

Family Inclusion of Young People with Intellectual Disabilities A Case Study in the Municipality of El- Guérara, Ghardaïa Province

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Abstract :

This study examines the reality of family inclusion of young people with intellectual disabilities in the Municipality of El- Guérara, Ghardaïa Province, by identifying their position within the family and the nature of family relationships and practices toward them. The study adopted a descriptive approach, with a case study employed as a complementary research strategy, and included seven cases aged between 18 and 30 years. The study was conducted in the field from March 29 to May 14, 2026, and data were collected through interviews with the participants and observation at the Social Activity Agency. The analysis was based on the symbolic interactionist perspective to understand position and the meanings formed through daily family interactions. The findings revealed variations in the manifestations of acceptance, participation, and equality, as well as diversity in family practices, ranging from understanding, acceptance, encouragement, and care to restriction, avoidance, and certain negative practices. The findings indicate that family inclusion is associated with acceptance, participation, recognition of position, and roles within family life.

Keywords: Inclusion, Family, Family Inclusion, Young People, Intellectual Disabilities

Introduction :

The family is one of the fundamental social institutions in which the individual first occupies a position within society. It provides a framework for the relationships and interactions through which social experiences are formed, and it plays a central role in the process of socialization and in the formation of patterns of behavior, communication, and participation. This role is particularly evident in the case of young people with intellectual disabilities, given the difficulties that the nature of their disability may impose on certain aspects of communication, interaction, and self-reliance, making the family more present in their daily lives and throughout their social development.

Family inclusion of young people with intellectual disabilities is of sociological significance, given that the family represents the closest social setting within which their relationships and interactions are formed, and through which their position and participation in family life are determined. The extent to which they are accepted and involved, as well as the nature of the treatment and communication directed toward them, constitute essential aspects of their presence within the family.

Accordingly, this study examines the family inclusion of young people with intellectual disabilities in Guérara, Ghardaïa Province, by examining its reality within the family and the nature of the relationships and practices associated with it.

1)- The Study Problematic:

The family is the first social framework that provides the individual with care and support. It is within this framework that the individual's first relationships are formed and their position among members of the group is established. Its role is not limited to meeting material needs; it also extends to building social relationships, developing communication, promoting participation, and enabling the individual to acquire patterns of behavior that help them interact with their social environment. This role becomes particularly important for young people with intellectual disabilities, given the difficulties they may experience in certain aspects of communication, interaction, and self-reliance, making the family and its practices toward them present in the details of their daily lives.

Accordingly, the situation of a young person with an intellectual disability within their family is not determined merely by their presence within it; rather, it is related to the nature of the relationships they have with its members, the extent to which they are accepted and involved in family life, and the way they are treated and communicated with.

In this context, family inclusion represents an essential aspect of the lives of young people with intellectual disabilities, as it is related to their position within the family and the extent of their presence and participation in its affairs. It may be manifested through acceptance, participation, interaction, and communication, and may also be influenced by the nature of family practices, whether they are supportive or characterized by discrimination, restriction, or exclusion. Given the differences among families in their circumstances, relationships, and patterns of interaction among their members, the reality of family inclusion requires field investigation in order to understand the position of young people with intellectual disabilities and the nature of the relationships and practices surrounding them.

In the local context, the study seeks to identify the reality of family inclusion of young people with intellectual disabilities in Guérara, Ghardaïa Province, and to examine how their position within their families is manifested, as well as the nature of the family relationships and practices associated with them. Based on the foregoing, the following main question is raised:

What is the reality of family inclusion of young people with intellectual disabilities in Guérara?

Sub-questions:

- How is the position of young people with intellectual disabilities within their families manifested in Guérara?
- What is the nature of family practices toward young people with intellectual disabilities in Guérara?

2)- Study Hypotheses:

First Sub-Hypothesis:

The position of young people with intellectual disabilities within their families in Guérara is manifested through acceptance, participation, and equality within family life.

Second Sub-Hypothesis:

Family practices toward young people with intellectual disabilities in Guérara are characterized by diversity between supportive practices and negative practices.

.3)- Sociological Approach of the Study:

The study adopted the symbolic interactionist approach, a sociological perspective concerned with understanding how society is created and maintained through direct, repeated, and meaningful interactions among individuals (Carter & Fuller, 2016, p. 931).

According to Blumer, symbolic interactionism is based on three fundamental principles: individuals act toward people, objects, and situations on the basis of the meanings they attribute to them; these meanings arise through social interaction; and they are subject to interpretation and modification during the process of interaction (Blumer, 1969, p. 2).

Studies in the field of disability and the family have employed this approach to understand the experiences and relationships that are formed within the context of social interaction. One such study is that of J. Niedbalski (2021), which drew on the basic assumptions of symbolic interactionism to analyze the process of reconstructing the identity of parents of children with intellectual disabilities and to understand how they perceive the world around them and attribute meaning to their experiences. This demonstrates the potential of this approach for studying family interactions related to disability. Accordingly, the study employs symbolic interactionism to analyze the reality of family inclusion of young people with intellectual disabilities, focusing on daily interactions within the family and the meanings, attitudes, and practices toward the young person. This perspective enables an analysis of their position within their families through manifestations of acceptance, participation, and equality, and also helps to understand family practices toward them and to identify their supportive or negative nature.

Accordingly, this approach makes it possible to examine the reality of family inclusion in light of the nature of the interactions and relationships between the young person and their family members and what these reflect in terms of attitudes and practices. This contributes to understanding how acceptance, participation, and equality are manifested within family life, while also identifying practices that may limit their inclusion. Thus, symbolic interactionism provides a framework for analyzing the position of young people with intellectual disabilities within their families and understanding family practices toward them based on the meanings that are formed and developed in the context of daily interaction.

4)- Definition of the Main Concepts of the Study:

- Concept of the Family:

In sociology, the family is defined as a recognized social group based on kinship, marriage, and adoption ties, and performing essential social functions, including socialization, care, and the regulation of relationships among its members (Tonja R.C., Kathleen H., & Acha Lal T., 2021, p. 656).

- Operational Definition of the Family:

The family refers to the group to which the young person with an intellectual disability belongs, with whom they share kinship ties and daily interactions, and which constitutes the setting within which their acceptance, communication, treatment, and participation in family life are examined.

- Concept of Inclusion:

Simplican et al ,define social inclusion as the interaction between two main domains, namely interpersonal relationships and community participation (Simplican , 2015 p. 18).

- Operational Definition of Family Inclusion:

Family inclusion refers to the extent to which the young person with an intellectual disability is accepted within their family, participates in family life, is provided with opportunities for communication and interaction, and the nature of the treatment they receive, reflecting their position and presence within the family.

- Concept of Young People:

For statistical purposes, the United Nations defines young people as persons between the ages of 15 and 24, while acknowledging that the age range defining young people may vary across contexts and countries (United Nations, 2026).

- Operational Definition of Young People:

In this study, young people refers operationally to individuals with intellectual disabilities aged between 18 and 30 years who constitute the cases included in the study.

- Concept of Intellectual Disability:

The World Health Organisation defines intellectual disability as a significant reduction in the ability to understand new or complex information, learn and apply new skills, together with a reduced ability to adapt independently, with the condition beginning before adulthood and having a lasting impact on development. It also emphasizes that disability is not related solely to a health condition or impairment, but is also influenced by the extent to which the environment supports the individual's participation and full inclusion in society (World Health Organisation Regional Office for Europe, WHO/Europe, 2010, p. 3).

- Operational Definition of Intellectual Disability:

In this study, intellectual disability refers to individuals with impairments in intellectual abilities and adaptive skills that affect their ability to learn, communicate, interact, and rely on themselves, aged between 18 and 30 years, whether the disability emerged during the developmental period or as a result of accidents or health conditions.

- Concept of Position:

Position refers to the place occupied by an individual within a system of social relationships and the recognition and social expectations associated with it (Farkas, 2022, p. 424).

- Operational Definition of Position:

The position of young people with intellectual disabilities within the family refers to the place they occupy in family life, as manifested through acceptance, participation, and equality with the other family members.

- Concept of Family Practice:

Family practice refers to the actions and interactions carried out by family members in their daily lives, through which family relationships are formed (Morgan, 2011, pp. 176–177).

- Operational Definition of Family Practice:

Family practices toward young people with intellectual disabilities refer to the totality of daily actions and interactions displayed by family members toward them, which manifest themselves in supportive or negative practices.

5) - Pilot Study:

The pilot study was conducted in two stages. The first consisted of contacting the Social Activity Agency in Ghardaïa Province to obtain preliminary data on young people with special needs. However, the difficulty of obtaining comprehensive and accurate lists, and the fact that the available data were largely limited to people with intellectual disabilities, particularly in the Guérara area, directed the study toward this group, whose ages ranged from 18 to 30 years.

The second stage was conducted at the Social Development Agency, where its officials assisted in gaining access to a number of cases to be interviewed. Given the lack of comprehensive lists and the refusal of a large number of families to participate for various reasons, it was not possible to

conduct a large-scale study. This necessitated the adoption of the case study method, resulting in access to seven cases.

6)- Scientific Method Adopted:

The nature and objectives of the study necessitate the use of the **descriptive method**, given its suitability for identifying the reality of family inclusion of young people with intellectual disabilities and describing its manifestations within the family. **Case study** was also employed as a complementary research strategy, making it possible to examine the cases in depth within their family and social contexts and to analyze the similarities and differences among them in order to understand the phenomenon sociologically.

7)- Temporal and Spatial Scope of the Study:

A- Spatial Scope:

The study was conducted in the Guérara area, which is part of Ghardaïa Province. The cases under study were accessed through the Social Development Agency, in the context of communication with the relevant social services and institutions concerned with the target group.

B- Temporal Scope:

The field study was conducted during the period from March 29 to May 14, 2026. This was the period during which data related to the cases under study were collected through interviews and observation.

7)- Presentation of the Study Cases:

- Case No. 01:

1- Sex: Male (×), Female ()

2- Current age: 23 years

3- When did the young person acquire the disability? Since 2020.

4- Are the parents still alive?

Father: (No)

Mother: (Yes)

5- Are the parents employed?

Father: (Retired)

Mother: (No)

6- Marital status of the parents: The mother is a widow.

7- Number of family members with whom the young person with an intellectual disability lives: 06.

8- Does the young person have more than one disability? Yes (sensory and motor disabilities, and intellectual disability).

9- To what extent do you accept your son in a situation of disability?

The mother stated: "To be honest, at first, I did not accept my son's intellectual and motor disabilities resulting from the accident he experienced" (the mother did not disclose the type of accident and declined to answer). "However, I then tried to adapt to the situation, and so did his siblings."

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(Yes), in favor of the son with a disability.

11- Do you involve the young person with a disability in family life?

Yes, but to a moderate extent, depending on his disabilities.

12- Do you agree or disagree with the marriage of the young person with a disability?

We disagree, because if he had only a motor disability, we would have agreed, but intellectual disability is very difficult to deal with. More importantly, we would not find someone who would accept him as a husband.

13- What are your family practices toward the young person with a disability?

The mother stated: "Sometimes I am not tolerant or understanding of my son's behavior, and I try to remain calm so that I do not use violence against him, such as insulting him or beating him, as some of his siblings sometimes do when he engages in behaviors that we consider morally inappropriate for a rational person."

14- Do you communicate and converse with him in a way that he can understand or feel?

Yes, but not all members of his family do so; some of his siblings avoid him.

15- Does the young person with an intellectual disability receive appreciation and respect?

No, because of his behaviors and conduct, which we consider immoral.

16- Do you praise him, provide him with psychological support, and encourage him when he behaves appropriately?

Yes, certainly. We provide him with this and encourage him, even though he does not comprehend or understand it.

17- Do you prevent him from engaging in some family activities?

Yes, particularly activities that may expose him or us to harm or danger, such as handling sharp tools in the kitchen or in the garden, etc.

19- What do you call the young person within the family?

The mother stated: "Depending on his behavior, and without intending to do so, when his behavior is violent and immoral, we call him *mahboul* or use the local term *kharaf*."

- Case No. 02:

1- Sex: Male (×), Female ()

2- Current age: 27 years

3- When did the young person acquire the disability? Since birth.

4- Are the parents still alive? Yes.

5- Are the parents employed?

Father: (Retired)

Mother: (No)

6- Marital status of the parents: Married.

7- Number of family members with whom the young person with an intellectual disability lives: 08.

8- Does the young person have more than one disability? No, intellectual disability only.

9- To what extent do you accept your son in a situation of disability? Complete acceptance.

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(No).

11- Do you involve the young person with a disability in family life?

Yes, to a moderate extent, depending on the nature of his disability.

12- Do you agree or disagree with the marriage of the young person with a disability?

Yes, we strongly agree, because we have sometimes noticed his inclinations and desires, even

though he does not comprehend them, and, on the other hand, he is a calm person, loves children, and is attached to them.

13- What are your family practices toward the young person with a disability?

The mother stated: "Tolerance, encouragement, and praise at all times."

14- Do you communicate and converse with him in a way that he can understand or feel?

Yes, to a great extent, so that his behavior may develop and improve for the better.

15- Does the young person with an intellectual disability receive appreciation and respect?

No, because, in our opinion, he does not comprehend any of that.

16- Do you praise him, provide him with psychological support, and encourage him when he behaves appropriately?

No, because he does not comprehend it.

17- Do you prevent him from engaging in some family activities?

No, because he is calm and tries to imitate what we ask him to do.

19- What do you call the young person with a disability within the family?

A good person.

- Case No. 03:

1- Sex: Male (×), Female ()

2- Current age: 28 years

3- When did the young person acquire the disability? Since birth.

4- Are the parents still alive? Yes.

5- Are the parents employed?

Father: (Retired)

Mother: (No)

6- Marital status of the parents: Married.

7- Number of family members with whom the young person with an intellectual disability lives: 08.

8- Does the young person have more than one disability? No, intellectual disability only.

9- To what extent do you accept your son in a situation of disability? Complete acceptance.

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(No).

11- Do you involve the young person with a disability in family life?

Yes, to a moderate extent.

12- Do you agree or disagree with the marriage of the young person with a disability?

Yes, because this does not conflict with our son's physical abilities.

13- What are your family practices toward the young person with a disability?

The mother stated: "Tolerance and understanding."

14- Do you communicate and converse with him in a way that he can understand or feel?

Yes, but to a moderate extent due to the occupations and commitments of all family members.

15- Does the young person with an intellectual disability receive appreciation and respect?

Sometimes, because, in our opinion, he generally does not comprehend any of that.

16- Do you praise him, provide him with psychological support, and encourage him when he behaves appropriately?

No, because we were not aware of the importance of doing so.

17- Do you prevent him from engaging in some family activities?

Yes, sometimes, because this exceeds his physical and intellectual abilities.

19- What do you call the young person with a disability within the family?

We do not call him anything specific; we simply call him by his name.

- Case No. 04:

1- Sex: Male (×), Female ()

2- Current age: 25 years

3- When did the young person acquire the disability? Since 2019.

4- Are the parents still alive? Yes.

5- Are the parents employed?

Father: (Day laborer)

Mother: (No, homemaker)

6- Marital status of the parents: Married.

7- Number of family members with whom the young person with an intellectual disability lives: 06.

8- Does the young person have more than one disability? No, intellectual disability only.

9- To what extent do you accept your son in a situation of disability? Moderate acceptance, because it was difficult for us to accept that he had become intellectually disabled, as he had been a healthy person full of vitality and activity.

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(Yes), but in his favor.

11- Do you involve the young person with a disability in family life?

Yes, to a moderate extent.

12- Do you agree or disagree with the marriage of the young person with a disability?

No, because he has become intellectually incapable of marriage, and we do not want to wrong other people's daughters by marrying him to them. Moreover, if we were to marry him, we would have to assume responsibility for him and for his children, should he have any. He is no longer capable of working as he was before, when he was healthy.

13- What are your family practices toward the young person with a disability?

Tolerance and understanding.

14- Do you communicate and converse with him in a way that he can understand or feel?

Yes, certainly, because we have always done so since he was healthy. Therefore, we still, without being conscious of it, interact with him as though he were cognitively unimpaired. We have not yet fully come to terms with the shock we experienced.

15- Does the young person with an intellectual disability receive appreciation and respect?

Yes, always.

16- Do you praise him, provide him with psychological support, and encourage him when he behaves appropriately?

Yes, so that his siblings in the family will accept him and so that all family members and relatives will follow this example. We do not want pity; rather, we support him so that his position within the family remains unchanged.

17- Do you prevent him from engaging in some family activities?

Sometimes, because some of the activities he used to perform when he was healthy now pose a

danger to him, such as using sharp tools used for cutting or lighting fuel, among other household activities.

19- What do you call the young person with a disability within the family?

We do not call him anything specific; we simply call him by his name. We still see him as a normal person because of the extent of the shock we experienced, and we do not accept anyone in the family calling him by an offensive term. Otherwise, we would punish them or become hostile toward them.

- Case No. 05:

1- Sex: Male (), Female (×)

2- Current age: 22 years

3- When did the young person acquire the disability? Since birth.

4- Are the parents still alive? Yes.

5- Are the parents employed?

Father: (Retired)

Mother: (No, homemaker)

6- Marital status of the parents: Married.

7- Number of family members with whom the young person with an intellectual disability lives: 05.

8- Does the young person have more than one disability? No, she has an intellectual disability only.

9- To what extent do you accept your daughter in a situation of disability?

Complete acceptance.

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(No); rather, we consider her an ordinary person.

11- Do you involve the young person with a disability in family life?

Yes, to a great extent.

12- Do you agree or disagree with the marriage of the young person with a disability?

No, because in our society, women are expected to assume responsibility for having and raising children, which requires a woman who is healthy in all respects. Therefore, a woman with an intellectual disability is not allowed to marry. In fact, this is regarded as an act of madness in the first place, and as an injustice toward her, as though you were handing your daughter over to be taken advantage of, because they would divorce her as soon as they noticed her intellectual disability.

13- What are your family practices toward the young person with a disability?

Tolerance, understanding, encouragement, and praise.

14- Do you communicate and converse with her in a way that she can understand or feel?

Yes, certainly, and to a great extent.

15- Does the young person with an intellectual disability receive appreciation and respect?

Yes, always.

16- Do you praise her, provide her with psychological support, and encourage her when she behaves appropriately?

Yes; we even reward her by taking her out for walks and traveling for recreation.

17- Do you prevent her from engaging in some family activities?

No. Rather, she takes part in all activities because she is obedient, calm, and reserved. She does and likes to imitate everything we do. Therefore, we make sure that she sees only positive things.

19- What do you call the young person with a disability within the family?

We do not call her anything specific; we simply call her by her name.

- Case No. 06:

1- Sex: Male (), Female (×)

2- Current age: 30 years

3- When did the young person acquire the disability? Since birth.

4- Are the parents still alive?

Mother: (No)

Father: (Yes)

5- Are the parents employed?

Father: (Retired)

Mother: (Deceased)

6- Marital status of the parents: Widower.

7- Number of family members with whom the young person with an intellectual disability lives: 07.

8- Does the young person have more than one disability? Yes, a motor disability and an intellectual disability.

9- To what extent do you accept your daughter in a situation of disability?

The father has complete acceptance, whereas the brothers and sisters have moderate acceptance because the responsibility falls on the daughters, given that the father has remarried.

10- Do you differentiate in your treatment between the young woman with a disability and the other children?

(Yes), in favor of the young woman with a disability.

11- Do you involve the young woman with a disability in family life?

No, because her physical abilities do not allow her to do so.

12- Do you agree or disagree with the marriage of the young woman with a disability?

We do not object to her getting married. However, we have observed that my sister is unable to move, in addition to having an intellectual disability; therefore, no one will come to propose to her or marry her, and this is the logic of our society.

13- What are your family practices toward the young woman with a disability?

Providing her with affection and love as much as possible.

14- Do you communicate and converse with her in a way that she can understand or feel?

Yes, but due to our occupations and responsibilities, such communication does not always take place.

15- Does the young woman with an intellectual disability receive appreciation and respect?

Yes, always, but she does not comprehend or understand it; perhaps she feels it.

16- Do you praise her, provide her with psychological support, and encourage her when she behaves appropriately?

The poor thing is unable to move, and her intellectual disability may cause her simply to scream. Therefore, she does not engage in a behavior that can be judged in order for us to support or encourage her.

17- Do you prevent her from engaging in some family activities?

She is unable to do anything; she can barely move.

19- What do you call the young woman with a disability within the family?

A blessing.

- Case No. 07:

1- Sex: Male (×), Female ()

2- Current age: 18 years

3- When did the young person acquire the disability? Since birth.

4- Are the parents still alive?

Father: (Yes)

Mother: (Yes)

5- Are the parents employed?

Father: (Employed)

Mother: (No)

6- Marital status of the parents: Married.

7- Number of family members with whom the young person with an intellectual disability lives: 03.

8- Does the young person have more than one disability?

No, intellectual disability only.

9- To what extent do you accept your son in a situation of disability?

Complete acceptance; it is God's will.

10- Do you differentiate in your treatment between the young person with a disability and the other children?

(Yes), in favor of the son with a disability.

11- Do you involve the young person with a disability in family life?

Yes, but to a moderate extent and within the limits of his physical and intellectual abilities.

12- Do you agree or disagree with the marriage of the young person with a disability?

Yes, we strongly agree because he is obedient and takes his medication, and we would like to see his children.

13- What are your family practices toward the young person with a disability?

Understanding, tolerance, encouragement, and praise. This does not mean that we do not reprimand him or become angry with him, because we are still human.

14- Do you communicate and converse with him in a way that he can understand or feel?

Yes, and sometimes we talk to him in an ordinary manner, as though we were addressing a person without a disability, particularly when we train him in a family vocational activity, as we have him work with the family.

15- Does the young person with an intellectual disability receive appreciation and respect?

Yes, always, and he feels this appreciation in some way, because we notice his positive and spontaneous reaction.

16- Do you praise him, provide him with psychological support, and encourage him when he behaves appropriately?

Certainly, so that we instill this upbringing in his siblings, because they will be his support after us.

17- Do you prevent him from engaging in some family activities?

No, we do not prevent him from doing so. He likes to imitate or touch the things that we touch;

therefore, we entrust him with any family activity that does not pose a danger to him, with guidance and supervision.

19- What do you call the young person with a disability within the family?

By his name; he does not have any particular nicknames.

8)- General Characteristics of the Study Cases:

Table No. (01): Distribution of the Study Cases by Sex

Sex	Case Numbers	Frequency	Percentage
Male	7-4-3-2-1	5	%71.43
Female	6-5	2	%28.57
Total	07	07	100%

Source: Prepared by the researcher based on the field data of the study.

The table shows that males constitute the majority of the study cases, with 5 cases, representing 71.43%, compared with 2 female cases, representing 28.57%, indicating the predominance of males among the study cases.

Table No. (02): Distribution of the Study Cases by Age

Age	Case Numbers	Frequency	Percentage
21-18	07	1	% 14.29
25-22	05-04-01	3	%42.86
29-26	03-2	2	% 28.57
33-30	06	1	% 14.29
المجموع	07	07	% 100

Source: Prepared by the researcher based on the field data of the study.

The table shows the distribution of the study cases across the age groups ranging from 18 to 30 years. The 22–25-year age group recorded the highest percentage, with 3 cases (42.86%), followed by the 26–29-year age group, with 2 cases (28.57%). Meanwhile, each of the 18–21-year and 30–33-year age groups included one case (14.29% each). This indicates variation in the ages of the study cases, with a relative concentration in the 22–25-year age group.

Table No. (03): Distribution of the Study Cases by Nature of Disability

Nature of Disability	Case Numbers	Frequency	Percentage
Intellectual disability	-05-04-03-02 07	5	% 71.43
Intellectual and motor disabilities	06	1	% 14.29
Intellectual, motor, and	01	1	% 14.29

sensory disabilities			
Total	07	07	% 100

Source: Prepared by the researcher based on the field data of the study.

The table shows that intellectual disability alone represents the largest proportion, with 5 cases (71.43%), while one case (14.29%) had intellectual and motor disabilities, and one case (14.29%) had intellectual, motor, and sensory disabilities. This indicates the predominance of cases with intellectual disability alone among the study cases, compared with two cases experiencing multiple disabilities.

Table No. (04): Distribution of the Study Cases by Onset of Disability

Onset of Disability	Case Numbers	Frequency	Percentage
Since birth	-06-05-03-02 07	5	% 71.43
Acquired	04-01	2	% 28.57
Totale	07	07	% 100

Source: Prepared by the researcher based on the field data of the study.

The results show that 5 cases (71.43%) had the disability from birth, whereas 2 cases (28.57%) had an acquired disability. This distribution indicates that the majority of the study cases have lived with the disability since the beginning of their lives, compared with two cases in which the disability emerged at a later stage.

9- Sociological Analysis and Discussion of the Study Cases

The study cases reveal that the position of young people with intellectual disabilities within the family is shaped primarily through daily interactions and the meanings that the family attributes to the disability and to the person themselves. The data show variations in the degree of acceptance. While complete acceptance prevails in most cases, moderate or gradual acceptance appears particularly when the disability is acquired, reflecting the difficulty of the family's transition from its previous perception of the person to their new situation. This is particularly evident in Case (04), where the family attempts to preserve his previous position and continues to treat him as a normal person, while rejecting pity or offensive labels.

The extent of participation in family life varies across the cases. Most of the young people participate to a moderate extent, while participation is greater in Case (05) and absent in Case (06) due to her limited motor abilities. This shows that care and acceptance do not necessarily imply actual participation; a person may receive affection and respect without being able to perform roles within family life. From the perspective of symbolic interactionism, participation is significant because it provides the individual with an opportunity to be present as an actor within the family group, rather than merely as an object of care. The data also reveal differences in the way the person is referred to within the family.

In some cases, the person is called by their name and treated as an ordinary family member, whereas in Case (01), negative labels appear in connection with some of their behaviors. This indicates that language and labeling play a role in constructing the individual's social position;

positive or neutral labeling supports recognition of the person within the group, whereas negative labeling and avoidance may produce a symbolic distance between them and their family members. Family practices vary between tolerance, understanding, encouragement, and affection on the one hand, and some manifestations of reprimand, verbal abuse, physical violence, or avoidance on the other. Some families also impose restrictions on certain activities; however, in a number of cases, these restrictions are related to fear that the person may be exposed to danger, and therefore they cannot automatically be interpreted as rejection or exclusion. Case (07) shows a more inclusive pattern, as the family allows him to participate in non-hazardous activities and trains him in a family-based vocational activity, thereby giving him a practical role within the family.

As for communication and respect, they appear in most cases, although their degree varies.

However, some families assume that the person does not perceive the meaning of respect or encouragement, which may limit some forms of supportive interaction. This paradox reveals that the family's perception of the person's cognitive abilities affects the nature of its treatment of them; the more they are considered capable of understanding and responding, the greater the opportunities for dialogue, encouragement, and participation.

Families' attitudes toward marriage emerge as one of the areas that reveal the limits of family acceptance. Acceptance of the person within the family does not necessarily imply recognition of their ability to perform future social roles. Some families supported marriage, whereas others rejected it based on perceptions related to responsibility, the ability to work, and forming a family, or on what they consider to be a social attitude rejecting marriage to a person with an intellectual disability. Accordingly, the person's position within the family is also influenced by broader social perceptions surrounding disability, gender roles, and marriage.

Accordingly, the cases reveal that family integration is a variable process rather than a fixed condition; manifestations of acceptance, respect, and care may coexist with limited participation, overprotection, or some negative practices. This finding is consistent with the symbolic interactionist perspective, which views social position as being shaped through interaction and mutual meanings, rather than through the characteristics of the disability alone.

10- General Findings of the Study:

The findings related to the first hypothesis showed that acceptance, communication, and respect are present in most cases, whereas participation and equality within family life vary, particularly in the presence of preferential treatment and certain protective restrictions. Accordingly, the first hypothesis is partially confirmed, as family belonging and acceptance are clearly manifested, while participation and equality vary from one case to another.

As for the second hypothesis, the findings showed a diversity of family practices, ranging from tolerance, understanding, affection, encouragement, praise, communication, and participation to some negative practices, such as avoidance, verbal abuse, physical violence, and negative labeling. Accordingly, the second hypothesis is confirmed, with these practices varying according to the cases and the nature of family interaction.

*** Conclusion:**

The study concludes that the position of young people with intellectual disabilities within the family is shaped through daily interaction and the meanings that the family constructs around the disability and the person. The seven cases revealed a substantial presence of acceptance, care, and communication, alongside variations in participation and equality and the emergence of some

negative practices. Therefore, family inclusion is not achieved merely through accepting the person; rather, it requires involving them in family life, recognizing their ability to perform meaningful roles, and avoiding reducing them to their disability or labeling them with negative terms.

*** Recommendations:**

In light of the findings of the study, the researcher recommends strengthening family awareness of the nature of intellectual disability and the needs of people with disabilities, and encouraging families to expand their participation in family life and activities according to their abilities, while adopting communication methods based on respect and encouragement and avoiding stigma, negative labeling, and violence. The researcher also recommends strengthening psychological and social support for families through specialized institutions, in a way that helps them develop more supportive and integrative family practices.

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