes watching horror films (M4) - So why would it be bad if they liked watching horror films? Because get scared of it</p> <p>Only wants to be with one person-Kiss someone else (M4) - What would be bad about them kissing someone else? Never, my girlfriend never do that She would never do that? No, only one person does that Who? [past partner], never [current partner] And what was bad about when [past partner] did that? Well, erm, feel not nice, sad</p> <p>Likes hugs-Doesn't like hugs (F5) - What's bad about having a boyfriend that doesn't like hugs? Makes me feel sad when I try to hug my boyfriend and he doesn't like hugs</p>
Modelling and advice	Modelling	<p>Good cook-Never cook me a meal (F5) - Ah so you can share the cooking Because I don't want to do all the cooking myself if someone else can do it as well Yeah Like [sister] and [sister's husband]</p> <p>Good looks-Ugly (F5) - Anything else that would be good about your boyfriend being good looking? Because my [sister's boyfriend] has good looks and I want them to be like [sister's boyfriend]</p> <p>Smartly dressed-Scruffy (F5) - Why do you want your boyfriend to be smartly dressed, what's good about that? Like Dad, what Dad normally does with mum Ah, so your Dad dresses smartly</p>

		<p>Yeah he makes an effort and takes people out for a nice meal Ok, so you like someone that's willing to dress up? Yeah, I want someone who really wants to make an effort and takes it serious</p>
Accepting advice		<p>Friends first-Not friends first (M1) - Ok, next one. So you want to be friends with your girlfriend first? Yes Why would that be good? Because if you're friends first, because, because I'm more likely to stick with her if we've been friends for long time, told, told that. Did someone tell you that? Parents and sisters. [Sister], she got a boyfriend, she met, she worked at [job] and met somebody and she said do the same thing, do the same thing, friends first. Ah so [sister] suggested that's how it should be? Yes [sister] did that, I want to do the same.</p> <p>ID only-No disability, physical or sensory disability (F2) - Would you ever go out with a boyfriend who doesn't have a disability? No, not really, oh, oh, I know what you mean now, the difference is, erm, erm, that person can swear quite a lot They can swear? Yeah What you think people, boyfriends that don't have disability swear? Yeah, because that's what [group] does actually, we have to sign this speech bubble and, erm, and [group] learning disability, and if its, erm, if its nondisability, erm, erm, and the difference is, that person can bully you They can bully you? Yeah, and, and, you is, is not nice to you, and they can take the mick out of you Ok So I get that in, in, erm [school] as well</p>
Rejecting advice		<p>Wants to get married and have a family-Don't want a baby (F5) - Ok, why would it be bad if they didn't want a family? When I go out with [recent past partner] he said I don't want a family in my life, and that's the reason we broke up, that's why we left it because when he said he don't want a family that really hurt me, so I said that's fine and I'll let you go on your own way and I'll find someone who wants to take me seriously, but Dad is worried because I've got DS, he thinks I can't have a baby because I won't cope and he thinks that I won't look after the baby properly, but I'm going to be a fantastic mum because I going to love that child, and I care about that child, I play with them, I buy them clothes, that kinda stuff, and I just want to be an awesome mum, because that's part of my life and that's what I want in my future, a nice baby and a nice husband, and I know I'm working a lot but I can try and get, trying to narrow it down a bit so I can fit the baby in</p> <p>Live independent-Don't get chance to do things (F5) - What's good about your boyfriend being independent? Because you got freedom, and you got your own space, you can do things what you like to do, and, telling the truth, you don't have your parents nagging you telling you need to do this, this is what you need to do and I don't want that Ah ok</p>

		<p>And you be independent and do things that you love to do, like I like listening to music and I can sing out loud, I love to do that [laughs]</p> <p>Sing out loud</p> <p>Yeah, I can do my own thing, I can't do that if people is around me because it feels like you haven't got your own whereabouts, it's like someone's in my bubble and if someone is in your bubble you can't move around</p> <p>Ok, so what would be bad about your boyfriend not getting chance to do things on his own?</p> <p>People always nagging him and telling us what do</p> <p>Ok</p> <p>And don't get chance to do things we want to do</p>
Practicalities	To lift things	<p>Good looking-Ugly (F1) - what would it be like going out with somebody who was ugly and had small muscles and a big bottom?</p> <p>Not lift things</p> <p>What might he lift?</p> <p>Carry me like a baby, I like that</p>
	To pay for things	<p>Has a job-Can't get a job (F1) - Why would it be good if your boyfriend had a job?</p> <p>He might get paid</p> <p>And why is it good to get paid?</p> <p>Could give the money to my nephews, and him pay for dates, not me</p>
		<p>Has a job-Can't get a job (F1) - I see, so having a job means that you have some money to spend on dates?</p> <p>And we might get a house, on our own</p>
		<p>Talented-No job (F5) - So why would that be good if your boyfriend has a good job?</p> <p>Because I've got a job, because important to me because I'm earning money, and if someone else got a job its good, if both us got a job and if he goes his own way to his job and I go my own way to my job and then we meet up in the middle and we have lunch together</p> <p>Ah, ok</p> <p>And if we earn some money and put some money in the savings in the bank then we can, if we get enough money then maybe we can get our own place together, and maybe it be close to my parents or close to my sister, that be perfect for both of us</p>
To hear you	<p>ID only-No disability, physical or sensory disability (F3) - So tell me [client], would you go out with someone who is deaf like [name] who Mum said?</p> <p>No</p> <p>Would it be bad?</p> <p>Yeah</p> <p>Lots of people say that, why would it be bad?</p> <p>It be hard</p> <p>Why would it be hard?</p> <p>Well if someone can't hear he won't hear what you're saying</p>	
Easier cuddling	<p>Quite short-Really tall (F5) - So, you told me that you would prefer your boyfriend to be quite short?</p> <p>Yeah</p> <p>So why is that good?</p> <p>I want someone who is the same height as me as it's really hard to reach people when they're too tall</p> <p>What does hard to reach mean?</p> <p>Like [recent past partner], because [recent past partner] was really tall and it's really hard to reach him when I, when I try</p>	

		<p>to kiss him Ah to kiss him, ok And hug him</p>
	Prevent illness	<p>Good cook-never cooked me a meal (F5) - So why would it be bad to have a boyfriend who was a bad cook? Erm, if they don't cook the food properly I get food poisoning Ok And I don't want someone who, who's a bad cook and going to make people ill</p> <p>Smartly dressed-Scruffy (F5) - And why would it be bad if your boyfriend looked scruffy? If they look scruffy, I won't go out with that person if they look scruffy Ok I don't want to go out for a meal if people gonna wear bad clothes And what do you mean by bad clothes? Bad clothes means like, they might smell and if people don't wash you get unwell</p>

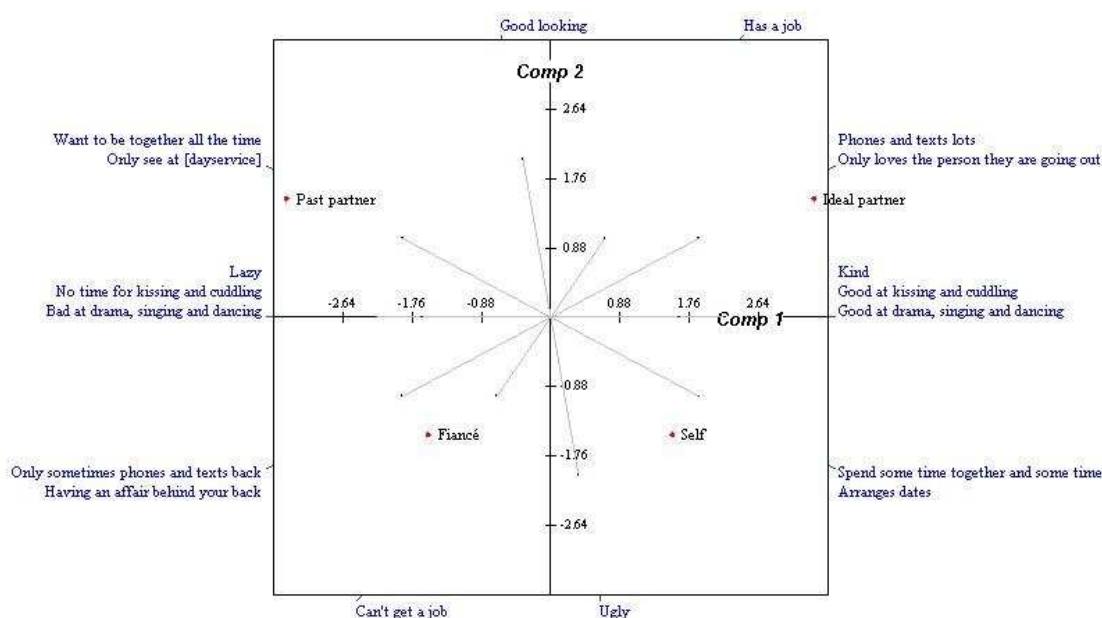
Appendix O

Slater analysis (Slater, 1977) of participants' *repertory grids* not featuring in main body of paper

Participants using a similar pattern of construing to participant M1

Participant F1. The standardised element Euclidean distances between F1's ideal partner and self (0.82), fiancé (1.06) and past partner (1.26) revealed that she construed her ideal partner as most similar to herself and most dissimilar from her past partner. This is depicted in Figure 5, a 'pingrid' of F1's construing, by the self being closest to the ideal partner and past partner being furthest away.

Figure 6. 'Pingrid' of elements in construct space for F1

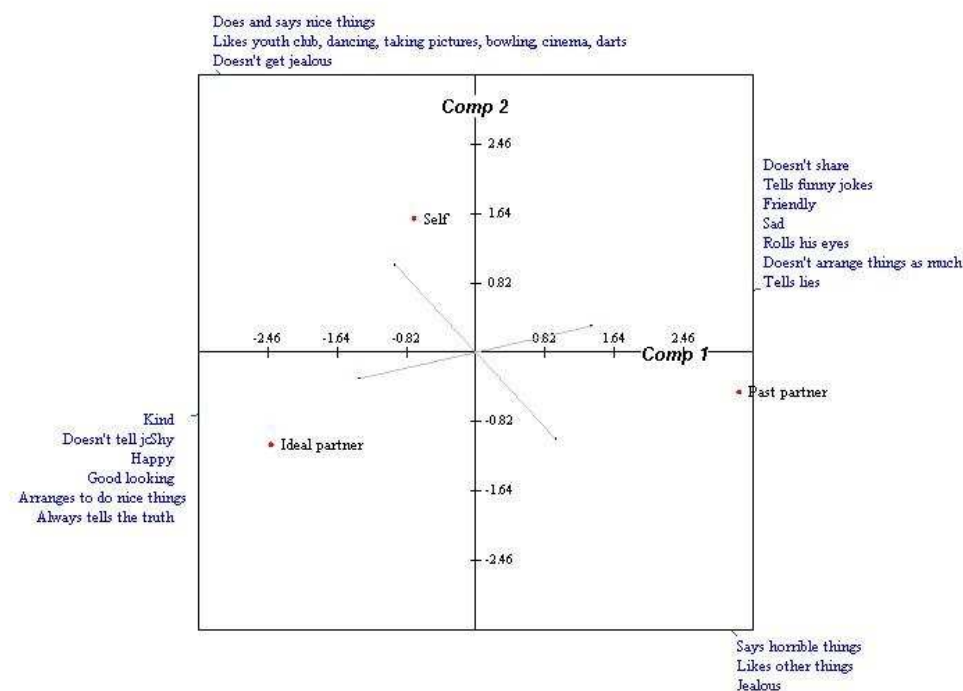


PCA revealed that F1's first component accounted for 60.49% of the variance in her construing and second component accounted for 20%, suggesting she had more than one viable dimension of construing. Figure 6 shows how F1's principal dimension of construing

contrasts her ideal partner and self with her past partner and fiancé and second major dimension of construing contrasts her ideal partner and past partner with herself and fiancé.

Participant F3. The standardised element Euclidean distances revealed that F3 construed her ideal partner as more similar to herself (0.71) than her past partner (1.24). This is depicted in Figure 7, a ‘pingrid’ of F3’s construing, by herself being closest to the ideal partner and past partner being furthest away.

Figure 7. Pingrid of elements in construct space for F3

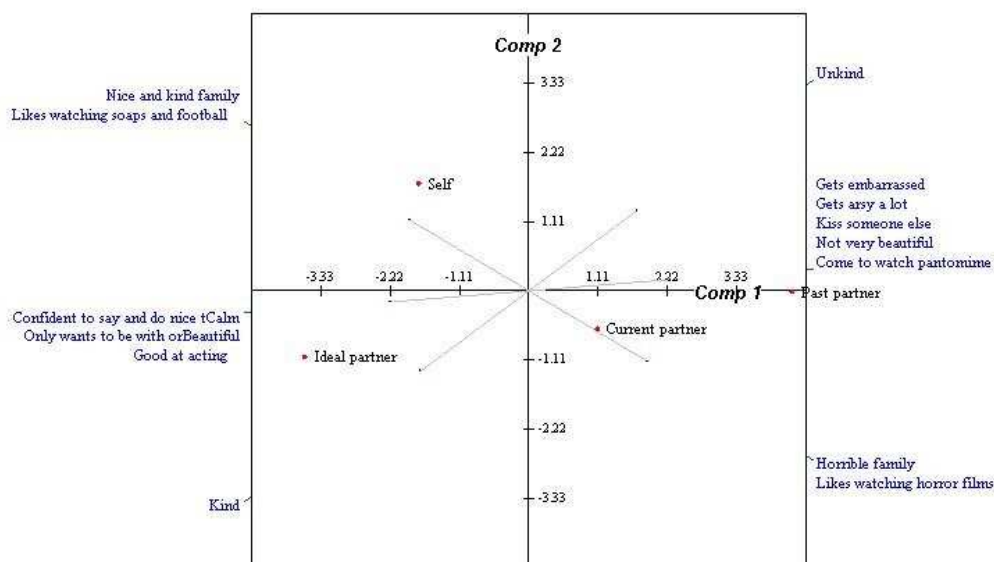


PCA revealed that F3’s first component accounted for 80.41% of the variance in her construing, suggesting she had a tight system of construing. Figure 7 shows how F3’s principal dimension of construing contrasts her ideal partner and past partner.

Participant M4. The standardised element Euclidean distances between M4’s ideal partner and self (0.64), current partner (0.93) and past partner (1.52) revealed that he

construed his ideal partner as most similar to himself and most dissimilar from his past partner. This is depicted in Figure 8, a ‘pingrid’ of M4’s construing, by the self being closest to the ideal partner and past partner being furthest away.

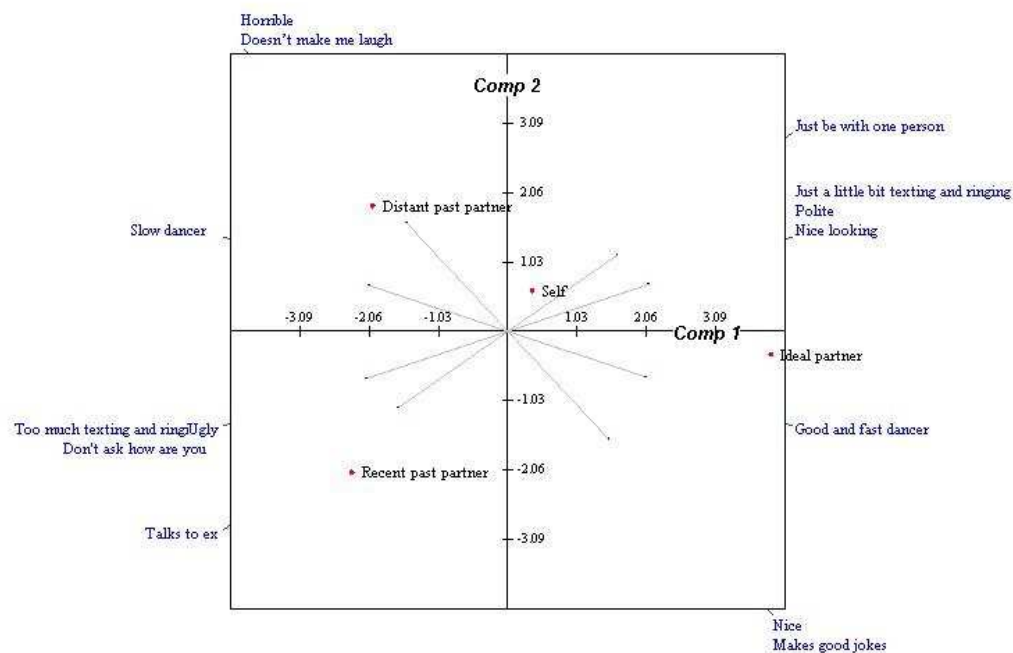
Figure 8. Plot of elements in construct space for M4



PCA revealed that M4’s first component accounted for 87.55% of the variance in his construing, suggesting that he has a tight system of construing. Figure 8 shows how M4’s principal dimension of construing contrasts his ideal partner and self with his past partner.

Participant M5. The standardised element Euclidean distances between M5’s ideal partner and self (0.83), recent past partner (0.93) and distant past partner (1.36) revealed that he construed his ideal partner as most similar to himself and most dissimilar from his distant past partner. This is depicted in Figure 9, a ‘pingrid’ of M5’s construing, by the self being closest to the ideal partner and distant past partner being furthest away.

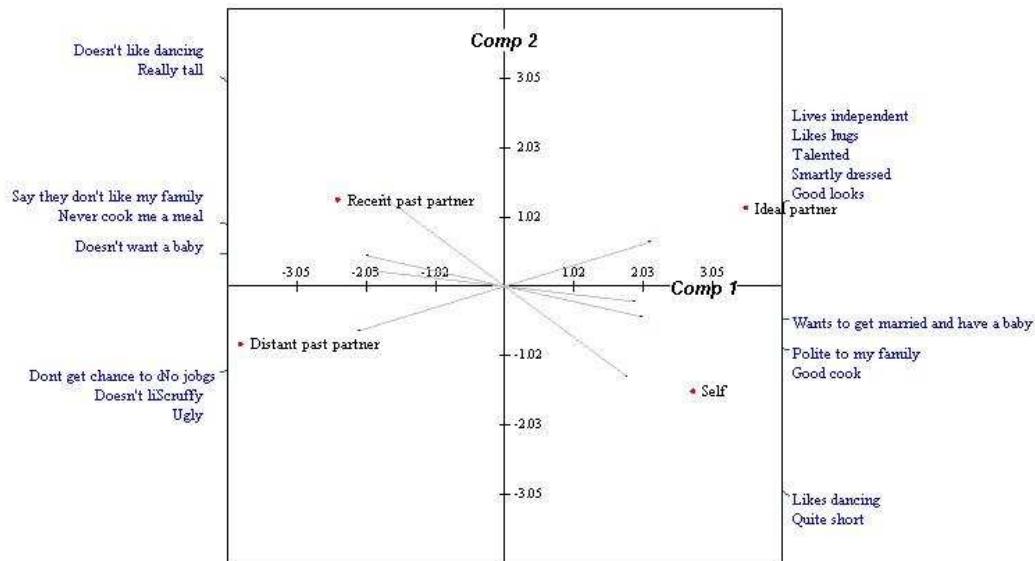
Figure 9. 'Pingrid' of elements in construct space for M5



PCA revealed that M5's first component accounted for 71.01% of the variance in his construing and second component accounted for 23.92, suggesting that he had more than one viable dimension of construing. Figure 9 shows how M5's principal dimension of construing contrasts his ideal partner with his recent past partner and distant past partner and second major dimension of construing contrasts his recent past partner and distant past partner.

Participant F5. The standardised element Euclidean distances between F5's ideal partner and self (0.55), recent past partner (1.08) and distant past partner (1.33) revealed that she construed her ideal partner as most similar to herself and most dissimilar from her distant past partner. This is depicted in Figure 10 a 'pingrid' of F5's construing, by the self being closest to the ideal partner and distant past partner being furthest away.

Figure 10. Plot of elements in construct space for F5

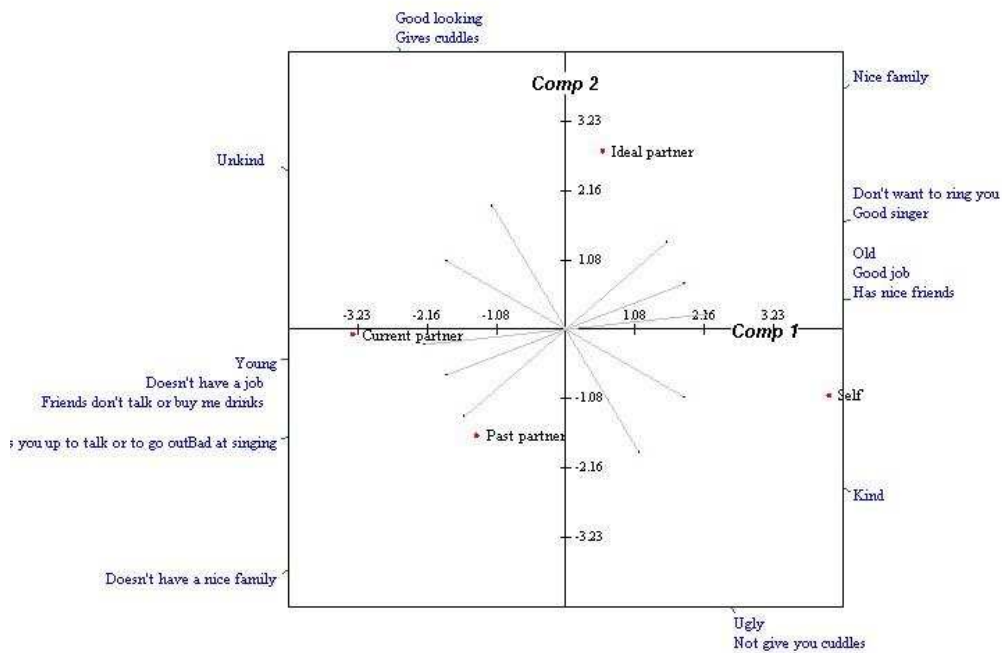


PCA revealed that F5's first component accounted for 82.32% of the variance in her construing, suggesting she had a tight system of construing. Figure 10 shows how F5's principal dimension of construing contrasts her ideal partner and self with her distant past partner and recent past partner.

Participant using a similar pattern of construing to participant M2

Participant M3. M3 is of particular interest because his carer stated the current and past partners he identified were thought to be 'playing along' with being his girlfriend. The standardised element Euclidean distance between M3's ideal partner and self (0.97), current partner (0.93) and past partner (0.89) revealed that he construed his ideal partner as most similar to his past partner and most dissimilar from himself. This is depicted in Figure 11, a 'pingrid' of M3's construing, by his self being furthest away from the ideal partner and past partner being closest.

Figure 11. Plot of elements in construct space for M3



PCA revealed that M3’s first component accounted for 66.630% of the variance in his construing and second component accounted for 25.45%, suggesting he had more than one viable dimension of construing. Figure 11 shows how M3’s principal dimension of construing contrasts himself with his current partner and second major dimension of construing contrasts his ideal partner and past partner.

Appendix P

Constructs that did not appear to be ranked properly

1. 'Good looking (defined as 'nice smile, big muscles')-Ugly' (F1).
'Good looking' was the preferred construct pole but her ideal partner (nondisabled actor who was visibly muscly) was ranked as 2nd out of 4 elements, behind her past partner.
2. 'Wants to get engaged-Doesn't really want to get engaged' (F2).
'Wants to get engaged' was the preferred construct pole but her ideal partner (current partner with DS) was ranked as 3rd out of 3 elements, behind her past partner (and self).
3. 'Friendly-Shy' (F3)
'Friendly' was the preferred construct pole but her ideal partner (person with ID who attended same social club) was ranked as 3rd out of 3 elements, behind her past partner (and self).
4. 'Tells funny jokes-Doesn't tell jokes' (F3)
'Tells funny jokes' was the preferred construct pole but her ideal partner (person with ID who attended same social club) was ranked as 3rd out of 3 elements, behind her past partner (and self).
5. 'Kind-Unkind' (M3)
'Kind' was the preferred construct pole but his ideal partner (nondisabled person who worked at local pub) was ranked as 3rd out of 4 elements, behind his recent past partner (and self).
6. 'Young-Old' (M3)
'Young' was the preferred construct pole but his ideal partner (nondisabled person who worked at local pub) was ranked as 3rd out of 4 elements, behind his current partner and recent past partner.
7. 'Rings you up to talk or go out-Doesn't want to ring you' (M3).
'Rings you up to talk or go out' was the preferred construct pole but his ideal partner (nondisabled person who worked at local pub) was ranked as 3rd out of 4 elements, behind his recent past partner and current partner.

Appendix Q

End of study letter to be sent to Salomons Ethics Panel

[My address]

[Recipient's address]

April 2016

Dear [name],

RE: 'An initial exploration of the ideal partner preferences of adults with Down's syndrome using the repertory grid technique'.

I am writing to inform you about the outcome of the above research project which obtained ethics approval on 20th October 2014.

Background/ aim

There is a growing number of initiatives (e.g. Stars in the Sky) aiming to support people with intellectual disabilities (ID) to find and maintain romantic relationships but minimal research to inform them. The aim of my research was to explore what people with Down's syndrome (DS), a genetic disorder resulting in ID, look for in a romantic partner, why these traits are preferred and how their ideal partner compares to their perceptions of their actual partners and self.

Method

Ten adults with DS completed an interview incorporating the repertory grid from Personal Construct Psychology (Kelly, 1955/ 1991) adapted for people with ID (Hare, 1999). This involved asking participants to think of ways in which their ideal partner was similar or different to up to two of their current and/ or past partners and self and the opposite of this (called 'bipolar constructs'), rank people along these and think about why constructs were preferred.

Results

Interview data was subjected to content analysis (Feixas, Geldschlager, & Neimeyer, 2002), thematic analysis (Braun & Clarke, 2006) and analysis using Idiogrid (Grice, 2008). Participants typically preferred partners who were 'good looking' (n=10), 'warm' (n=7), 'employed' (n=5), 'nondisabled' (n=7) and similar to themselves with the exception of having no disability (n=5). However, six struggled to define DS or disability, seven appeared to struggle to recognise this in others and four rejected the label for themselves. Partner's parental approval (n=5) also appeared to be important. All participants were able to provide at least one explanation for their preferences, which were grouped under five themes. Actual partners were typically dissimilar from ideal partners, including all but one having ID. Four participants' more unique ways of thinking about people were discussed in more depth.

Discussion

Ideal partner preferences typically held by participants with DS are shared with the nondisabled (Miller, Chen, Glover-Graf, & Kranz, 2009; Fletcher et al., 1999). However, current relationships (n=5) appeared to be maintained by valuing unconventional traits such as

disability or managing expectations of a partner by making compromises or, alternatively, employing psychological defences. Initiatives aimed at facilitating relationships for people with DS may benefit from incorporating a service dedicated to helping them communicate their ideal partner preferences and process feelings linked with managing expectations, and family and carers to understand defences and consider positive risk taking. Future research could evaluate how best to facilitate these conversations. More theoretically driven research, and perhaps research involving people with DS as co-researchers, is also needed to explore the complex issues attached to self-perception, identity formation and ideal partner preference regarding disability for this group.

If you require further information please do not hesitate to contact me via email at [address].

Yours sincerely,

Rachel Howard

Trainee Clinical Psychologist

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Appendix R
Accessible project summary for participants with DS

[My address]

[Recipient's address]

April 2016

Dear [name],

Several months ago, you kindly took part in my research project. I am writing to let you know what I found.

What was the project about?

The project asked people with Down's syndrome about their boyfriends or girlfriends.



Why was this project done?

- Sometimes it is hard for people with Down's syndrome to find boyfriends or girlfriends that make them happy.
- Dating agencies are being set up to help people with Down's syndrome find boyfriends and girlfriends, if they want help.
- But the dating agencies don't know what people with Down's syndrome usually want their boyfriend or girlfriend to be like.

What did the project involve?

- I interviewed 10 people with Down's syndrome.
- We talked about the most perfect boyfriend or girlfriends they could think of.
- We talked about whether their perfect boyfriends or girlfriends were the same as real boyfriends or girlfriends and them self.
- We talked about what they liked about these people and why.



What did the project find out?

- We had really interesting conversations!
- Most people wanted their boyfriend or girlfriend to be:
 - Good looking
 - Warm – this means things like gives good cuddles
 - Have a job
 - Get on well with their family and friends
 - Similar – this means things like having the same hobbies
 - But not have Down's syndrome or a disability
- Some people did not want these things.
- People also wanted other things that only a few people wanted.
- Some people could tell me why these things were important.
- Most real boyfriends and girlfriends were not exactly like their perfect boyfriends and girlfriends, so:
 - Some people broke up with them.
 - But other people stayed with their boyfriend or girlfriend anyway, because they were a bit like their perfect boyfriend or girlfriend.
 - Other people pretended that they were their perfect boyfriend or girlfriend.
- Most people do these things.



What do these results mean?

This project suggests that:

- Having a boyfriend or girlfriend is important.
- People with Down's syndrome usually want their perfect boyfriend or girlfriend to be the same as the boyfriends or girlfriends of people who do not have Down's syndrome.
- Family, carers and dating agencies could:
 - Ask people with Down's syndrome what they want their boyfriend or girlfriend to be like.
 - Talk about how they feel when boyfriends or girlfriends are not exactly like this.
- Hopefully more projects will be done about how to help people with Down's syndrome find boyfriends and girlfriends, if they want help.

Thank you very much for taking part in my project!

I hope you enjoyed it.

If you or your family or carers have any questions about the study, please email me at [address] or telephone me on [number].

Yours sincerely,

Rachel Howard
Trainee Clinical Psychologist

**[researcher's
photo]**

Appendix S

Author guidelines for the journal '*Sexuality and Disability*'

- [Aims and Scope](#)

Close

Sexuality and Disability is an international forum for the publication of peer-reviewed original interdisciplinary scholarly papers that address the psychological and medical aspects of sexuality in relation to rehabilitation. Publishing timely research articles, review articles, case studies, clinical practice reports, brief research reports, survey data reports, and book and film reviews, the journal offers the latest developments in the area of sexuality as it relates to a wide range of disabilities and conditions. Contributions address: clinical and research progress; community programs; independent-living programs; guidelines for clinical practice; special grand-rounds topics; consumer issues; and contemporary developments in special programs in sex education and counseling for people with disabilities. The journal features special issues with internationally renowned guest editors focusing on current topics in sexual health. By publishing research, best-practice, evidence-based, and educational articles, the journal seeks to contribute to the field's knowledge base and advancement. *Sexuality and Disability* is an essential resource for the exchange of new knowledge, issues, techniques, and available modalities for researchers and other professionals addressing the psychological and medical aspects of sexuality in rehabilitation, medical, academic, and community settings.

- [Instructions for Authors](#)

Close

Editorial procedure

[Double-blind peer review](#)

This journal follows a double-blind reviewing procedure. Authors are therefore requested to submit:

- A blinded manuscript without any author names and affiliations in the text or on the title page. Self-identifying citations and references in the article text should be avoided.
- A separate title page, containing title, all author names, affiliations, and the contact information of the corresponding author. Any acknowledgements, disclosures, or funding information should also be included on this page.

Manuscript Submission

[Manuscript Submission](#)

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

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Geddes, K.O., Czapor, S.R., Labahn, G.: *Algorithms for Computer Algebra*. Kluwer, Boston (1992)

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Broy, M.: Software engineering — from auxiliary to key technologies. In: Broy, M., Denert, E. (eds.) *Software Pioneers*, pp. 10–13. Springer, Heidelberg (2002)

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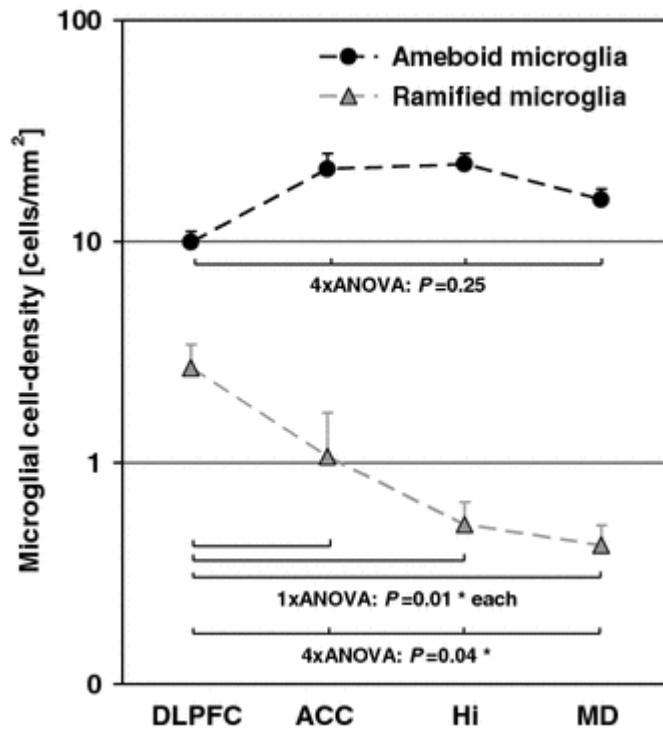
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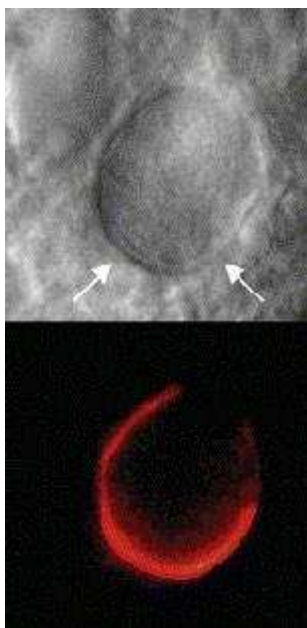
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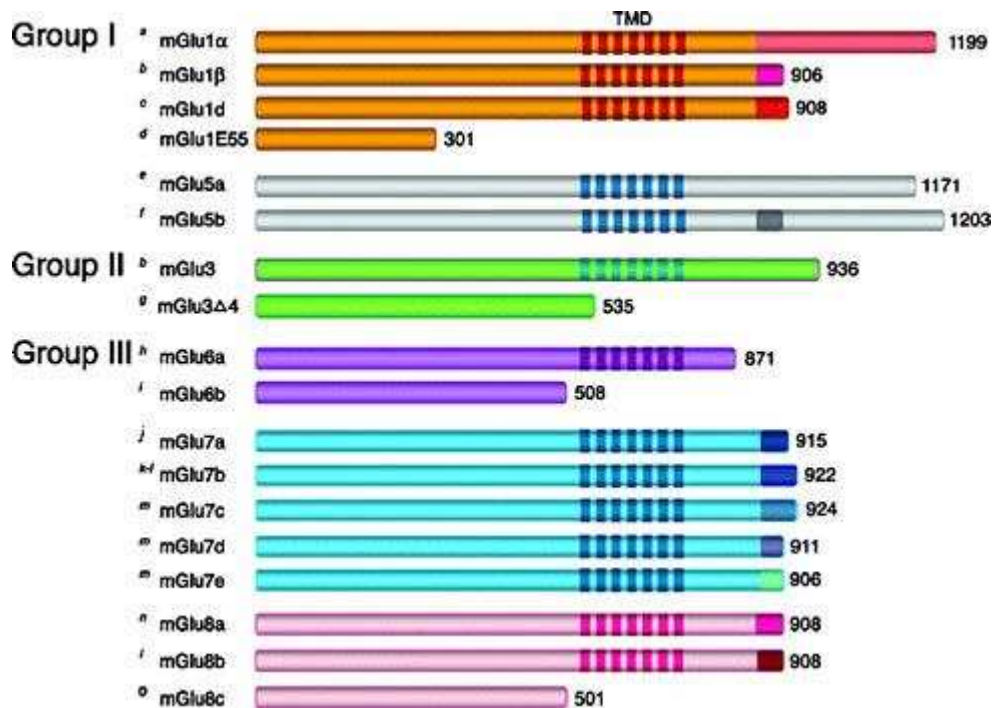
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