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Social Inclusion of Adults with a Light Intellectual Disability

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Abstract

Problem: How do adults with a light intellectual disability manifest social inclusion? **Method:** qualitative research conducted by means of in-depth interview. The empirical material was interpreted by using the assumptions of the hermeneutical-phenomenological perspective. The research involved 15 adults with a light intellectual disability aged 23–37 from Poland. **Results:** The subjects have access to health care, use public transport when needed and are familiar with digital technology and electronic banking services. Those, who are not well acquainted with electronic media use debit cards. Participation in cultural events is not always well accessed by people with a light intellectual disability. The respondents are not exposed to social exclusion due to their economic standing. Those, who are not professionally active are offered institutional support when it is necessary. **Conclusions:** Light intellectual disability, in case of the group of people subject to the tests performed, does not constitute a factor limiting social inclusion. Adequate cognitive resources possessed by the respondents as well as social roles they play supports their blending into the community of people without disabilities.

Keywords: social inclusion, intellectual disability, early adulthood.

Introduction

People with intellectual disabilities constitute a non-uniform group exposed to marginalisation and social exclusion. Although normalization in recent years has helped people with a light intellectual disability get involved in social life, the social group under analysis stayed slightly out of the main stream of the respondents' interests. The group of people with a light intellectual disability comprises those who, despite certain limitations and difficulties, melt into the community as long as they are not perceived as mentally handicapped, but as less resourceful in life (Obuchowska, 1996; Gajdzica, 2017). Therefore, there is a clear need to conduct research on transformations resulting from normalization in favour of pro-inclusive living conditions of people with a light intellectual disability (Nirje, 1976; Krause, 2010).

The paper is an attempt to review research on social inclusion of people with a light intellectual disability as well as to explain assumptions of the social inclusion ecological model (Simplican et al., 2014). Due to the content limitations, the paper focuses on results of research on social aspects of the ecological model of inclusion, especially referring to the access to health care, use of public transport, digital technology, financial services, cultural resources as well as social and institutional support offered to people with a light intellectual disability. Such aspects of social inclusion are rarely approached comprehensively. The results here can be used for preparing people with a light intellectual disability for social involvement as well as for elaborating social programmes that would promote inclusive processes in local environments.

From the research on social inclusion of adults with a light intellectual disability

Polish and western book references present results of the research on various aspects of living of adults with a light intellectual disability which allow us to conclude on their social inclusion. Many intellectually disabled people

are in real life rather clumsy, especially in terms of managing their household, running professional activity, spending leisure time and future planning (Żółkowska, 2004; Marciniak-Madejska, 2016; Jabłoński, 2018; Kirenko & Łaba-Hornecka, 2018). People with a light intellectual disability need emotional, financial and IT support (Abbott & McConkey, 2006; Dodevska & Vassos, 2013; Kaliszewska & Żółkowska, 2020). There is evidence, that this group of people is assisted by their families, as well as by support institutions (Firkowska-Mankiewicz, 2018; Diaz, 2020; Żółkowska & Parafiniuk, 2021; Bredewold & Weele, 2022). Social support, adequate to needs of people with intellectual disabilities, contributes to social inclusion (Zawiślak, 2011; Gajdzica, 2017; Alonso-Sardon et al., 2019; Xun, 2019). The fact that people with a light intellectual disability live together with their families and do not take up professional jobs is not a good prognosis for social inclusion (Krause et al., 2010; Ramik-Mażewska, 2018; Bąbka, 2020). Sometimes, adulthood of intellectually disabled people is ignored and limited by their parents and social surroundings, which, as a result, makes it difficult for the disabled to play social roles adequate to a particular stage of their life (Myśliwczyk, 2017; 2022). It has also been reported, that adults with a light intellectual disability assess their life situation positively, find fulfilment in their social tasks, for example in a role of a husband/wife and a parent (Bartnikowska et al., 2014; Parchoimiuk, 2015; Ćwirynkało, 2020; 2021; 2022).

Research results show that people with a light intellectual disability have a limited access to health care services. The respondents declared that their access to health care needed changes and that they required free of charge specialist treatment and diagnostic check ups (Marciniak-Madejska, 2016). It does happen that intellectually disabled people do not possess satisfactory language skills to express their needs and expectations to doctors and nurses (Northway, 2017; Bielawska 2018; Doherty et al., 2020). It has been reported, that one of the factors hindering access to health care is medical workers' unsatisfactory knowledge of functioning of the intellectually disabled (Zurzycka & Radzik, 2016; Doherty et al., 2020).

As far as the access to means of public transport is concerned, its disadvantage is that there is no adequate number of transport connections in the place of living of the intellectually disabled (Friedman & Rizzolo, 2016). The respondents know their rights concerning use of public transport, however,

sometimes they miss adequate skills to use public transport on their own (Kaliszewska & Żółkowska, 2020; Pfeiffer et al., 2021). Travelling with transfers imposes a real challenge on the analysed group (Park & Chowdhury, 2022).

People with a light intellectual disability have positive experience with digital media, which they use mostly for social contacts, entertainment and leisure (Plichta, 2012; Caton & Chapman, 2016; Mamroł, 2016; Heitplatz et al., 2021). The respondents identified the most frequent barriers preventing equal access to digital technologies, namely: availability of equipment, Internet safety, difficulties in communicating with others, inadequate reading and writing skills, lack of full access to digital services (Zielińska, 2015; Chadwick et al., 2016; Owuor et al., 2018). Exclusion of the focus group is caused by the wrong design of digital devices which do not respect needs of people with cognitive barriers (Apostolidis et al., 2022).

The research results prove that people with a light intellectual disability experience self-exclusion because they cannot use financial applications. They only make transactions using debit cards. The disabled, especially those with intellectual disabilities, are not perceived by banks as a target group of potential clients due to their funds (Hayes & Martin, 2007; Warchlewska, 2017). The higher the degree of intellectual disability, the greater the need to adapt cultural offers to the possibilities of their receivers (Hayes & Martin, 2007; Warchlewska, 2017).

The research confirmed that intellectually disabled people are discriminated in various cultural facilities, which explains why they are reluctant to explore the offer of various institutions of culture (Ploch, 2018). People with intellectual disabilities have learnt at school how to behave in institutions of culture, however, individual going to the cinema has been reported as incidental (Woś, 2019). The research reveals that staying at home is a predominant leisure activity (Ramik-Mażewska, 2018). It means that film shows or theatre performances as a form of high culture fall beyond perceptive abilities of the focus group (Myśliwczyk, 2017; 2022). Mass culture has been mostly enjoyed for the past years, including local festivals and concerts (Krause et al., 2010; Bąbka, 2020). Intellectually disabled people encounter various types of perceptive and communicative barriers, as well as they find it difficult to understand the symbols contained in products of culture viewed (Mastrogiuseppe et al., 2021).

The research results are hard to compare due to the differences in subject dispositions of the respondents and due to the research methodology. They may lead to the conclusion that normalization related transformations are undergoing which raises the need of further exploration of exclusive or post-inclusive living conditions of people with a light intellectual disability.

Ecological model of social inclusion as the theoretical basis of the author' own research

The basis for the presented results is the model according to which social inclusion is approached as a kind of interaction between two life domains: (1) interpersonal relationships, namely interpersonal contacts and (2) community participation, namely the access to resources and goods of a community (Simplican et al., 2014). Researchers state that, although social attitudes have changed, people with a light intellectual disability have not been fully involved in community life (Simplican et al., 2014). Social inclusion of people with intellectual disabilities should not be limited only to people from immediate surroundings. This approach can be seen in the expanding spheres of social inclusion. The model accepted distinguishes five ecological areas: individual, interpersonal, organizational, social and socio-political (Figure 1). Ecological concept of social inclusion makes it possible to find out, basing on the quantity and quality of social contacts developed by marginalized groups, which areas decide about the feeling of community belonging, trust and also about playing various social roles. Stacy Clifford Simplican et al., 2014 links social inclusion to independent living, interpersonal relationships and active community participation, as well as to supporting individuals facing exclusion. Emotional support covers love, care and trust. Instrumental support comprises material help and services, whereas IT support includes advising and suggesting.

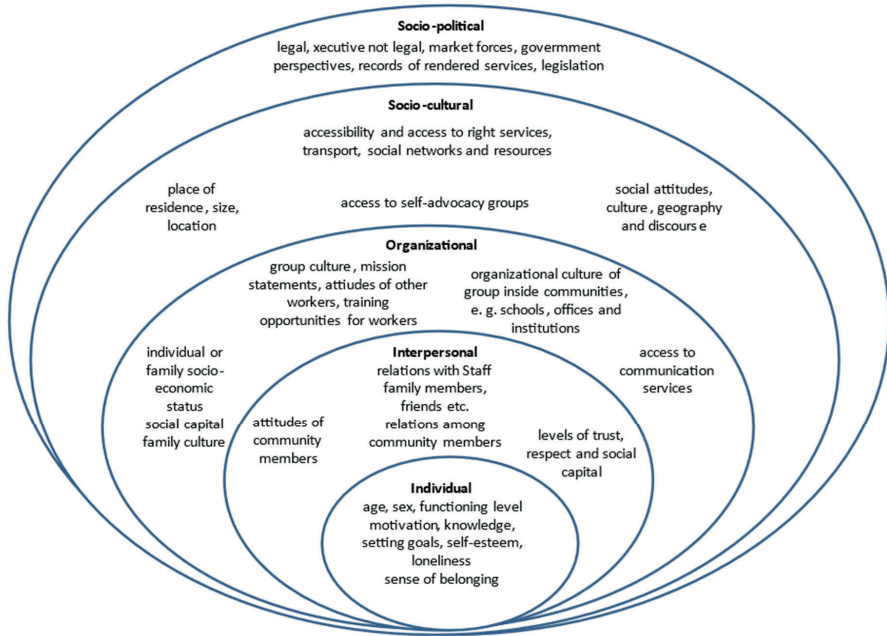


Figure 1. Areas of social inclusion of adults with a light intellectual disability

Source: Simpican et al., 2014.

Problem

The research goals take into account learning about, describing and understanding social inclusion in terms of experience of adults with a light intellectual disability. The main problem is related to searching for an answer to the question: How have adults with a light intellectual disability experienced social inclusion in social area? The main problem is accompanied by the following detailed questions:

1. How do adults with a light intellectual disability use healthcare services?
2. How do adults with a light intellectual disability use means of public transport in the place they live?
3. For what purpose do adults with a light intellectual disability use communication and information tools and what are these tools?

4. How do adults with a light intellectual disability use banking services?
5. How do adults with a light intellectual disability benefit from offers of institutions of culture?
6. How do adults with a light intellectual disability benefit from various forms of social support?

Method

The investigation research involved 15 people with a light intellectual disability as part of cooperation programme with a special school and the programme of tracking its graduates. The purpose of the programme was to learn what experience the special school graduates had with social inclusion in their adult life. The respondents graduated from the same special elementary and junior high school, but they attended vocational schools accessible under the general educational system. All the respondents when attended the special elementary and junior high school in the years 2001–2009 possessed a decision from a psychological and pedagogical counselling centre stating that they needed special education due to their light intellectual disability (according to the diagnostic criterion ICD-10).¹ However, at the time of the interviews, the respondents did not have a 01-U decision stating that they had an intellectual disability when they were adults issued by an adequate institution. The investigation comprised 11 women and 4 men aged 23–37 which corresponds to early adulthood period (Levinson, 1986). Sex disproportionality of the respondents is due to the fact that 6 men eligible for the project declined to participate in tests because of COVID-19 pandemics, including 3 who were infected. A purposeful selection of people for the interviews was applied. The interviewers noticed that the respondents tended to repeat information rather than to provide new one which gave grounds for stating the theoretical saturation of the collected empirical material (Pasikowski, 2015). 11 people started their individual life and lived with their own families, whereas 4 people stayed with their original families.

¹ The investigation was supposed to provide information on inclusion experienced by adults with a light intellectual disability – graduates of a special school – whose intellectual defect was diagnosed in their developmental period until 18 (Schalock et al., 2010).

10 respondents had children, 5 people were married, 6 had lived for a long time with their partners, whereas 4 of the respondents were single. 12 subjects got a job, 3 women had not passed their vocational exams and 8 worked professionally in the open labour market. 5 women were maintained by their working partners. The respondents lived within the area of the same poviát in the southern part of Lubuski Voivodeship in Poland, including 11 people in towns with the population over 15000 people and 4 people who lived in the countryside.

The respondents possessed good verbal communication skills. The research was carried out in 2021 by means of an in-depth interview which focused on learning about social inclusion experience the respondents had gained (Kvale, 2021). It was found, that the in-depth interview would be an accurate tool in order to elicit the research material adequate to intellectual capacities of the respondents as well as their communicative skills. The in-depth interview, which resembled a planned talk, was carried out with every respondent individually in place and time convenient to the interviewed (Pietkiewicz & Smith, 2012). The interviews were recorded upon consent of the respondents. During the investigations the interviewers followed the rules of ethics, respected dignity of the interviewed and ensured anonymity.

The collected research material was then elaborated following the assumed hermeneutical-phenomenological perspective, which meant interpreting the spoken statements of a small group of people as well as recognizing the sense and the meaning given (Pietkiewicz & Smith, 2012). The phenomenological perspective allowed to understand, describe and interpret experience of a person in a particular socio-historical background (Ablewicz, 1994). The hermeneutical approach meant investigating a life section of a person with a light intellectual disability basing on the text describing his or her feelings and experiences related to their social involvement. The analysis of the research material considered the following stages: (1) making a transcript of the interview, (2) reading the transcript many times and making notes in order to get an insight of the semantic value of the material obtained, (3) transforming notes into themes being distinguished, (4) searching relations and theme grouping, (5) writing a report on the investigation in terms of discussing particular topics, illustrating them with examples from statements delivered during interviews (Pietkiewicz & Smith, 2012).

Manifesting social inclusion of adults with a light intellectual disability in a social area

It is not possible to present in this paper the whole empirical material. The paper presents selected statements, which best characterize the distinguished categories corresponding to the analysed components of social sphere such as: access to healthcare, public transport, use of digital technology, use of financial services and cultural resources as well as social support.²

Access to health and medical care of adults with a light intellectual disability

The intellectually disabled are more vulnerable to problems with health than other population members (Pietras et al., 2012) This requires providing them with an access to health and medical services. The analysis and interpretation of the respondents' statements made it possible to distinguish the following categories related to access to health and medical care: "patients with preventive approach to health," "patients seeking healthcare when sick," "patients enjoying good health or preferring domestic medicine."

The category "patients with preventive approach to health" is characterized by statements describing access to medical services and how regularly it happened: *I have an access to my doctor, well maybe not now during the pandemics. I go to the doctor with my kids and myself to a women's specialist. I can say that I care for my health (S-W-1); I have no problems with accessing my doctor. I go to a gynaecologist and with my children to a children's doctor. It is necessary to care for yourself, so that everything is good (S-W-2)*. It can be assumed that the respondents are aware of systematic medical check ups both for themselves and other family members, especially kids. The statements cited speak for accessibility of health and medical care to this group of people.

Some respondents claim, that they are familiar with rules of medical care, yet they go to the doctor only when needed, which causes that the category "patients seeking healthcare when sick" is distinguished: *I know where to find*

² The statements cited are provided with the following designations: S – statement, W – woman, M – man. The numeration makes it impossible to identify names of the respondents.

a doctor, I know what doctors do, however I go to see a doctor when I need it (S-W-3); I know who is my family doctor and when it is necessary I will find one, or some other doctors [...] (W-M-1). The opinions of the respondents can lead to the conclusion that they have access to healthcare and know their family doctors, however they use medical care services only when it is necessary.

Another category: “patients enjoying good health or preferring domestic medicine” presents rather rare and reluctant use of healthcare services: *I do not remember when I last visited my doctor. When something is happening I quickly go to a pharmacy, kind of a syrup or ointment and it gets right. I know where to find a doctor, but I do not feel that I need to go and see one (S-M-2); I go to a doctor once every several years, the family doctor so to say, rather very seldom, why should I go to doctors when everything is good with me? (S-M-3).* This category of statements shows that the respondents are in a good health condition and do not use medical care services, yet, on the other hand, they prefer domestic remedies.

Using means of public transport by adults with a light intellectual disability

Using public transport means by adults with a light intellectual disability is one of their possibilities to move around in their local environment. The analysis and interpretation of the respondents’ statements made it possible to distinguish the following categories related to the use of public transport: “mobile on your own,” “a passenger happy to use public transport,” “occasional passenger of public transport.”

“Mobile on your own” is a category comprising respondents who do not use public transport. They are people who have a driving licence and they own a car or their partner is a driver: *Well, I am a driver and I do not need to travel by bus. It is not a bus here anyway, it is a single bus every now and then, the one that comes and that’s it (S-W-1). I do not use public transport because I drive my own car, it is more convenient and quicker (S-M-2). I do not use it nowadays because my fiancée drives me wherever I need (S-W-4).* The category “a passenger happy to use public transport” refers to the respondents who are happy to use public transport as well as to those who use public trans-

port while travelling as tourists. *I of course travel by bus when it is necessary, it is not a problem for me. I like travelling by bus. I have this paper prepared where I have all the bus links that go. I take my kid and off we go. The little girl also likes travelling by bus* (S-W-6). What they say shows that they use public transport regularly and also read brochures listing all bus connections and travel by bus from one town to another. The category “occasional passenger of public transport” comprises those who very seldom use public transport. *I travel by those buses very rarely, I prefer my bike. When it is necessary to travel somewhere farther, of course it is not s problem* (S-M-1); *Well I travel by bus very rarely, because everything I need is here* (S-M-4). The respondents do not complain about public transport exclusion.

Using information and communication tools by adults with a light intellectual disability

Digital technology is wide-spread. All the respondents claim that they use digital devices: a mobile phone with the Internet access, a computer or a laptop. The analysis and interpretation of the respondents’ statements made it possible to distinguish the following categories related to the use of digital technology: “socially and for services,” “informatively and for entertainment.”

The statements delivered by the respondents show that mobile phones with internet access are their tools thanks to which they can make social contacts, access certain services, including buying, selling, making payments, money transfers and it is also a good source of information. Examples for the category “socially and for services” are the following statements: *My telephone is me. I use it for everything, I can say. I am glad that I can order things from home, make payments and talk to people* (S-W-5); [...] *I also search for different things and buy something, I also make various payments and money transfers* (S-W-6).

The category “informatively and for entertainment” speaks for the fact, that the respondents use telephone to obtain certain information and as an entertaining device according to their interests and preferences. *I search for various information in the Internet, some funny facts, I talk to friends and watch movies, videos, pictures, post something on Fb* (S-W-9); *Well, without*

this telephone and the Internet, I think I would not make it, I talk to friends and we text each other (S-W-8).

The respondents are eager to use information and communication tools which make it possible for them to solicit information from the Internet, establish contacts with other people and spend time entertaining.

Using banking services by adults with a light intellectual disability

The analysis and interpretation of the respondents' statements made it possible to distinguish the following categories related to the use of banking services: "I use electronic banking services," "I use a debit card."

The investigation participants are active in terms of using banking services. The category "I use electronic banking services" means that some of the respondents use a wide range of electronic banking offers: *Oh, without it, it is hardly possible to move around nowadays. I have an account in a bank but I also use internet banking services. I do various things, pay, make online payments and also use it up close (S-W-5); Of course, I do use it. I pay for the shopping online [...] (S-M-1).*

The category "I use a debit card" shows that some of the respondents have a bank account and use a debit card. *I have a bank account and a debit card. I use it when I am shopping (S-W-2); I have an account in a bank and use a debit card when I am shopping [...] (S-W-4).*

Benefiting from activities offered by cultural institutions to adults with a light intellectual disability

Not all the respondents wanted to share the experience in benefiting from offers of cultural institutions. When asked a question related to using such resources the respondents were silent or answered "I do not benefit from them," "I have not time," "it is not for me." The analysis and interpretation of the statements made by the participants of the investigation allowed to distinguish the following categories: "active user of a local cultural life," "passive observer of cultural life."

The category “active user of a local cultural life” characterizes those respondents who have been active receivers of local cultural resources and are glad to take part in various events organized by local culture centres addressed to local communities. *I am very eager to take part in various events which happen here in the town, sometimes we go farther to another town or city to have fun (S-W-5). We are eager to attend together with children some events offered by the town culture centre, sometimes we travel farther. We have in our village a community centre and they organize there interesting things for children, and you can also meet other people (S-W-1).*

The category “passive observer of cultural life” describes experience of those respondents who have not been involved in cultural life of their local community. *I am happy at home with my family. Quiet, peace and we nicely spend time at our place. I know what is happening and I talk to others about it. Now we have children so we have to look after them first of all (S-W-3). I prefer staying at home with kids and my partner. I know that there are some events, but for the time being I do not attend them, because I am not fully interested in them (S-W-10).* Only a few of the respondents benefit from local cultural goods. Some of them were well aware of cultural events, organized in their communities, however they did not benefit from them. It can be inferred that the investigation participants prefer other ways of spending their free time.

Benefiting from social support by adults with a light intellectual disability

Accessibility of social support to the disabled is an important aspect of social inclusion. The analysis and interpretation of the statements made by the participants of the investigation allowed to distinguish the following categories related to social support: “self-sufficient,” “occasional beneficiary of social support.” “Self-sufficient” is a category that comprises those who declare that they can cope with various living situations without a backup from others. The respondents deal with various problems on their own and do not benefit from any social support: *I can manage all by myself. Sometimes I talk with my husband about what to do (S-W-1). We make our own way. Once we needed support and there was no one. Now we are trying to manage without help from social welfare and also from others (S-W-2). I can manage by myself,*

I do not need any support (S-M-4). Some of the respondents benefited from social welfare institutions very rarely. The category “occasional beneficiary of social support” is characterized by the following statements: *There are some circumstances that I get help from a social welfare institution. When my little daughter was tiny and I had no other help. And I got some help like clothing or children’s food* (S-W-6); *I would like to get on in life and it is usually like this, but there are some situations when I have to ask for help, when I cannot go on, because I do not work [...]* (S-W-8). Respondents benefited from institutional help only in particular situations. This means that none of them can be recognized as a regular beneficiary of social welfare, which can be related to their resourcefulness in life, working on an open labour market or being maintained by a partner.

Discussion of the research results

The analysis and interpretation of the statements made by the participants of the investigation allowed to distinguish several categories that give grounds for concluding about social inclusion of the respondents (Figure 2). The categories related to access to public health prove that the respondents have positive experience in this area of life (“patients with preventive approach to health,” “patients seeking healthcare when sick”) It was not reported that some of the respondents were subject to social exclusion in terms of healthcare (Northway, 2017; Bielawska, 2018; Doherty et al., 2020). Furthermore, the respondents did not complain about their health condition and health problems as well as about possible inequalities in terms of the access to medical treatment, which was reported by other researchers (Emerson & Hatton 2014; Marciniak-Madejska, 2016). The respondents, depending on the need, use various means of transport (“mobile on your own,” “a passenger happy to use public transport,” “occasional passenger of public transport”). There is no evidence that the subjects suffer from exclusion in terms of using public transport (Kaliszewska & Żółkowska, 2020; Pfeiffer et al., 2021; Park & Chowdhury, 2022). The respondents lived in places accessed by public transport. Some of them, despite the light intellectual disability, got driving licence which contributed to their independence from public transport.

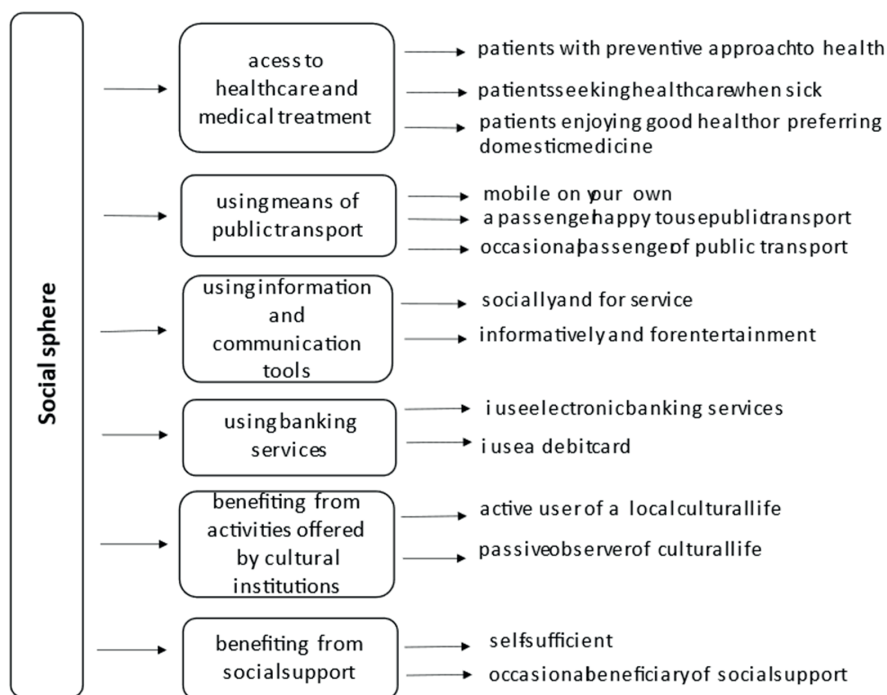


Figure 2. Display of signs of social inclusion of adults with a light intellectual disability in a social area

Source: Authors' own research.

There are no grounds justifying the opinion that the respondents are excluded from access to information and communication tools. The categories “socially and for services” and “informatively and for entertainment” show that the respondents are actively involved in using digital devices and the Internet. The data obtained make it possible to confirm findings of other researchers that people with a light intellectual disability are nowadays efficient users of computers, mobile phones and the Internet (Plichta, 2012; Chadwick et al., 2013; Mamroł, 2016; Glencross et al., 2021). The respondents also benefit from electronic banking services for making payments (“I use electronic banking services”). Some are limited to using only debit cards when shopping (“I use a debit card”) which is consistent with the findings of Susan C. Hayes

and Fiona B. Martin (2007). Participation in cultural life comes down to attending events organized by local cultural institutions (the category “active user of a local cultural life”). The respondents do not mention going to the theatre, museum or cinema which confirms the reports from other researchers about inaccessibility of high culture to people with a light intellectual disability (Lubińska-Kościółek, 2018; Woś, 2019). It deserves further investigation to find out whether the category “passive user of a local cultural life” is a result of home-centric style of living or of difficulties related to reception of the cultural offer by the respondents (Ramik-Mażewska, 2018; Bąbka, 2020; Mastrogiuseppe et al., 2021). It cannot be established, that the subjects are exposed to social inclusion due to economic standing (“self-sufficient,” “occasional beneficiary of social support”). The characteristic profile of the respondents shows that many of them are professionally active which ensures their financial security. The respondents, contrary to the findings of other researchers, were not only beneficiaries of social welfare and support offered by aid institutions (Żółkowska, 2004; Gajdzica, 2017; Wilson et al., 2017). Furthermore, the respondents experienced emotional and material support from their relatives which built up the feeling of security (Kirenko & Łaba-Hornecka, 2018; Ramik-Mażewska, 2018; Bąbka, 2020).

The research results confirm the assumption that people with a light intellectual disability characterized by a higher level of cognitive functioning and better adaptive abilities can experience social inclusion (Simplican et al., 2014). It is worth pointing out what forms the basis of a successful social inclusion of the analysed group. As the school records show the respondents were diagnosed with a light degree intellectual disability and because of this had to attend special elementary school and then special junior high school. Owing to the fact that they could not continue their vocational education in the same schools caused that they had to attend general education schools. In this period of life of the respondents there is one factor favouring social inclusion that can be recognized. It is likely, that the respondents entered their adulthood in a local community as graduates of a generally accessed school, which saved them from consequences of a special school stigma. Other researchers report that graduates of generally accessed schools have achieved in their adult life a higher social status than their friends who were educated in special schools (Firkowska-Mankiewicz, 2000). This approach is worth

further investigation. The respondents possessing a light intellectual disability played in their adult lives various social roles, such as of a worker, spouse, parent which helped build up an image of a proper member of a local community (Kirenko & Łaba-Hornecka, 2018; Bąbka, 2020; Ćwirynkało, 2020; 2021; 2022). Intellectual barriers of the respondents were known only to close family members, thus they were not marked with the mentally handicapped stigma, which, in consequence, eliminated various types of discriminative practices, being labelled as deviant and social isolation (Ditchman et al., 2013). Owing to this, the respondents were accepted in their communities as mates, not as aliens, which is not a common phenomenon for a life environments of people possessing a light intellectual disability (Abbott & McConkey, 2006; Nicholson & Cooper, 2013; Myśliwczyk, 2017; 2022).

Conclusions

The research results do not give grounds for an excessive optimism related to a social inclusion of intellectually disabled in Poland. At most, they can serve as a positive example showing that social inclusion of people with a light intellectual disability is possible. The investigation conducted is not free of limitations. The research was of a qualitative character and focused on learning about experience of a small group of people with a light intellectual disability who possessed such cognitive and social resources that made it possible for them to play their social roles in a way not differentiating them from able-bodied. If there had been more subjects selected for the investigation we could have been given a completely different picture of social inclusion. Subjectivism of the authors of the paper was reflected in the choice of particular analytical categories which constitute a conceptual material in the discussion on social inclusion of people with a light intellectual disability.

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