UNIVERSITY OF YAOUNDE I
****
POSTGRADUATE SCHOOL FOR THE SOCIAL AND EDUCATIONAL SCIENCES
****
DOCTORAL RESEARCH UNIT OF RESEACH AND TRAINING IN SCIENCES OF EDUCATION AND EDUCATIONALENGINEERING
****
DEPARTMENT OF SPECIALIZED EDUCATION

UNIVERSITE DE YAOUNDE I
****
CENTRE DE RECHERCHE ET DE FORMATION DOCTORALE EN SCIENCES HUMAINES, SOCIALES ET EDUCATIVES
****
UNITE DE RECHERCHE ET DE FORMATION DOCTORALE EN SCIENCES DE L'EDUCATION ET INGENIERIE EDUCATIVE
****
DÉPARTEMENT DE L'ÉDUCATION SPÉCIALISÉE

LANGUAGE AND ACCESSIBILITY TO COUPLE LIFE AMONGST PEOPLE WITH DOWN SYNDROME AT THE NATIONAL REHABILITATION CENTER FOR DISABLED PERSONS

Desertation (thesis) written and defended on January 14Th 2025 in partial fulfillment for the requirement of obtaining the diploma;
Master's degree in special Education

Speciality: *Specialized Education*

Option: *Mental Disability; Psychopedagy of Disability*

By

ABANDA ROLAND CHO

Holder of a bachelor degree in psychopathology and clinic

Members of Jury

President:	**Prof CHAFFI Cyrille Ivan**	**(MC)**
Supervisor:	**Dr ONDOUA Laure**	**(CC)**
Examiner:	**Prof DONG Thierry**	**(MC)**

ATTENTION

Ce document est le fruit d'un long travail approuvé par le jury de soutenance et mis à disposition de l'ensemble de la communauté universitaire élargie.

Il est soumis à la propriété intellectuelle de l'auteur. Ceci implique une obligation de citation et de référencement lors de l’utilisation de ce document.

Par ailleurs, le Centre de Recherche et de Formation Doctorale en Sciences Humaines, Sociales et Éducatives de l'Université de Yaoundé I n’entend donner aucune approbation ni improbation aux opinions émises dans ce mémoire ; ces opinions doivent être considérées comme propres à leur auteur.

This work is dedicated

to

My ELDER sister NGUM SOLANGE ABANDA of blessed memory who had longed to see this day, but passed away on January 20th 2024 as a result of the Anglophone crisis.

RIP my soul mate

ACKNOWLEDGEMENT

As we complete this work, we would like to express our sincere thanks to the following people:

Dr ONDOUA LAURA for her supervision throughout this work; her availability and commitment to seeing us finish and defend my master's degree.

To the former Head of Department of Specialized Education, Professor MAYI Marc Bruno, for his availability to help us in the formulation of our subject and his relentless and tireless supervision of our work.

Our teachers from the Department of Specialized Education for the efficient and competitive training they have given us since the first year of master's degree until today

To Dr IGOUI MOUNANG Gilbert for his advice and guidance during our research seminars;

To my father ABANDA GABRIEL, for his moral, psychological and financial support in carrying out this work

My mother SHIRI MARY ABANDA for her maternal and psychological support

To the entire ABANDA family, for their assistance and support in carrying out this work on all ABANDA JULIUS, NGU STANLEY, DELPHINE AWA, ABANDA SMITH, FUT AARON and NJEI ALFRED.

My classmates for their involvement in this work;

To all those whose names are not mentioned here, and who have contributed in one way or another to the development of this work directly or indirectly our gratitude also goes to them.

And to Miss. AGWA JANE for her encouragement during this work and throughout my master's degree.

LIST OF ABREVIATIONS

T21: Trisomy 21

UN: United Nations organisation

ID: Intellectual Disability

CNRPH: National Center for the Rehabilitation of Disabled People

CRHY: Regional Center for the Disabled of Yaoundé

CONRHA: African National Committee for the Rehabilitation of the Disabled

DG: General Management

CA: Board of Directors

ABSTRACT

The objective of this study was to understand how language facilitates the foundations of family life in people with Down syndrome. This is because from the observation we had on the field, 75percent of persons with Down syndrome suffer the effect of language in their interactions. 25 percent is not interested in couple life. We therefore, looking at the 50 percent, had to do something to help them through this study to able to get access to a couple life; therefore, the foundation of our study. It was concretely a question for us of identifying how verbal language determines the successful access of people with Down syndrome to a libidinal intimate life; understand how emotional bonds guide the successful access of people with Down syndrome to a suitable married life. The main question was formulated as follows: does the impact of language facilitate the successful access of people with Down syndrome to a couple life? In other words, how the processes of the purposes of language allow people with Down syndrome to establish a successful family life. As an answer to this question, we formulated the following general hypothesis: The impact of language facilitates the successful access of people with Down syndrome to a life as a couple. To better understand this reality, we formulated the following specific hypotheses: Hr1: The impact of verbal language facilitates the successful access of people with Down syndrome to life as a couple. Hr2: The impact of non-verbal language facilitates the successful access of people with Down syndrome to life as a couple. To achieve this objective, the clinical method was used. Data were collected within the CNRPH through semi-structured interviews with three participants. The data were subject to thematic content analysis. The results obtained show that the right level of language promotes the development of executive functions. Although their language is in the majority of cases simplified. It promotes a form of communication that uses simple, clear and direct words and sentences to facilitate understanding and linguistic production. This allows them to easily express their thoughts and feelings in a sequence of interaction with others. This language thus allows the improvement of their executive functions. By reducing cognitive load and the need to use inhibition to suppress irrelevant or interfering information that can impair working memory, it improves their ability to retain and manipulate short-term information needed to perform tasks; complex cognitive skills such as seduction or the expression of feelings. This makes it easier for them to access life as a couple.

Keywords: *Language, accessibility, couple life, Down syndrome, conjugality*.

RÉSUMÉ

L'objectif de cette étude était de comprendre comment le langage facilite les fondements de la vie familiale chez les personnes atteintes du syndrome de Down. En effet, d'après les observations que nous avons faites sur le terrain, 75 % des personnes atteintes du syndrome de Down souffrent de l'effet du langage dans leurs interactions. 25 % ne s'intéressent pas à la vie de couple. Nous devions donc faire quelque chose pour aider les 50 % à accéder à une vie de couple, ce qui a constitué le fondement de notre étude. Concrètement, il s'agissait pour nous d'identifier comment le langage verbal détermine l'accès réussi des personnes atteintes du syndrome de Down à une vie intime libidinale ; de comprendre comment les liens affectifs guident l'accès réussi des personnes atteintes du syndrome de Down à une vie de couple convenable. La question principale a été formulée comme suit : l'impact du langage facilite-t-il l'accès des personnes atteintes du syndrome de Down à une vie de couple ? En d'autres termes, comment les processus des objectifs du langage permettent-ils aux personnes atteintes du syndrome de Down d'établir une vie de famille réussie ? Pour répondre à cette question, nous avons formulé l'hypothèse générale suivante : L'impact du langage facilite l'accès des personnes atteintes du syndrome de Down à une vie de couple réussie. Pour mieux comprendre cette réalité, nous avons formulé les hypothèses spécifiques suivantes : Hr1 : L'impact du langage verbal facilite l'accès des personnes trisomiques à la vie de couple. Hr2 : L'impact du langage non verbal Hr2 : L'impact du langage non verbal facilite l'accès réussi des personnes trisomiques à la vie de couple. Pour atteindre cet objectif, la méthode clinique a été utilisée. Les données ont été recueillies au sein du CNRPH par le biais d'entretiens semi-structurés avec trois participants. Les données ont fait l'objet d'une analyse thématique de contenu. Les résultats obtenus montrent que le bon niveau de langage favorise le développement des fonctions exécutives. Bien que leur langage soit dans la majorité des cas simplifié. Il favorise une forme de communication qui utilise des mots et des phrases simples, clairs et directs pour faciliter la compréhension et la production linguistique. Cela leur permet d'exprimer facilement leurs pensées et leurs sentiments dans une séquence d'interaction avec les autres. Ce langage permet donc d'améliorer leurs fonctions exécutives. En réduisant la charge cognitive et la nécessité d'utiliser l'inhibition pour supprimer les informations non pertinentes ou interférentes qui peuvent altérer la mémoire de travail, il améliore leur capacité à retenir et à manipuler les informations à court terme nécessaires à l'accomplissement de tâches, de compétences cognitives complexes telles que la séduction ou l'expression de sentiments. Cela leur permet d'accéder plus facilement à la vie de couple.

Mots- cle’s : Langage, accessibilité, vie de couple, trisomie 21, conjugalité.

GENERAL INTRODUCTION

Language and communication can play a significant role in forming and maintaining romantic relationships. For individuals with Down syndrome, accessing and navigating couple life can be complex due to various barriers.Research has shown that individuals with Down syndrome may face challenges in developing and sustaining romantic partnerships due to difficulties with verbal and non-verbal communication, social skills, and cognitive abilities.However, with the right support and accommodations, individuals with Down syndrome can build and maintain fulfilling romantic relationships. This can involve providing access to communication aids, relationship counseling, and social skills training.Additionally, promoting inclusivity and acceptance of individuals with Down syndrome in society can help break down barriers and create more opportunities for them to form and maintain romantic relationships.

BACKGROUND THE STUDY

Trisomy 21, commonly known as Down syndrome, is one of the most common viable chromosomal aberrations. This syndrome was first described in 1866 by Down who gave a detailed description of people with Down syndrome. Then Lejeune et al. (1959) discovered the existence of a third chromosome on the 21st chromosomal pair in these patients causing the syndrome. However, Down syndrome is the anomaly for which a genotype-phenotype relationship has been demonstrated. It not only modifies the genotype and phenotype of any affected individual, but above all influences their quality of life (Bouquet et al., 2013; Irving et al., 2008; Lyle et al., 2009; Mou et al. .,2012). In addition to the modification of the phenotype and genotype, it also results in multiple anatomical malformations, a particular morphological appearance and more or less severe mental retardation (Bouizegarene et al., 2008). However, it affects one child in 700 live births (Doubaj et al., 2010) and currently, there are approximately 8 million cases worldwide (Roizen and Patterson, 2003). For Korff-Sausse (1996) Adolescents and adults with Down syndrome after their education more often have difficulty investing their sexual drive in an erotic object because of their phenotypic state and therefore have difficulty accessing a life as a couple and family.

According to Boulvain et al. (2008); Chokoiri et al. (1998); Loane et al. (2013), the frequency of Down syndrome and its incidence varies considerably depending on the country, the method of collecting data, the distribution of maternal age in the population considered, and the use of prenatal diagnosis. Certainly the signs reflecting Down syndrome are visible at birth but they are not sufficient for a diagnosis to be made, hence the need to carry out confirmation by karyotype. The development of a prenatal screening and diagnosis strategy therefore remains a necessity. Once screening and diagnosis have been made, the socialization of the child begins. Note, however, that the aim of caring for children with Down syndrome is not to treat them because there is no treatment for Down syndrome, but specific and regular medical and specialized monitoring improves executive functions in people with Down syndrome. Which will facilitate socialization and access to meeting people of the opposite sex later and by extension the construction of their own life project.

The Secretary General of the United Nations (UN) affirms to commemorate the 2016 edition of World Down Syndrome Day that:

“Good access to health care, early intervention programs and inclusive education, as well as appropriate research, are essential for the growth and development of the individual.”

“We cannot see people with disabilities, including those with Down syndrome, exclusively as beings in need: they are also agents of change who can help society as a whole to progress. As we strive to achieve the Sustainable Development Goals, it is essential to hear what they have to say.”

In Europe and particularly in France, screening for Down syndrome began 40 years ago before becoming widespread in 1997. Following numerous studies relating to the evaluation of the impact of prenatal diagnosis on expected and observed prevalence of Down syndrome, it appears that the total prevalence of Down syndrome in new-borns increased from 14/10,000 in 1978 to 23/10,000 live births in 2005 (Rousseau et al., 2010). The Canadian Association of Neurosciences, through research carried out on procreation in people with Down syndrome in 2021, reached the results according to which people with Down syndrome procreate and 25% of people with Down syndrome achieve a successful life as a couple. However, the gradual increase in the number of terminations of pregnancies after prenatal diagnosis reached 78% of cases in 2005 and the prevalence at birth decreased, going from 14/10,000 in 1978 to 5.1/10,000 in 2005. Along the same lines, the observations of Roizen et al. (2003) show that between 1983 and 2000, the proportion of cases of T21 detected before birth in women aged at least 38 increased nine fold in the Parisian population.

At the same time, the number of births of children with Down syndrome has decreased by 3% per year and today tends to stabilize at around 7.1 per 10,000 births. At the end of 2017 the prevalence was between 5.5/10,000 and 7.5/10,000. Parallel to this drop in prevalence, we note an increase in the rate of interrupted pregnancies.

In Africa, T21 is far from rare and yet, it remains an orphan in developing countries. Given the absence of similar measures in developing countries, the prevalence of T21 but above all its incidence will be high (Aloa et al., 2010; Weijerman and Peter, 2010). In West Africa, the report on the general policy of the ECOWAS of 2022 on disabilities and vulnerabilities underlines that 24% of people with Down syndrome whose age varies between 27 and 45 years access a life as a couple thanks to progress in neuroscience on the functional states of memory and language.

In some countries, such as Benin, Nigeria, South Africa, Egypt, Tunisia, Algeria and Morocco, significant research has been carried out and national epidemiological data are beginning to exist. In Benin, for a population of 8,000,000 inhabitants, the number of children carrying T21 is around 500 (Aloa et al., 2010). In Nigeria, the incidence of T21 is 11.6 per 10,000 for a sample of 25,025 people (Adeyokunnu, 1982). In South Africa, this value varies according to the authors: Kromberg et al. (1992) noted an incidence of 16.7 per 10,000, Deplort et al. (1995) note 13.3 per 10,000, while Venter et al. (1995) reported an incidence of 10.9 per 10,000.

Epidemiological data in North African countries are rare and quite disparate when they exist. In Tunisia, the estimated total prevalence of T21 is 9.8 per 10,000 pregnancies (Chelli et al., 2008).

In Cameroon, the development of a prenatal screening and diagnosis strategy remains a necessity because there is not always epidemiological data concerning this condition apart from hospital data or those reported by certain associations and specialized establishments. Faced with this high prevalence, in April 2019, the Essos hospital center deemed it useful to provide better psychological care for parents of T21 children, so that they could, in turn, provide support to their offspring. . With a view to contributing to the development of the T21 life project, the specialized centers prepare an educational program adapted to the specificities of adolescents after their socialization and empowerment. Of nearly 90 intellectually disabled children registered at the CNRPH from 2015 to 2022, 45 have Down syndrome and have heterosexual relationships, representing a percentage of 55.44%. At PROMHANDICAM, out of 233 ID children registered, from 2009 to 2013, 62 had Down syndrome (26.61%). From

2014 to 2018, 82 were T21 (35.19%), i.e. a total of 144 subjects for a percentage of 61 .80%. In this population, only 12 people have children.

In view of the above, we note a clear evolution of T21 which goes from 26.61% from 2009 to 2013 to 35.19% for an increase rate of 8.58% in PROMHANDICAM and 44.44% at the CNRPH from 2014 to 2018. Currently; the evolution of screening methods does not yet allow invasive prenatal screening. However, amniocentesis is practiced which, due to the cost (250,000 to 300,000 FCFA) is not within everyone's reach (Obam, 2009). In addition, only the Pasteur center is able to take the samples which are then sent to France for examinations.

At the end of the screening, and given the importance of supporting children with Down syndrome as well as their families, informed parents register their children in specialized institutions. Within these institutions, support for children depends on their age and sometimes their intelligence quotient relating to the activity of higher nervous functions. Some authors such as Morvan and Dazord (2005) have mentioned the importance of supporting disabled people because, according to them, “support that is both plural and personalized for people with disabilities from a young age is likely to facilitate overcoming obstacles to one's autonomy and the construction of a quality life” that said; Access to life as a couple is possible but very difficult for the majority of people with Down syndrome, while it is facilitated by specialized care.

We underline here the need to take into consideration the difficult access to the life of a couple of people with Down syndrome by going through multiple and specialized care and by offering them maximum possibilities of choice, of decision-making decision etc.

Today, it is estimated that more than 650 million people around the world live with a disability. In this population the prevalence of Down syndrome is between 1/1000 and 1/1100 births living throughout the world. Each year around 3000 and 500 children are born with this anomaly, there are around 250,000 families affected by this anomaly in the United States, in France, Down syndrome is observed on average during 27 pregnancies out of 1000 and its frequency increases with maternal age. . 450 children carrying this chromosomal anomaly are born every year. 40,000 people live with this disease, which represents 0.08 percent of the French population. In Africa, in Cameroon, statistics on people with Down syndrome are rare and sometimes inaccessible when they exist. However, it is estimated from some empirical data that out of 35 children with specific needs in specialized centers in Cameroon, 5 have Down syndrome, so we could estimate the rate of people with Down syndrome in Cameroon at 10 to 15 percent.

Thanks to advances in medicine relating to the reality of higher nervous functions and the good care that results from them, the life expectancy of people suffering from this syndrome has considerably increased, so that today we observe a large number of adults carrying this anomaly and seeking a life as a couple and family.

My training as a teacher, my years of experience as a graduate in psychology working in certain institutes responsible for children with special educational needs as well as my two years of internships in special education with learners with Down syndrome at the CNRPH raised different questions for me as to the difficulties of people with Down syndrome to form a couple following their socialization, the effects of higher nervous functions on this socialization and on their personality. My curiosity and the desire to better understand the basic mechanisms between the activity of nervous functions such as memory, language and emotions and the accessibility of people with Down syndrome to life as a couple, we realize that the gaze of others; stigmatization and false cultural representations about people with Down syndrome put them on the margins of society, a situation which contributes to not facilitating their socio-emotional integration and their intimate life despite a positive impact on higher nervous functions.

Living organisms acquire, retain and use a whole set of information or knowledge processed and stored by the nervous system: there is no cognition or intelligence without memory. Thanks to memory, the past guides our perception of the present and allows us to anticipate and adapt. Language is the primary means of communicating ideas and emotions between individuals. Thus, it is a tool for the development and expression of thought in the individual. Also, social psychology defines language by its functions, rather than by its formal character. Generally speaking, language refers to behaviour manifesting communicative intention. Thus, the information transmitted is linked to the recipient's ability to decipher the more or less symbolic code used to communicate the information. In this sense, it is possible to say that certain animals use language. Similarly, the term language is sometimes used in relation to social phenomena such as dress. The emotions….

The difficulty of carrying one more chromosome at the 21st pair has led people to believe that people with Down syndrome do not procreate and therefore difficult for them to enter into a life as a couple; their education tends to lead them into a system of resignation and to think that access to marriage is not possible. Empirical observations show the opposite because we met 3 couples with Down syndrome during our pre-survey who benefit from good socialization and lead a life as a couple.

Furthermore, the syndrome was described more than 100 years ago and the chromosomal characteristics that define them have been known for almost 60 years. However, a good part of the medical profession and the professionals in charge of these people are very poorly informed about what a person with Down syndrome is, about their development, their learning abilities, their behaviour and their future to the point where some think that the people with Down syndrome cannot procreate and successfully lead a life as a couple that leads to the founding of a family. In the context of a couple with Down syndrome, difficulties are noted which are often due to a negative impact on language, memory and the production of emotions. It will be a question for us to seek to know the impact of language in the lives of people with Down syndrome giving access to the life of the couple.

RATIONALE FOR CHOICE OF TOPIC

Our subject concerns nervous functions which are in the field of neuroscience and therefore the primary function relates to the nervous system. For us, it is a question of understanding how functions such as language act in the lives of intellectually disabled people in general and people with Down syndrome in particular. Down syndrome being a chromosomal aberration which does not always allow its subjects to lead a successful family or intimate life because this handicap is perceived by society as a life error for those with Down syndrome and from which many suffer in the different paths of their socialization . We met adolescents and even adults with Down syndrome in several localities in the three regions of Cameroon which are the central west and the coast who suffer from lack of maintaining a relationship likely to one morning lead to a life as a couple and found by extension a family. Most often the parents or even the families of these people are at the origin of this blockage because they are driven by a feeling of fear of seeing their children suffer. Additionally, we can add to this state of affairs, society's ignorance about people with Down syndrome. There are more and more people with Down syndrome in Cameroon but they are unable to easily form a relationship or have a family. However, thanks to a better incidence of higher nervous functions, some people with Down syndrome have managed to break the myth and succeed in a life as a couple.

The number of people living with Down syndrome at a given time in our country Cameroon, however, tends to increase, this can be explained by the considerable increase in the life expectancy of people carrying Down syndrome. According to RASORE – QUARTINO (1999) it would have gone from 9 years in 1965 to 12 years in 2010 then to 52 years in 2020. This life expectancy continues to increase even if we observe in certain cases accelerated aging in these people compared to the aging of people who are not carriers of Down syndrome.

Culturist theories most often condemn children with intellectual disabilities and the view of others which produces the prejudices and stigmatization which affect people with Down syndrome wherever they are found. Pity is most often the most shared thing for these people.

FORMULATION AND POSITION OF THE PROBLEM

Problem formulation

.Empirical observations

During our two management and implementation courses in certain specialized educational institutions in the city of Yaoundé, we accompanied adolescents with Down syndrome, we closely observed the Down syndrome people and they had a lot of admiration for their comrades of the opposite sex, but by talking with them, we realized that their state of being constitutes a barrier for them in the area of intimacy and the consumption of sex. Every adolescent, including children with Down syndrome, waits for this moment when they grow up to become independent. When the young adolescent with Down syndrome passes from childhood to adolescence and married life, he expects to see a concrete change, such as the power to take charge of his life, unfortunately in many cases, this passage generate very few concrete changes. This is the case of Célestine who lives in an environment unfavourable to her achievement. His parents, unaware of their involvement in his education, began taking care of him late (11 years old). Also, their protective, paternalistic and compassionate behaviors hinder the construction of their identity. Indeed, Paule's father never accepted his daughter's diagnosis. We will hear him say “there is nothing about my daughter”, he is very protective, he still considers her as a child despite the fact that she has younger children. She is, as her brothers say, her parents’ “darling”. She is isolated from everything, can do whatever she wants and no one reprimands her when she makes a mistake. Miss Paule is less and less confronted with life situations and is very protected, which gives her low self-esteem. Thus, she almost always resorts to outside help to complete a task. In addition to high demand for help, she is very evasive and does not think of planning a future project. For her, it is others who decide what is important to her and she executes.

At school, she does not respect safety instructions and sometimes unconsciously harms herself or others (she sometimes takes sharp objects and injures herself, for example); his difficult understanding of relationship codes forces the teacher to pay him a little more attention. Miss Paule also has learning difficulties, difficulties with writing, memorizing and reading. These difficulties require the educational team to pay more attention to it, but they do not lose sight of the objective to be achieved.

Parents, although very involved in the social integration of their offspring, find that taking care of the latter becomes more and more restrictive, burdensome and difficult to assume. You have to accompany her to school, pick her up, and above all watch her when she is at home. These constraints sometimes cause problems at the place of service and even with neighbors. Despite the firm assurance that their child's condition is improving, we see the despair on their faces when they leave her at school. They seem not to believe in the evolution of their offspring. For them, only the teachers can take care of it, which is why the children do not follow the educational program recommended to them during the holidays. Faced with their lack of memorization, teachers have the impression of coming back to the same things each time the school starts, and the educational team is confused and sometimes discouraged. Sometimes afraid of this difference, teachers fight as much as they can to propose an individualized and adapted project but compatible with the demands of the group; the objective is not to make these children different or similar to others but to become aware of their difficulties and their differences, to have confidence in their possibilities and to value them.

Theoretical observation

Trisomy being an autosomal problem is not a pathology, but a genetic malformation due to a supernumerary chromosome, puts its subject in a posture where the production and purpose of higher nervous functions allow the subject specific mental functioning. Their emotions such as feelings of love and their manifestations of their sexuality push them towards people of the opposite sex to build a life as a couple wherever possible. In the social environment, they are rejected because society thinks that people with Down syndrome cannot procreate because their chromosome arrangement would be different from 2nd, giving 46 chromosomes. More developed language and memory still give people with Down syndrome the opportunity to have access to a better intimate and social life.

According to Abery and Stancliffe (2003), the environment plays an essential role at each level of the ecosystem. Indeed, a person living in an environment supporting self-determination will need to use few resources to exercise the level of control they desire over their life. Conversely, a person living in an environment that does not promote socialization will have to use many more resources to achieve the level of control they desire and to overcome the obstacles put in place by the environment (Abery and Stancliffe, 2003). These authors identified the personal domains, or personal capacities, which support the development of self-determination (Stancliffe, Abery and Smith, 2000; Abery and Stancliffe, (2003): skills, knowledge and attitudes or beliefs.

Among the skills, we find the ability to set goals, make decisions, self-regulate one's behavior, solve problems, defend one's rights, communicate, have social skills and be autonomous.

The knowledge domains includes declarative knowledge, procedural knowledge and self-knowledge.

The domain of attitudes or beliefs includes locus of control, self-efficacy, self-esteem, determination, feeling valued by others, and having a positive outlook on life. Each of these areas will help the person have a greater level of control over their life. For example, declarative and procedural knowledge will allow the individual to understand their environment (know its facilitating elements, for example) and to know how to act on it. These skills develop over time depending on the characteristics of the person, their life experiences and the opportunities provided by the different systems in which they evolve. Thus, a person can be highly self-determined in one social context and moderately so in another. A person is thus strongly self-determined within his group of friends (assuming that their statuses are equal and that there is no leader), whereas he is less so in the family environment (there is must, for example, ask permission from their parents to be able to go out with their friends). In addition, the development of self-determination begins at an early age and is reinforced throughout the person's life based on the experiences of self-determination and control over their life that they have had according to Abery and Stancliffe (2003).

According to Wehmeyer (1996), self-determination is defined as: "the set of skills and attitudes which allow the individual to act directly on his or her life by making choices without being influenced by "undue external agents"". Berthma (2018) emphasizes that people with Down syndrome do not marry because of their physical malformation and the parents' fear of seeing them perpetrate Down syndrome

Problem position

On an international scale, various studies have shown the effect of early treatment on certain disorders inherent to Down syndrome. Thus, following the work of Hayden and Dimitriev (1975) relating to the effect of early care on sensory, motor and vocal development, it emerged that the children who received this care only represent a delay of "one month in mental age", on the other hand this delay is "of one year" for children not monitored compared to the "normal" child in the same domain, Cuilleret (2007) for her part , showed a gain of "20 to 30" IQ points" for the benefit of children who received early care.

In the same vein and since the work of Seguin (…..), it is known to everyone that children with Down syndrome can be educated in an institution. He is therefore capable of learning new things when treatment is early and multidisciplinary.

Note, however, that the child with Down syndrome is certainly what he is initially, but also what we help him to become. Indeed, if we are often given opportunities to "choose" between several things, from early childhood, to have new experiences, to meet people, if we have around us "models" of ordinary people who make their own choice, and models of people with Down syndrome who are self-determined and if we work on the choices with suitable tools then, everyone will be able to self-determine to the extent of their abilities in this or that aspect of their life, knowing call on this or that person of your choice to seek the necessary help: Self-determination and self-representation (2014).

Paule, who was taken into care late, not only has a slower development, but is overprotected, and sometimes subjected to overstimulation, she presents inertia of thought, a strong demand for help but also and above all has more difficulty in 'self-determine. Self-determination being the key element for better social integration which allows the child to develop the skills that make life in society easier. Failure to integrate will make the latter a marginalized person incapable of taking care of themselves.

However, the emergence of self-determined behavior depends on individual abilities, opportunities provided by the environment, life experiences and the types of support the person receives. Perret (2011) identifies ten indicators constituting the basis of self-determination: making choices, asserting oneself, taking responsibility for oneself, knowing oneself, making decisions, claiming one's rights, developing one's personal effectiveness, self-regulating, being autonomous , to be independent.

In view of the paradox that exists between empirical facts, opinion facts and theoretical facts, Down syndrome is poorly understood by society and even by certain intellectuals. Today's neuroscience brings us more light on the nervous system and its higher nervous functions have a considerable impact on the life of a couple in people with Down syndrome. We met in the city of Yaoundé people with Down syndrome who have a successful married life and having founded a very dynamic and well-balanced psycho-affective family. Trust in the couple's relationship is shared and people with Down syndrome live with people with Down syndrome and with people without Down syndrome. The position of the problem being more empirical than theoretical, a scientific problem thus emerges from this research which is that of: The successful accessibility of people with Down syndrome to life as a couple.

According to Blumer's theory of symbolic interactionism (1986), interactions involving a disabled person are invested with specific meanings for a social actor called upon to constantly forge a social personality in contact with others. These are meanings that the actors themselves use to construct their social world. It is therefore a question of relying on the practice of individuals to access these private phenomena which are the productions, in a marital context, of disabled people as social actors, interpreters of the world around them (Blumer, 1969; Queruz & Zurtrowski, 1994), but above all are capable of choices, initiatives and strategies; equipped with skills and performances (Ansart, 1990 p. 217).

Since "the treatment which the individual gives to or receives from others expresses or presupposes a definition of his person, as does the social scene which immediately surrounds him at that moment" (Goffman, 1973 p.317). This theory allows us to understand the daily life of couples living with a disability, the degree of mutual influence linked to each other, to physical appearance, to the roles played; their way of thinking, reflecting, communicating, conceiving life as a couple and managing it. It is about the "lived meaning", that is to say the way in which individuals present themselves and represent things in terms of access to life as a couple, of decision-making in terms of marital practice sexual and reproductive health in situations of disability (Chiewuo Kuetche, 2023).

Scientific research problem

The educational program recommends reducing stimuli, offering stability to the child by respecting consistency in instructions, giving simple instructions, displaying a calendar and identifying using pictograms, all that which may occur during the month: parties, outings, holidays, etc. to identify the teacher's absences and paste the photo of the replacement, to promote the self-esteem and self-confidence of T21s, to explain the reason why the educator makes a gesture or an action, to provision of T21 a small box containing different pictograms identifying, among other things, the objects and activities of his daily life, as well as the emotions that he may feel, which can help him to verbalize his message in the event of speech difficulty.

The low proportion (3%) of self-determined T21 children is attributed to several factors including overprotection and late treatment in the context of our study, knowing that self-determination is the key to successful development and development of a country, the contribution of each and everyone is requested. That said, the sexuality of people with Down syndrome limits their ambition to achieve and assert themselves in this regard. The problem of this research is the construction of the foundations of a family life through the bonds of marriage in subject T21.

RESEARCH QUESTION AND RESEARCH HYPOTHESES

. Research question

Does the impact of language facilitate the successful access of people with Down syndrome to couple life?

In other words, how the processes of the purposes of language allow people with Down syndrome to establish a successful family life.

Research hypotheses

General hypothesis

language facilitates the successful access of people with Down syndrome to a life as a couple.

Specific hypotheses

- Specific hypothesis 1: verbal language facilitates the successful access of people with Down syndrome to live as a couple.
- Specific hypothesis 2: non-verbal language facilitates the successful access of people with Down syndrome to live as a couple.

The objectives of the study

. Main objective

Understand how language facilitates the foundations of family life for people with Down syndrome. Specific objectives.

- ✓ **Specific objective 1**

Identify how verbal language determines the successful access of people with Down syndrome to a libidinal intimate life

- ✓ **Specific objective 2**

Understand how emotional bonds guide the successful access of people with Down syndrome to a suitable married life.

ORIGINALITY AND RELEVANCE OF THE STUDY

Originality of the study

During the communication exchanges with the specialized staff of the Centre, friends, fellow promoters and certain family members, we retained three facts:

Language is essential for people with Down syndrome in the difficult search for a partner with a view to an intimate relationship life.

The literature review is not sufficiently comprehensive and available for African Down syndrome people in general and Cameroonians in particular. A plethora of writings exist on mental disability but do not really touch on the couple life of people with Down syndrome. People with Down syndrome benefit from a better life as a couple thanks to the purposes of higher nervous functions.

This study reserves for mental handicap having been socialized in a rehabilitation center a theoretical basis on the epidemiological aspect of a group of Down syndrome leading a life as a couple as the primitive of a family foundation in Cameroon. The study allows us to put an epistemological point on the problem of building a successful and participatory family life in the socio-emotional development of people with Down syndrome; it aims to create a dynamic framework between the specialized educator and people with Down syndrome through the neurophysiological process of higher nervous functions of memories, language and production of emotions as a productive result of higher nervous functions. To do this, the study relies on respect for the disorders and difficulties of the person with Down syndrome.

Relevance of the study

The relevance of this research subject is revealed at the scientific, family, social and professional level. Our subject has relevance in special education. Special education is a program dedicated to mental disability professionals, social workers and teachers. Each of these categories of people with specific needs to immerse themselves in order to better understand the related issues in order to be able to contribute as much as possible their expertise in improving the living conditions of people with Down syndrome.

This research topic highlights the variables that would favor the exclusion of people with disabilities; the case of people with Down syndrome, variables which would push people with Down syndrome to acquire the behaviors of living together and building a balanced family. It also intervenes in social reintegration by supporting people with Down syndrome in the processes facilitating life as a couple. This study will provide the literature with information on the processes of production of higher nervous functions in people with intellectual disabilities.

CONCEPTUAL AND EMPIRICAL DELIMITATION OF THE STUDY

. Conceptual delimitation

Four concepts form the basis of this research work: Intellectual disabilities, mental disability, higher nervous functions and life as a couple.

. Empirical delimitation

Spatial point of view

Geographically, our study was carried out in the city of Yaoundé, the political capital of Cameroon. The study took place at the CNRPH in Etoug-Ebé. This center is a key element of the expressed system for implementing the policy to combat social exclusion and national solidarity. This structure is under the direction of Mr. Manga A Alexandre. The individuals who form our research population were socialized in this center and some returned to families after their rehabilitation. Through the center canal we had access to these for our land.

Temporary point of view

The research is aimed at people with Down syndrome who are struggling to build a life as a couple and, by extension, a family life.

DISSERTATION PRESENTATION PLAN

This work has two parts, namely the first part entitled theoretical and conceptual framework. Here we have three chapters:

FIRST PART: THEORETICAL AND OPERATIONAL FRAMEWORK

CHAPTER 1: HIGHER BRAIN FUNCTIONS, PRODUCTION AND PURPOSES IN THE CASES OF LANGUAGE, MEMORY AND EMOTIONS

In this chapter we identify the higher nervous functions, their clarification, their purposes, the boundaries between higher cerebral functions

1.1. EXECUTIVE FUNCTIONS

Executive functions are often considered as a “construct” bringing together several high-level cognitive functions representing the pinnacle of evolution and mental development (Aron, 2008). Conductor of all the other cognitive functions in which they are involved, they constitute a “set of processes allowing an individual to intentionally regulate their thinking and actions in order to achieve goals, when the task is new or complex” (Chevalier, 2010).

It was Baddeley and Hitch (1974) who first described it as the “central executive” in their theoretical model of working memory. The idea of the existence of these cognitive functions arose from the observation of subjects suffering from frontal cerebral palsy, the most famous of whom was Phineas Gage (1823-1860).

Executive functions allow one to exercise intentional control over one's thoughts and actions by supervising the mobilization of all other cognitive functions involved in goal-directed action in two situations: 1) when there is no routine (cognitive automatism) or when these are unsuitable for the action because it is new; 2) when the activity is complex (notion of cognitive overload).

Hongwanishkul et al (2005) distinguish between hot executive functions when they apply to situations with emotional or motivational issues, and cold executive functions when they apply to abstract or decontextualized problems. The current classification of executive functions is as follows:

Response inhibition: The goal of inhibition processes is to prevent irrelevant information from interfering with the ongoing task: a) inhibition of irrelevant responses.

The update function: It consists of modifying the contents of the working memory according to new data. Cognitive flexibility: This is the ability to voluntarily move the center of attention from one category of stimuli to another. This executive function, considered complex, has very close links with the inhibition function, the updating function and the attentional orientation function develop on their basis while being very distinct.

Action Planning: This is the ability to mentally construct a plan and order one's actions in order to achieve a goal.

Mental Fluidity (generativity/creativity): It is linked to creativity, that is to say the ability to generate words, drawings, ideas, etc. different from each other. It is often measured by verbal fluency tests which are often confused with verbal fluency. Verbal fluency refers to the number of words that the subject can express in a given time and according to given instructions. Verbal fluency depends in particular on the elocutionary and articulatory capacities (functional organs) but also on the cognitive capacities of the subject (memory, integrative, executive, etc.).

These functions can also be described as including Developing a plan including estimating the starting point, ending point and intermediate strategies to get there. Intermediate strategies to achieve this” (planning); Decision-making involves the ability to choose the most appropriate action to achieve the desired goal (volition).

Judgment, which involves evaluating the most appropriate options (intentional action). Self-correction, which ensures that programming is controlled and maintained until it is (effective performance) (Lussier and Flessas, 2009),

What Zelazo (2011), like Luria (1980), describes as “Imagine, Plan, Execute and Evaluate”, breaking down what he calls “The Executive Function” into sub-functions. Imagining means imagining the problem: what should I do? What's stopping me from doing it? To plan is to make a plan to solve the problem; To execute is to implement the plan; and To evaluate is to measure the effectiveness of the solution. For him, “the executive function orchestrates all these sub-functions” in the context of problem solving.

As with the attentional system, the different components of the executive system are functionally independent, but they intrinsically interact closely in a given task. Thus, in their fundamental research, A. Miyake et al (2000)124 showed that the three "classic" executive functions (updating, flexibility and inhibition) were clearly distinct from each other, but that they did not seem completely independent and that they shared certain common processes, hence the title of their article: Unity in diversity. It is this point of view which today seems to emerge as the most probable.

1.2. LANGUAGE

Language is the primary means of communicating ideas and emotions between individuals. Thus, it is a tool for the development and expression of thought in the individual. Also, social psychology defines language by its functions, rather than by its formal character.

Generally speaking, language refers to behaviour manifesting communicative intention. Thus, the information transmitted is linked to the recipient's ability to decipher the more or less symbolic code used to communicate the information. In this sense, it is possible to say that certain animals use language. Likewise, we sometimes use the term language in relation to social phenomena such as dress, etc.

Language also refers to the specifically human ability to communicate using vocal (or written) signs organized into systems, called languages. This presupposes the existence of a symbolic function, a speech apparatus and specialized nerve centers. Also, as systems, languages obey compositional rules of a phonological, morphological, syntactic, semantic and pragmatic nature which limit the possibilities of combinatory at each level of structuring. These rules vary considerably between languages. Grammars are more or less formal models of the combinatorics specific to each language. Mastering and acquiring the grammar of a natural language is a progressive process in which environmental stimulation intervenes. Also, certain linguists like Noam Chomsky defend the idea that the child is born with the necessary equipment for the acquisition not of a particular language, but of languages in general. From this perspective, the notion of language is inseparable from the hypothesis of a universal grammar underlying all human languages. The term language is therefore used, in this context, to designate the organizational features common to different languages, features whose mastery would be part of the biological development of the human species.

Furthermore, the ability to speak and mastery of a language are closely linked to thinking. Indeed, language provides categories that allow experience to be conceptualized and socialized. In this sense, language is much more than a simple communication tool and its study often proves difficult to separate from that of cognition.

1.2.1. Formal language

It is a set of formal conventions which are based both on the existence of a limited number of symbols, on syntax rules which set the conditions for combining these symbols, and ultimately on semantics. which determines the meaning of the formulas thus established. Among the formal languages, we can distinguish:

Programming language: it allows you to give instructions to a computer so that it executes operations belonging to its repertoire, and to combine these instructions in the form of a program. Description language: it is used, from a set of symbols referring to concepts, to describe various entities.

The language of representation: it is used, from a set of symbols referring to concepts and cognitive structures of various kinds, to formally represent various entities belonging to a reference universe (for example, the physical universe).

Object-oriented language: this is a programming language which is based on the use of objects, that is to say moderately complex formal entities comprising description possibilities and types of operations which are attached to them.

Verbal processing occurs at several levels. Thus, in production, we distinguish: Linguistic intention: this is the intention to transmit a message in its verbal form.

Planning the statement: this involves the structuring of the discourse and lexical, syntactic and morphological selections. The execution of the statement. On the other hand, in the reception of language, we distinguish:

Perception: it is auditory in the oral mode. It consists of identifying distinctive clues. Understanding: it allows you to abstract the meaning. These treatment processes are framed by other processes of a cognitive and psychosociological nature.

1.2.2. The language of thought

It is a philosophical theory according to which thought is based on the existence of beliefs and desires whose content is formed by propositions, that is to say structures similar to those of language. This theory is mainly defended by Jerry Feodor, within the framework of philosophical psychology. It is related to declarative or propositional conceptions of the functioning of thought which are also found in cognitive psychology.

Between the two schools of thought, one wanting that language plays only a minimal causal role in the development of thought, the other affirming that it creates the intellectual structure by shaping the mental representation of the world, we find an intermediate position. This consists of thinking that language is first developed as a tool for social communication, and is then internalized. Also, it influences mental structures since it is at the origin of an abstract symbolic system which allows the organization of thought.

Language does not develop independently of other forms of knowledge. It is a logical symbolic system that can model other aspects of knowledge. Its own structures are also analysed. This metalinguistic awareness is managed by two independent dimensions:

Also, this metalinguistic awareness plays a primordial role in the development of activities related to literature. It develops in bilingual children and seems to be at the origin of their cognitive advantage.

1.2.3. The importance of language

Language reflects our ability to symbolize what we think or feel. It allows us to bear witness to the past as well as to project ourselves into the future and also expresses what has no connection with the speaker's current experience. Language provides access to memory and imagination. Language is a fundamental function of the human being, first actualized in oral communication, then subject to multiple modifications in writing. Language development is an area where the debate about nature and nurture remains lively. New knowledge on brain development, in relation to normal and pathological functioning, is essential here. Accounting for both very early language acquisitions and the plasticity of the systems that support them is at the heart of current theoretical models. These models integrate data from inter-language, inter-individual and pathology comparisons. Marked by a strong interdisciplinarity, the study of language development today draws on work from linguistics, psychology and neuropsychology, cognitive neuroscience, artificial intelligence and human sciences education.

Bringing together some of the best specialists in the field, this volume is devoted to the emergence of language in babies and young children: brain functioning and the biological bases of language acquisition (based on imaging techniques) , the perception and production of speech before two years of age, the constitution of the lexicon, the acquisition of phonology and early bilingualism, the acquisition of a sign language, the analysis of the interactive social context and, finally, the various oral pathologies.

1.2.4. Psychological approaches to language

For Viry (1990, p. 22), the individual psychic structure is formed from an already structured space, which is the field of speech and language. Psychic reality is metaphorical in nature (a cat is not a cat, often a cat, but not always), and it is contained in words, particularly in the words of the mind. Psychic reality includes three levels (Bergeret, 1984):

- the real, which corresponds to the id, to the impulses; its sudden irruption into the field of consciousness is experienced as a trauma. It is also the empirical given, the raw sensation, the physical, organic world, before any representation;
- the imagination corresponds to a mode of apprehension of reality through the mediation of images; it is what we imagine from what we perceive of reality. The imagination is the virtual image of reality obtained by projection onto the psyche, conceived as a mirror or a psyche (fantasies) (Viry, 1990, p. 23);
- the symbolic corresponds to a mode of apprehension of reality through the mediation of language. The symbolic is made up of a set of interconnected signifiers which make it possible to decipher reality by applying an interpretation grid to it. This meaningful chain is constructed from cultural elements transmitted by the family or acquired over the course of life (Viry, 1990, p. 23).

By accessing language, the human being detaches himself from a world of pure sensations to access reality; he becomes a subject with objects in front of him, because there is no direct access to reality without the mediation of language (Viry, 1990, p. 23). In psychic space, each individual manifests himself as a speaking being and not as an organic being: he is a speaking being; and communication between two beings takes place through the mediation of language (Lacan cited by Viry, 1990). While in biology and neurology, the field of knowledge is the organic body, reality, in psychology and psychopathology, it is the speaking being which represents the living being at the level of reality (Viry, 1990, p.24). A subject's speech is therefore made up of a set of linguistic signs which are linked together to transmit information (Viry, 1990, p. 29).

According to Vandendorpe (1994), language serves as the basis for our mental representations, because it is through language that human beings have been able, by naming them, to detach fragments of experience to communicate them to others. It is through language that we have been able to remember fragments of our existence and develop our self-awareness, thanks to the mirror effect created between speech and the imprint left by our sensations, called reflection (Vandendorpe, 1994). Language stimulates thinking at the level of external consciousness (the conscious) and perfectly understands the negation and coding of words (Fatima-Zahra, 2010). A consciously expressed thought will then transmit the vibrant idea to the inner consciousness (subconscious) and therefore saying "I don't want to" or "I am not capable" will lead the person's subconscious to take ownership this information as “reality” and to act accordingly (Fatima-Zahra, 2010). The quality of an individual's communication with themselves determines the quality of their communication with others, which in turn determines their quality of life.

If, for example, a person is used to calling himself "stupid", he will easily treat another person in this way. The adoption of violent inner language appears spontaneously in communication with others, and this is not limited to the choice of words, but is also reflected in actions and gestures (Fatima-Zahra, 2010). An individual's reaction reflects their thought system and the choice of words they use to express an idea says a lot about what they think and the type of individual they are. If a person is used to blaming and feeling guilty, they will very easily blame others and make them feel just as guilty. A parent who scolds his son does not do it because his son is not perfect, but because this is the communication style that he is used to using deep down, once he is left to his own devices (Fatima-Zahra, 2010). So, before having children, many people are convinced that they must avoid the mistakes their parents made in raising them. Today, they are well aware of this, but their psyche has long been programmed around these errors. When put to the test, they tend to involuntarily reproduce the same errors as their parents with their children, for lack of being able to do otherwise. To justify themselves, they say that this is ultimately what should be done with “difficult” children. However, children are not born "difficult", they become so because of prohibitions transformed into comparisons, distinctions, etc. (Fatima-Zahra, 2010).

According to Cudicio (2004, p. 459), individuals have different experiences and integrate the meaning that they create (semantics) in their body and their nervous system (neuron). The meaning they create and feel constructs their emotions, their motivations and their lifestyles. This way of living and experiencing what people say is called neuro-semantics (which is concerned with the study of internal frameworks whose role is to organize the meaning of information and which form the matrix of the 'spirit). People bring their ideas to life through the way they speak, move, act, react and think. And when meaning is attributed to an experience, it is transmitted to the muscles and then becomes part of a kind of “muscle memory” which constitutes the basis of unconscious skills (Cudicio, 2004). If a person believes and says that his neighbour is bad, he will develop attitudes consistent with this worldview and even take steps to reinforce it. She will then develop behaviours of avoidance, distrust, or even rejection of the neighbour or the person perceived as negative.

For Dor (1985, p. 42), speaking amounts to carrying out two series of simultaneous operations: on the one hand, selecting a certain number of linguistic units from the lexicon; on the other hand, combine the chosen linguistic units with each other. More generally, we can define two axes which divide the language as a whole according to the plane of selection (paradigmatic axis) and according to the plane of combination (syntagmatic axis). The axis of selections therefore concerns the linguistic system as a lexical choice; the axis of combinations concerns discourse as the use of chosen lexical terms (Dor, 1985, p. 43). According to Jakobson (1963b), when the deterioration of the linguistic system concerns the lexicon (selection), the individual has difficulty finding words; when it is the articulation of lexical terms (combination) which is deteriorated, it proceeds by similarity. The discourse therefore takes place according to two types of operations: metaphorical operations (selection axis) and metonymic operations (combination axis) (Dor, 1985, p. 43). There is therefore a certain fixity between signifier (acoustic image) and signified (concept or idea that we have of the concept) in a spoken chain, and each time we encounter a signifier, it is necessarily linked to a signified (Lacan, 1966).

To ensure that it is indeed a unit, it is necessary to compare a series of sentences in which the same unit appears, and in each case separate it from the rest of the context, noting that the meaning authorizes this delimitation (De Saussure, 1919/1978, p. The reality of the linguistic sign therefore only exists in relation to all other signs (context). It is this value of the sign which makes an acoustic fragment real and concrete, that it is delimited by making sense, and thus becomes a linguistic sign (Dor, 1985, p. 47). Thus, in a language, each term has its own value in opposition to other terms (rules accepted once and for all) (De Saussure, 1919/1978). Language appears as a series of divisions introduced simultaneously in the flow of thought and in the flow of speech (Dor, 1985, p. 47). Language is therefore like a sheet of paper: thought is the front and sound is the back; you cannot cut the front without cutting the back at the same time; similarly, in language, we cannot isolate sound from thought nor thought from sound (De Saussure, 1919/1978, p. 157).

On the one hand, the flow of thoughts and the flow of sounds are immediately brought into question as a flow of signifieds and a flow of signifiers (Dor, 1985, p. 48). It is the signifier which governs the subject's discourse, even which governs the subject itself (Dor, 1985, p. 53). For this reason, the signifier is assimilated to the functioning of the primary process (condensation/displacement) and its extension participates in the configuration of the formations of the unconscious (Dor, 1985, p. 53). The supremacy of the signifier is attested by metaphorical and metonymic mechanisms. Displacement, assimilated to metonymy, is a psychic representation in which a signifier is disinvested in favour of another with which it has a link of continuity (Viry, 1990, p. 27). Metaphor, like condensation, is a linguistic mechanism which consists of designating one thing by the name of another. When an individual uses a style of language in which part of an object is used to refer to the whole, it is called metonymy (Dor, 1985, p. 59). And when one signifier is substituted for another, or condensed for another because they are similar, we speak of condensation (Viry, 1990, p. 27). Language therefore appears to be the best means of access to psychic functioning and the most effective way of reporting psychic facts.

A person's language (verbal or non-verbal) says a lot about them. For example, the posture of a person during a communicative exchange allows us to understand certain information that they involuntarily let slip:

- when the head is tucked or tilted, the shoulders are low, the torso is flexed, the elbows are close to the body and the feet are tucked in, this is a posture of submission;
- when the chin is high, shoulders open, arms and legs spread, this is a posture of domination;
- when an individual's head is back or turned away from the torso, torso in profile, the gaze is not on axis, this is a posture of rejection;
- when a person's torso is back, their hands are in a bumper position, this is the posture of someone who is afraid and it can also be a way of gaining momentum or moving backward to attack better;
- when a person's head is forward, neck extended, chest leaned forward, hands open, one foot forward, this is a posture of sharing or participation.

According to Laflamme (1978), any linguistic system implicitly contains within itself a structuring of reality which determines the way in which it is perceived and conceived. The linguistic system shared by members of the same nation largely determines their “world view” (Laflamme, 1978). Man gives birth to language by internal necessity, that is to say that a people thinks as they speak and speaks as they think (Von Humboldt cited by Laflamme, 1978). Language becomes the external manifestation of thought, a means of describing and explaining reality, but also an essential guide to discovering the subjective reality of an individual. Language thus makes it possible to create an image of a person's psychological reality. It is also a guide to reality, since it powerfully conditions reflection on social problems and processes (Sapir, 1968). Thus, individuals hear and think according to the linguistic habits of their community, because these influence what should be perceived and how it should be interpreted (Laflamme, 1978). A child deprived of the ability to speak and to whom no sign system is transmitted is condemned to lasting mental infirmity (Laflamme, 1978). The way we think and use language is intertwined and dependent on social context.

1.2.4.1. The social approach to language

Language is the primary means of communicating ideas and emotions between individuals. Thus, it is a tool for the development and expression of thought in the individual. Also, social psychology defines language by its functions, rather than by its formal character. Psycholinguistics (or psychology of language) studies language behaviors and the psychological mechanisms that govern the use and acquisition of language.

The study of language behavior follows the major currents of thought in psychology and linguistics. When behaviorism dominated psychological thinking, language behavior and development were seen as the result of habit formation, driven by imitative behaviors. But the rise of generative grammar has changed this approach. Indeed, it conceptualizes language behavior as being managed by a system of rules, generated by an internal device of an innate nature.

Today, the study of language is part of both cognitive science and social psychology. Language is conceived as a complex internal structure that is part of social cognition. Language behavior is managed by cognitive and motivational processes, resulting from the internalization of previous interactions between the individual and his or her social surroundings. It transmits the meaning contained in the verbal form, but also information concerning social categorization, social identity and the attitude of the interlocutors.

Language first develops to perform a number of functions. According to Lev Vygotsky, language is first acquired in its social function. It is then internalized as a tool for regulating behavior and as a tool for thinking.

Also, the first source of language development comes from the social environment. Through their social networks, the child is surrounded by a language model and the values associated with it. By learning how to use the language tool in its social, regulatory and ideational functions, the child internalizes these values in his maturation of identity. This valuation then creates motivation to learn and use the language. Thus, it leads first to the development of a communicative skill and then of a conceptual skill; In fact, the child learns to use language as a cognitive tool, as soon as he has acquired a minimum of linguistic skills.

1.2.4.2. Psychosociological aspects of language

Language plays an important role in the development of cultural identity. Indeed, through social categorization, a speaker constructs a social universe. Thus, it recognizes those with whom it shares certain characteristics, including language. By means of social comparison, he identifies with a number of common traits, among which language plays an important role. Also, when language is a salient trait of the group, it is used in sociocultural categorization and can define the group's identity.

Furthermore, one of the properties of verbal interaction is the adaptation of the speaker's speech to his interlocutor. This adaptation results from four psycho-sociological processes:

Attraction by similarity: the speaker increases his social attraction by reducing linguistic differences.

Social exchange: it involves an evaluation of the costs and gains linked to language behavior.

Social attribution: motives and intentions are attributed to the interlocutor.

Intergroup differentiation: it leads the speaker to use linguistic markers to assert their identity.

Also, there is convergent adaptation when the speaker attenuates linguistic differences to increase social attraction, or when the gain from the exchange is greater than the cost, or when he perceives positive intentions in the interlocutor. On the other hand, there is divergent adaptation when the language of the speaker deviates from that of his counterpart, when the social cost is greater than the gain, when the intentions are perceived as malicious or even when the speaker wants to differentiate himself and affirm one’s ethnolinguistic belonging.

Thus, in social psychology, language is seen as a complex social representation using a conventional system for communication and thought development.

1.2.5. Language and executive functions

According to Simpl4all (2022), language is a human ability that allows us to communicate, think and learn. To understand the words you hear or read, you must pay attention and not get distracted. You also need to remember important things. To understand the meaning of new words or things you don't know, you need to be flexible. You need to control yourself so as not to lose track and make sure you understand correctly. If you have problems in these areas, you may have difficulty following directions, understanding what you read, and speaking to others.

To speak, you need to think about what you want to say and how you are going to say it. You need to remember important things and put them in order. You must control yourself to stay on topic and change the way you speak if you see that you are not being understood. If you have problems in these areas, you may have difficulty saying things or doing your homework in a clear and pleasant way.

To be with others, you need to know how to behave depending on where you are (quiet in the library, active in the park, calm if you miss a game), understand when you upset others, and play well or work with others. You need to be flexible to understand what others think and listen to their points of view. You need to remember the things other people say so you can talk to them.

To develop and use language effectively, we therefore need other cognitive skills called “executive functions”. Executive functions are a set of processes that allow us to plan, control, monitor and regulate our behaviour based on context, goals and situations, whether new or complex.

Executive functions are involved in language development from a very young age. In fact, children with executive function disorders also tend to have language delays or disorders. Some of the components of executive functions that affect language are:

- Attention, which allows us to focus on linguistically relevant stimuli and ignore those that are not.
- Working memory, which allows us to remember and manipulate short-term linguistic information, such as the words or sentences we hear or produce.
- Planning, which allows us to organize our speech in a coherent and adapted way to the recipient and the communication objective.

- Inhibition, which allows us to suppress inappropriate or irrelevant linguistic responses, such as misspelled words or interruptions.

Executive functions influence not only language development, but also later reading and writing skills. In fact, to learn to read and write, children must be able to:

- Pay attention to the graphic signs and the sounds that represent them.
- Memorize spelling and grammar rules.
- Plan a text according to genre, theme and audience.
- Prevent distractions and mistakes.

An executive function disorder can therefore cause difficulties in oral comprehension and production, leading to language and writing disorders such as dyslexia or dysgraphia.

- ✓ **attention**

To develop and use language, one must be able to pay attention to sounds, words, sentences, context and the recipient of the message. Attention allows us to select and process relevant linguistic information in the short and long term.

Language, for its part, can influence attention and perception of reality. Indeed, the way a language encodes concepts can determine how people categorize and remember them. For example, languages that use different terms for colors can make it easier to discriminate between color shades. Languages that use different ways of expressing time can influence the mental representation of past and future events. Language can also modulate emotional attention, that is, the tendency to focus on emotionally relevant stimuli.

Imagine you are in a dangerous situation, such as a fire or earthquake. If someone tells you "calm down," "don't be afraid," or "everything will be fine," you probably won't be able to reduce your anxiety and panic. On the other hand, if someone tells you "follow the instructions", "get out of here" or "call for help", you will probably be able to focus your attention on the actions to take to get out of the dangerous situation.

This example shows how language can influence emotional attention, that is, the tendency to focus on emotionally relevant stimuli. Language can modulate emotional attention in two ways:

- It amplifies emotional attention when words that recall or emphasize negative emotions are used, such as "fear", "danger" or "disaster".

- It reduces emotional focus when using words that deflect or alleviate negative emotions, such as “action,” “solution,” or “help.”

Language can therefore have a regulatory effect on emotions, helping or hindering the management of stressful situations.

- ✓ **Working memory**

To develop and use language, you must be able to use your working memory to:

- Memorize spelling and grammar rules, as well as sentences and words heard or produced.
- Integrate linguistic information with prior knowledge and the context of communication.
- Plan and organize the speech coherently and adapted to the recipient and the communication objective.
- Check and correct any errors or ambiguities in the language.

Language, for its part, can influence working memory and its components. Indeed, the way a language encodes concepts can determine how people store and process them. For example, languages that use different terms for colors can make color shades easier to remember. Languages that use different ways of expressing time can influence the mental representation of past and future events. Language may also modulate the ability to inhibit irrelevant or interfering information, which can impair working memory.

- ✓ **Planning**

To develop and use the language, one must be able to use planning to:

- Organize your speech in a coherent manner, adapted to the recipient and the communication objective.
- Anticipate the possible reactions of the recipient and adapt your language accordingly.
- Manage difficulties or unforeseen events that may arise during communication.
- Monitor and evaluate the effectiveness of your language and make the necessary modifications.

Language, for its part, can influence planning and its strategies. Indeed, the way a language encodes concepts can determine the way people organize and transmit them. For example, languages with flexible syntactic structure can make discourse planning easier. Languages that use different ways of expressing causality or temporality can influence action planning. Language can also modulate the ability to select relevant or irrelevant information, which can hinder or facilitate planning.

- ✓ **Inhibition**

To develop and use language, you must be able to use inhibition to:

- Remove irrelevant or incorrect words or expressions that may interfere with the message being conveyed.
- Remove distractions or stimuli that may interfere with comprehension or language production.
- Remove negative or excessive emotions that can alter the tone or content of the speech.
- Remove automatic or premature responses that may compromise the dialogue or negotiation.

Language, for its part, can influence inhibition and its strategies. Indeed, the way a language encodes concepts can determine how people select or repress them. For example, languages that use different ways of expressing negation or modality may influence the inhibition of false or improbable assertions. Language can also modulate the ability to inhibit emotional information, which can hinder or facilitate communication.

1.2.5.1. Simplified language and executive functions

Executive functions continue to develop into adulthood, as the brain matures. Having good executive functions promotes the development of language, while having a good level of language promotes the development of executive functions.

This is why it is important to assess and stimulate both executive functions and language in children and adolescents who present difficulties in these areas. If you have language difficulties, it may be helpful to simplify the language.

Simplified language is a form of communication that uses simple, clear and direct words and sentences to facilitate understanding and language production for people with language difficulties. Simplified language can be used in several ways to improve executive functions in people with language difficulties:

- It improves working memory, that is, the ability to retain and manipulate short-term information necessary to carry out complex cognitive tasks. Simplified language reduces cognitive load and the need to use inhibition to remove irrelevant or interfering information that can impair working memory. Studies have shown that simplified language can make words or phrases easier to remember by reducing the number of syllables or phonemes you have to remember.

- It improves discourse planning and organization, that is, the ability to organize our behavior according to context, objectives and situations, whether new or complex. Simplified language makes it easier to plan and organize speech, using a linear and coherent syntactic structure that avoids subordinations, passive voices, negations or complex modalities.
- It improves language comprehension and production, that is, the ability to use sound and graphic symbols to communicate, think and learn. Simplified language makes language easier to understand and produce, by using familiar, concrete words, avoiding abstract, technical or ambiguous terms, and explaining difficult concepts using examples or pictures.
- It improves flexibility, emotional regulation and dialogue, that is, the ability to suppress or control impulsive or inappropriate responses and to produce responses generated by attention and reasoning. Simplified language facilitates emotional regulation and dialogue, using positive and encouraging words, avoiding negative or critical words, actively listening and giving feedback.

CHAPTER 2: INTELLECTUAL DEFICIENCIES/TRISOMY 21

2.1. DISABILITY AND CONJUGALITY IN CAMEROON

In Cameroon, as in many other African countries, conjugality remains an important cultural phenomenon. The institution of marriage remains a fundamental value of Cameroonian culture, where being able to marry and found a family is a legal, legitimate and fundamental right recognized by all, and a socially constructed ideal. Tradition and religion agree to make marriage a sacred union, essential to the perpetuation of lineage and descendants. However, the methods of winning a spouse differ depending on the social environment and the degree of autonomy of each individual (Giami & De Colomby, 2008 p. 5). Social norms that weigh on the body tend to make marriage difficult for people with disabilities in general, and T21 in particular (Chiewouo Kuetche, 2023).

The reasons why men and women with disabilities enter into relationships are specific to their gender and type of disability. Depending on the type of disability and the degree of self-confidence, the emotional experience of people with physical disabilities differs depending not only on each person's environment, but above all on the representations they have of this environment and of their body (Chiewuo Kuetche, 2023).

2.1.1. Disability, a barrier to access to life as a couple in the Cameroonian context

At first glance, despite the relative subjectivity of tastes and choices in matters of love and marriage, men and women with disabilities have as much access to life as a couple as the general population. However, on a daily basis, they are faced with unusual situations which further complicate the process.

Beliefs and attitudes towards people with disabilities are individually experienced but socially constructed. According to Charlton (1998), these attitudes are essentially negative and, with a few exceptions, pejorative, sadistic and hypocritical. People with disabilities are often seen as separate beings, identified by their bodies and appearance. Body image is an important sociocultural factor in understanding attitudes and beliefs about disability (Chiewouo Kuetche, 2023).

In Cameroonian heritage society, as recalled by the anthropologist Bingono Bingono, cited by Chiewouo Kuetche (2023), whatever a person's disability, the community ensured that they had suitors. This is all the more possible as the context is that of a civilization where marriage not only unites man and woman, but two families, two clans, two communities, ready to provide support to any member of the community struck by a physical or physiological misfortune. In reality, this reflects society's need to construct a certain social imaginary of disability and, above all, to attribute social consideration to each individual in society. Furthermore, in today's modern society, the perception that parents and families have of the pairing of their offspring and their members with a disabled person is based on a set of configurations (Maks Banens et al., 2007 p .68) which more or less hinder the marriage process of the disabled person.

It often appears that there is real discrimination when non-disabled people present a person living with a physical disability as their emotional or marital partner.

The person must then find strategies to make their family accept their disability. And obviously, it's rare that everyone accepts this person as if they hadn't been in the same situation.

In the case of disabled men, if it is socially accepted that it is up to the man to conquer his woman, that it is up to him to court her, it nonetheless remains true that he must demonstrate of great courage to face the refusals he may receive at first because of his unusual physical appearance.

For women, on the other hand, the situation is twofold. While the man is most often in a position to conquer his partner, the woman is in a position to listen. She is generally waiting to meet the man of her life, the same one who will ask her to marry him. Therefore, due to reduced mobility or sensory limitations, she will find herself in more difficulty when trying to sell herself on the marriage market. The use of these organs proves very useful in fulfilling marital roles. The socially constructed image of women imposes a certain reluctance when it comes to entering into a marriage with a woman living with a disability (Chiewouo Kuetche, 2023).

However, it is clear that in society any woman, whether disabled or not, will always end up being attracted to someone for various reasons. In some cases, disability can even be a factor of emotional attraction among certain people, commonly called in Cameroonian French "eat alone", that is to say they marry a woman who is the subject of a social rejection, thinking that they will be their only partner and that they will therefore not have to manage their partner's attempts at recovery or infidelities. Also, when this attraction is rare or late, the disabled woman tends to form a relationship with “the first person to come” (Banens et al., 2007 p. 68), even if it means being mistreated by her in-laws. The strategy is to start a family and have a child (Banens et al., 2007).

2.1.2. The union of disabled people in the Cameroonian context

Despite the evolution of practices and marital configurations in Africa, particularly in urban areas (Sow, 2006 cited by Chiewouo Kuetche (2023), collective representations of the union of disabled people remain based on curiosity. From a point of view from a psychological perspective, social observations show that society's astonishment towards two spouses or a partner living with a disability is a factor influencing access and the marital experience of this social category.

This curious look contributes to forging a spiral (Marcellini, Le Roux, Banens, 2010 p. 32) in the disabled person, which contributes to producing either an exclusion or an impossibility of romantic or sexual encounters, or a stimulus which will accompany the person in his way of living love life. The formation of a couple with a disability will therefore go through a more or less complex process. It begins with the individual's degree of personal acceptance and ends with their level of social integration. This process generally leads to a particular type of relationship, resulting in a more or less stable union and a space for negotiation between partners conducive to a more in-depth exchange in terms of power relations within the couple (Chiewouo Kuetche, 2023).

2.2. DOWN SYNDROME

2.1.1. From the description of the syndrome to the discovery of the supernumerary chromosome

In Anglo-Saxon literature, trisomy 21 (abbreviated T21) is frequently called Down syndrome, these terms having gradually replaced the offensive name "mongolism". Giving a doctor's name to describe a syndrome is a good idea because it removes any pejorative connotation. We have seen that this is the case for syndromes due to micro deletions described in the previous chapter. However, it is not always easy to know who owns a discovery and there is a risk of doing injustice. This is what happened with T2I because the English doctor John Langdon Down was not the first to provide a description of this type of patient.

As reported by Roubertoux and Kerdelhue (2006) in the introduction to the special issue devoted to T21 of the journal Behavior Genetics, we find in Jean-Etienne-Dominique Esquirol (1772 - 1840) a description of patients which evokes T21: muscles soft, bulky belly, often large head, wide-set eyes, flat nose, thick lips, hanging tongue, half-open mouth, short and fat neck, puffy face, which makes it appear square (Esquirol, 1838, p. 354). The curious reader can refer to plate XXIV of the work where the woman drawn on the right looks like a person carrying T21. However, for Esquirol this is not a particular clinical entity. Moreover, knowing that Esquirol met mainly adults, we can imagine that he did not meet many people with T21 during his career, given their life expectancy at that time. Patients who exhibit the characteristics described above are mixed with others, particularly "morons." “Cretinism” or in more modern language, “goiter”, is due to an iodine deficiency (see Chapter 2). It was rampant during the Esquirol era in the mountains of the Pyrenees and the Alps. The iodine deficiency was due to the quality of the mountain waters drunk by the inhabitants.

We can attribute the first descriptions of T21 to Seguin, first in his 1846 work, with the observations of Paul and Cécile, then more systematically in his 1866 book. The 1846 work is extraordinary. It is all the more easy to recommend reading as it is accessible free of charge on the website of the National Library of France (see the site address with the reference of the work). We have extracted certain parts of the text to present two clinical cases, keeping the presentation of the work to announce the case.

2.1.1.1. John Langdon Down and Mongolism

John Langdon Down (1828-1896) was a British physician. In 1856 he took up the post of medical superintendent at the Royal Earlswood Asylum for Idiots at Redhill in Surrey. It is influenced by the classification of "races" of the German Blumenbach which, at that time, was very popular. This distinguished five “races”: the Aztecs, the Caucasians, the Malaysians, the Mongolians and the Ethiopians. In 1862, then 1866, Down proposed a classification of "idiots" mainly on the basis of head circumference and facial characteristics analysed from photographs. Although he notes that many representatives of idiots or imbeciles are from Caucasian, Malaysian or American continent families, he thinks that more than 10% of cases are of the Mongoloid type. He adds that these are always congenital idiots which do not result from postnatal accidents and that, in most cases, it is a question of degeneration due to tuberculosis of the parents. On the psychological side. Down notes that these congenital idiots have humor, a great faculty of imitation and difficulties in speaking which can be reduced by gymnastics of the tongue. Down curiously believes that the mental and physical state of the patient depends directly on the temperature and that, whatever progress is made elsewhere, regression is to be expected during the summer.

Ward (1999) explains that it was not until the beginning of the 20th century that the term "Mongolism" became widely disseminated. It is very interesting to know how this term was replaced by the name “Down syndrome”. We take the story as told by Ward (1999), without translating word for word. In 1961, a “very prestigious group of genetic experts” wrote a letter to the famous British medical journal The Lancer in which we read: “It has long been known that the terms “Mongols”, “idiocy”. “Mongolism”, “Mongoloid”, etc. applied to a certain form of mental deficiency have misleading connotations. The importance of this anomaly among Europeans and their descendants is not linked to a segregation of genes from Asia ... We insistently request that these expressions no longer be used.” Some of the signatories then propose other designations including Down's Syndrome or better still “Trisomy 21 Anomaly”.

Who are the signatories of the letter addressed to The Lancet and considered by Ward (1999) to be “very prestigious experts”? Carter's names are there. Ford, Penrose, Polani (all four English), of Allen and Render and of Langdon Down, the grandson of John Langdon Down. The discoverers of Down syndrome, namely the French Jérome Lejeune, Raymond Turpin and Marthe Gautier who published articles two years previously showing that “Mongolism” was due to the presence of a supernumerary chromosome 21, were they invited to sign? With the island's grandson John Langdon Down among the signatures, it is easy to imagine why the editor of the British journal The Lancet chose the name Down's syndrome: "Down syndrome is a suitable alternative to Mongoloid idiocy until the chromosomal abnormality of the disorder is fully elucidated and a new scientific term is proposed,” he writes, according to Ward (1999, page 22). In 1965, the World Health Organization endorsed this choice.

2.1.1.2. A supernumerary chromosome 21. The story of a discovery

In the session of January 26, 1959 of the Academy of Sciences, in Paris, Lejeune. Gauthier and Turpin describe the presence of 47 chromosomes (instead of 46) in three Mongolian boys. On March 16, still at the Academy of Sciences, other cases were presented (9 in total). The discovery was announced in September 1958 during a medical genetics seminar at McGill University in Montreal. The team published an article in 1959 in the

Reports of the Pediatric Society from which we quote a paragraph. “However, the application to Mongolism of a technique for examining chromosomes by tissue culture (fibroblasts) developed over the past two years, allowed the authors of this communication to discover an anomaly which provides a new explanation of this disease. This anomaly, which they constantly found in 7 Mongolians and 4 Mongolians, consists of the presence of a small supernumerary chromosome, V-shaped and with a terminal centromere (Vh)” (Lejeune et al. 1959).

Also in 1959, but later (exactly on April 4), the journal The Lancet published two very brief articles by British researchers confirming the discovery of the French team (Ford et al, 1959; Jacobs, Baikie, Court-Brown and Strong , 1959) followed by an article published in September by a Swedish team (Book, Fraccaro and Linsten, 1959). Two years later the supernumerary chromosome was identified as chromosome 21 by Turpin and Lejeune (1961). Remember that the nomenclature of chromosomes follows their size. Chromosome 21 is therefore, after 22, the smallest of the autosomes.

2.1.2. Frequency and genetics

T21 is the most common viable chromosomal aberration and has been known to exist for a long time. Czarnetzki, Blin and Pusch (2003) detect signs of T2I on a European skeleton dating back 2,550 years. In their 1961 article, Turpin and Lejeune estimate that the frequency of “Mongolism” varies from 1/600 to 1/700 births. Reported to 1,000 births, this gives 1.4 to 1.7 births of babies carrying T2I. We often find these figures in articles but they only partially reflect reality because significant differences exist from one country to another. Thus, in Dubai (United Arab Emirates). Murthy et al. (2007) observed a significantly higher frequency of births of babies with T2I (2.2/1, (XX)). Different factors can account for these differences. First, the frequency of conception of fetuses carrying T21 increases with the age of the parents.

The epidemiological survey carried out by Robert, Pradat and Laborier (1997) which focuses on the prevalence of T21 in the Central-Eastern region of France, between 1979 and 1993, illustrates this well-known fact. The number of births of babies carrying T21, to which we added the number of medical terminations of pregnancies, is approximately 1/1,000 at 17 years old and reaches 14/1,000 to 20/1,000 from 43 years old. The father's age would also be a factor increasing the probability of conception of fetuses carrying T21 but to a lesser extent. Other risk factors for non-disjunction of chromosomes 21 in gametes have been cited, such as radiation, the genetic effects of viruses (hepatitis or measles), chemical mutagens, various immunobiological factors and certain vitamin deficiencies.

Recent articles show that antenatal screening is not done in the same way depending on the socio-economic level of the parents. Furthermore, once the diagnosis has been made, the percentage of medical terminations of pregnancies varies greatly from one country to another, or even from one region to another within the same country. In 1996. Ayme notes that the percentage of terminations of pregnancies, after antenatal diagnosis, is 42% in Paris while it is 0% in Dublin (Ireland), where abortion is prohibited by law (but many women travel to the United Kingdom for an abortion although we cannot know exactly how many). The number of babies born with T21 therefore depends, in a country, on the age of women at the time of maternity, on antenatal screening, on the laws governing the possibility of medical termination of pregnancy and, in the case where law authorizes, of the parents' decision to terminate the pregnancy.

As an illustration, we will take epidemiological data collected in the state of New York in the United States of America (Olsen. Cross and Gensburg. 2003). Between 1920 and 1980, the number of babies born with T21 decreased, depending on the decline in fertility of women, particularly among older women. In 1970, antenatal diagnosis was introduced and the number of terminations of pregnancies increased but, at the same time, the age of motherhood increased. Between 1983 and 1997, the number of babies with T21 remained stable: approximately 0.99/1,000 births. At the same time, the number of prenatal tests to detect T21 continues to increase, as does the fertility of women aged 35 to 49. The authors estimate that the proportion of babies carrying T2I would be 1.7/1 (OCX), if there was no termination of pregnancy. In France, currently, there are around 350 births of newborns carrying T21 per year, whereas there were around 1,000 per year before the introduction of antenatal diagnosis (Rethore et al.. 2005). As in the United States of America, these figures reflect, at the same time, the increase in the age of motherhood, the generalization of antenatal screening and the decision of parents to terminate the pregnancy or not.

The number of living people carrying T21 at any given time in a country like France, however, tends to increase. This is explained by the considerable increase in life expectancy of people with T2I. According to Rasore-Quartino (1999) it increased from 9 years in 1929, to 12 years in 1947, then to 52 years in 1970. This life expectancy continues to increase even if accelerated aging is observed in certain cases in these people, compared to the aging of people who do not carry T21.

2.1.2.1. Genetics, partial trisomy

From a genetic point of view, we distinguish three cases (Rhethore, 2005):

In approximately 93% of cases the trisomy is complete. It is due to an error in the distribution of chromosomes, occurring before fertilization or during the very first cell division; all cells of the embryo body contain 3 chromosomes 21. In most cases. This error is of maternal origin (the egg which will be fertilized contains 2 chromosomes 21); paternal origin (the sperm which will fertilize the egg contains 2 chromosome 21) is very rare: out of 907 children carrying T2I. Freeman et al. (2(X) 7) observe a maternal origin in 93.2% of cases. A paternal origin in 4.1% of cases and an origin after fertilization in 2.7% of cases.

In approximately 2% of cases the trisomy is mosaic. The chromosome distribution error occurs during the second cell division. There is then a mosaic of cells, some containing 3 chromosomes 21. Others 2 (normal number). We have already encountered this type of case in fragile X syndrome (Chapter 4). The person's phenotype will depend on the distribution of cells carrying chromosome 21 in triplicate in the different organs (and in particular the brain for psychological aspects). There are some studies in the literature showing that the intellectual development of mosaic people is better than that of people with complete T2l (for example, Fishieret Koeh. 1991; de Moreira. San Juan, Pereira, de Sou/a, 2000).

In approximately 5% of cases, individuals carry a translocation. The chromosomes most affected by this phenomenon are pairs 13, 14, 15 and 22. In this case we can observe, for example, a chromosome 14 to which a chromosome 21 is attached. The carrier will therefore have a normal number of chromosomes but three doses of the genes of chromosome 21. In approximately 1% of cases, the supernumerary chromosome is incomplete, the additional fragment may be proximal, distal or centromeric or a combination of a centromeric or distal fragment. This particular genetic situation made it possible to highlight regions of chromosome 21 which play a crucial role in the formation of the phenotype.

Two studies report data on patients with partial trisomies (Delabaretal., 1993; Korenberg et al., 1994). For the former, most of the phenotypic characteristics of the person carrying T2I is linked to the presence of a particular part of chromosome 21 (region q22.2 called DCR from the English “Down Chromosomal Region”) with, in particular, the following phenotypic traits: short stature, muscular hypotonia, flat nose, prominent tongue, intellectual delay. The findings of Korenberg et al. (1994) are partly different from those of

Delabar et al. (1993) since they conclude that the triplication is important, not of one region, but of two: the proximal region and a distal region larger than the DCR but including it.

By comparing the results of the two teams, we can however notice that the disagreements are less important than it seems. Indeed, the proximal region would also play a role for Delabar et al. (1993) but would be associated with less intellectual delay. It is to be hoped that the study of a larger number of patients with partial Down syndrome will allow us to know more and it would be desirable, in particular, to have, in these genetic studies, finer measurements of the capacities cognitive skills of patients.

The discovery of the DCR region allowed the development of research using transgenesis to determine which genes located in this area were more particularly responsible for the cognitive difficulties of people with Down syndrome.

2.1.3. The physical characteristics, health problems and sexuality of people with Down syndrome.

A list of physical and anatomical characteristics was established by Jackson, North and Thomas (1976 - cited by Roubertoux and Kerdelhué, 2006). It includes 25 signs. A person with fewer than 5 signs is classified as normal; a person with more than 13 signs is considered a carrier of T21. Between the two there is uncertainty. This list is useful when the genetic diagnosis is not known but is of little interest in countries where genetic analysis becomes routine, except perhaps to draw attention to cases of probable mosaicism (de Moreira et al.. 2000).

2.1.3.1. Physical appearance of the person carrying T21

People with T21 have traits that generally allow them to be recognized quickly, although variability is the rule here as elsewhere. We list some of them. At head level; small and round head with flatter rear part, flat face, epicanthus (fold of skin in front of the internal angle of the eye), mongoloid eyelid slits, depressed nasal bridge, short nose, half-open mouth, thick tongue, thick lips, small teeth; for the rest of the body: short stature, short neck with excess skin, short hands, short feet, abnormal dermatoglyphics (Roche. 2004; Rethoré et al.. 2005). Mild obesity is common. The general pace is often relaxed due to a reduction in muscle tone (hypotonia).

2.1.3.2. Health problems

Health problems are numerous and sometimes serious (Roizen and Patlerson, 2003; Relhoré et al. 2005). For example, in new-borns, heart disease is observed in 45% of cases and digestive malformations; later, intestinal problems, sensory deficits (slow binocular coordination, marked strabismus, myopia, hearing loss) and a severe form of epilepsy may appear. Obesity must be prevented. As adults, T21 carriers can develop hypotension, epilepsy, sleep apnoea, diabetes, leukaemia and testicular cancer. Overall, health is worse as the intellectual deficit is greater, as shown by a Finnish study of a cohort of 129 people with T2I (Maatta. Kaski, Taanila, Keinanen-Kiukaanniemi and Livanainen. 2(X) 6a). Although it is not easy to interpret this connection, we can easily imagine causality in certain cases. Thus a significant reduction in hearing harms the acquisition of speech. We also know that people with severe intellectual disabilities have difficulty expressing their physical suffering and run the risk of being less well detected in time.

The impressive list of health problems of people with T21 does not prevent Carr (1995) from concluding that most of them are in "reasonably good" health and that parents should not panic even if they must be aware of the risks so that medical monitoring is regular.

2.1.3.3. T21 and Sexuality

A special place must be given to sexual development. About 70% of women with T2I are believed to be fertile according to Van Dyke, McBrien. Siddiqi and Petersen (1999). The age of onset of the first period is the same as for girls in the general population. A certain number of pregnancies have been described on the subject. This remains true in 2007 and we can be surprised. In addition to the risk for women carrying T21 of fathering children carrying T21, their general psychological state places them in a risk group.

The sexuality of mentally retarded people has been ignored or seen in an extremely negative light (Delville and Mercier, 2001; Servais, 2006). However, the right to sexuality is part of the list of factors which define the concept of “quality of life” (Goode. Magerotte and Leblanc. 2000: Haclewyck and Magerotte, 2001), in the same way as mental and physical health or self-esteem (to take very different levels of analysis). This is a fundamental dimension of the human person, not reducible of course to its genital expression. Concerning people with T21, the range of intellectual levels must be taken into consideration to address this question. Indeed, there are differences depending on the level of intellectual disability (the milder the disability, the more frequent the sexual activity). However, factors such as the characteristics of the environment in which the person lives play a very important role. Sexuality education is all the more necessary as mentally retarded women suffer more sexual abuse than others. Brown and Schormans (2004) observed a 3.7 times higher rate of sexual abuse among young people with intellectual disabilities than among young people of all ages. Servais (2006) cites a survey where among women affected by an intellectual disability and having sexual experience, half had suffered sexual assault.

For men, the onset of puberty is similar to that of ordinary men. Sometimes differences in the size of the testicles have been noted. Although most men are sterile, we find in the literature a few cases of births of children to fathers carrying T21. In the case study of Pradhan, Dalai. Khan and Agravval (2006) the son, born to a father with complete T2I, has a normal karyotype.

Sex education must be done not in terms of prohibition but of regulation. This is not simple because sexuality education is a delicate thing and even more difficult for parents and educators of people with intellectual disabilities. As with all other children and adolescents. “The adolescent must learn that his body belongs to him, that no one can touch it without his consent” (Rethore et al. p. 158, lines 13-14). Obviously things do not happen in the same way in cases of mild or profound deficiency and the problem of risk of unwanted pregnancies arises for young girls carrying T21. Previously practiced illegally, the sterilization of people with intellectual disabilities is currently authorized in France (law of July 4, 2001. decree of May 3, 2002). This law provides that sterilization can only be carried out on an adult whose altered mental faculties constitute a handicap and have justified their placement under guardianship or curatorship.

Ethics committees in different countries have addressed this difficult issue. For France, the reader can find on the website of the National Ethics Committee for Life and Health Sciences (CCNE), the opinion of April 3, 1996 “On contraception in people with mental disabilities”, opinion in which sterilization can be considered. More recently, in Switzerland, the National Ethics Commission for Human Medicine also issued an opinion “On the sterilization of people incapable of discernment” (position paper no. 7, 2004). Finally, the law of December 17, 2004 authorizes, in this country, the sterilization of “people permanently incapable of discernment” under certain conditions.

If we can understand the concern of families who cannot imagine taking care of a grandchild with T21, in addition to their daughter herself carrying T21, it is difficult to forget the painful consequences of forced sterilizations during the 20th century (see Roubertoux, 2004. page 154 et seq.).

Behaviors such as masturbation or exhibitionism can have negative effects on the social integration of young people if they are not channelled. However, according to van Dyke et al. (1999) masturbation would not be more frequent among young T21 carriers than in the general population. Fortunately, we are no longer proposing mutilations to solve the problem. In the admirable work of Seguin that we have already cited, this author reports the case of a young girl “treated” by a colleague. Here is what Seguin's colleague wrote: “A young girl had reached the age of fourteen without having given the slightest sign of intelligence, as a result of masturbation which had begun in early childhood. Grafe, imitating the practice of Levret, carried out the excision of the clitoris. Following this operation, the young girl's intelligence took off.

2.1.4. Support for children with Down syndrome

When we prepare the integration of a child with special needs, it is important to know the deficiency, illness or handicap that the child we welcome has. To help you on this subject, I will share with you the results of my research on children with Down syndrome.

Trisomy 21 is also known as “Down syndrome”. This name comes from the fact that one of the first doctors who identified the related symptoms was named Dr. Langdon Down. Down syndrome is caused by a genetic problem that occurs during conception. Of course, genetics is a very broad and complex field, so without going into detail.

When we are conceived, our parents pass on a total of 46 chromosomes to us, which therefore constitute our genetic background. These chromosomes will combine together and thus form 23 pairs which will in some way be used to make us and to decide, among other things, the color of our eyes and our hair. It sometimes happens that some difficulties arise and that an extra chromosome is added to the 21st pair, which results in the child becoming Down syndrome.

The number 21 accompanies the trisomy theme, since the anomaly occurs on the 21st pair. There are other types of trisomy due to an addition of a chromosome on other pairs (for example, trisomy18), but this usually causes the death of the fetus before it is full term.

Symptoms due to Down syndrome frequently observed in children are:

- Intellectual delay, low muscle tone and language delay which is particularly due to the morphology of their face, mouth, tongue and teeth.
- It is common for Down syndrome to be accompanied by cardiac, digestive or other dysfunctions. Certain specialized care and special precautions must therefore be provided to them.

2.1.4.1. Preparing for integration

The integration of a child with special needs can provide several benefits to everyone involved in this process. On the other hand, integration must be well prepared. Preschool children with Down syndrome are little aware of their difference from other children around them, which means that they generally integrate very well and blend in with the rest of the group.

It is strongly recommended to prepare the children in your group a few days before the arrival of the child with Down syndrome. For example, show them a photo, tell them about their tastes and interests. Reading a few children's books on the subject can be a great way to start this conversation. At the end of this document you will find some suggestions for books intended for children. In addition, among the various decorations and posters present in your premises, it would be good to paste images of children with Down syndrome vacant to daily activities, if of course you have the opportunity to find them in magazines.

Usually, children with Down syndrome are followed by a rehabilitation Centre. It is therefore important to work closely with the staff who work there as well as the child's parents and the CLSC, which can be of very useful help to you. Do not hesitate to ask them for information about the child's particularities and about Down syndrome in general. Throughout the child's attendance at your childcare service, let them know of any changes that occur or any questions you have. Collaboration is essential so that the integration goes as planned.

Children with Down syndrome have several physical traits in common. Besides these similarities, they are all unique and have completely different personalities, temperaments, tastes and needs. The descriptions and suggestions in this document are based on general characteristics commonly observed in children with Down syndrome. An adaptation taking into account the particularities of the child concerned is strongly recommended when applying these interventions.

The preferred intervention method is practically identical to the one you use daily with your group of children. As with all children, you must follow their pace and identify their needs and interests following careful observation. On the other hand, due to some developmental delays caused by Down syndrome, they need more support and stimulation. However, over simulation can be a trap and as with everything, moderation tastes much better.

2.3. SOCIALIZATION

Socialization is a process of learning and internalizing norms and values. Members of a society learn the rules of their social and cultural environment. They gradually integrate the dominant norms and values of society and adapt them to their personality.

A norm is a rule of conduct, a principle or a benchmark for action. A value is an ideal to achieve, a preference, a point of view to defend. These transmission and learning processes are often differentiated according to age, sex, origin, socio-professional group of parents, religion, etc. Learning the norms, behaviours, values and beliefs of a society occurs throughout life.

2.3.1. Socialization is a long-term process: primary and secondary socialization

Socialization is a lifelong process. However, the integration of norms and values occurs in two main stages. Primary socialization is the socialization that takes place during childhood. It is essentially provided by the family, peer groups, the school and other childhood professionals (child-minders, nursery staff, etc.).

Secondary socialization is the socialization that takes place during adulthood. Access to your first job, participation in training or union activities, becoming a couple, settling in a new neighbourhood, participating in community and/or political life, having children, etc. reinforce, nuance and/or destabilize habits and thought patterns acquired in childhood.

Socialization instances (family, school, work, peer groups, etc.) are potentially more numerous and more diversified with age. However, it should be emphasized that the effects of primary socialization remain deeply anchored in ways of being (way of speaking, posture, etc.) and thinking (religious beliefs, partisan positions, etc.). They tend to influence the way secondary socialization takes place. Hence the importance of the socialization processes that take place during childhood, particularly within the family.

Anticipatory socialization is identified as the incorporation in advance of norms and values, with a view to integration into a social group different from one's own. For example, to facilitate their professional integration or their civic commitments (political, union, associative, etc.), the individual incorporates the norms and values of their reference group, which may be different from those of their original group.

2.3.2. The specific role of the family in the socialization process

From Singly. The self, the couple and the family, 1996. He rejects the idea of negative individualization. For him, the quest for oneself always involves recognition by others. This recognition, this trust, is built for many through marital love and parents. He emphasizes the importance of living together, because this is where we learn to live together and acquire social skills (like listening to music without disturbing others).

He talks about “free-floating socialization,” which is a process of learning to be aware of others through living together. The family remains an anchor point, a place of memory. Family solidarity remains strong. Within the family, individuals build roots where identities are forged. Living with your grandparents is a help and a link in the chain of generations. The family is a place of memory where memories are transmitted, anchoring identities in a common past.

Our society has not given up using the family as a means of socializing its members. The politicization of the family. The family is a political issue. The State extends the emancipation of individuals (by facilitating divorce, for example) and seeks to protect children from the experience of divorce (children's rights) and to stabilize filiation.

According to INSEE, the family is the part of a household comprising at least two people and made up either of a couple living in the household, with their child(ren), if any, belonging to the same household, or of an adult with his or her children belonging to the same household (single-parent family). The family therefore transmits, directly or indirectly, consciously or not, the elements of culture (norms, values, symbolic codes) which allow the child to integrate into social life.

The family is first and foremost the place of transmission of civil identity (surname(s) and first name(s)). The family then transmits the language, the norms of behavior and the “body techniques” (Marcel Mauss) essential for eating, washing, behaving with family members or strangers, etc. In short, it imposes these standards and techniques on children. In short, the family imposes the norms and habits that will allow the child to develop social relationships.

The family can also transmit economic and financial assets, positions in society, an “address book”, etc. As an agent of socialization, the family is also at the heart of social reproduction strategies. However, young people are not only in contact with members of family networks. They come into contact with other people, places and institutions.

Manciaux & al., (2002) consider the family as the first link in the socialization of the child. It is the first place where a child learns the first rules and principles of life, it is also the first place par excellence to educate an individual who cannot fend for himself within society. Considered as the first context of socialization in which individuals learn the meaning of solidarity (Sabatier & Lannegrand-williems, 2005 cited by El Ashkar 2014).

Denis & al., (2001, p.123) define the family as being a “living unit comprising adults and at least one child, a common residence and a link of consanguinity, alliance or adoption”. It constitutes the first and most important agent of socialization of the individual, which allows him to develop his self-image and to appropriate social roles (Denis & al., 2001) Cited by Ouellet (2013). Also, Olds & Papalia (2005) mention that the family is the most important influence on the child's development and it is through it that the child builds his social personality.

Psychologists, for their part, emphasize that the individual “as a social being” is constructed in relationships with others. Socialization is a relational process. The first interactions are built between the child and others within the framework of a link to his family.

From childhood, young people learn to implement conflict resolution strategies and are more likely to follow the advice of their parents, recognizing that they are concerned about their well-being (Olds & Papalia, 2005) cited by Ouellet (2013). As a result, adults act as an authority figure by being responsible for discipline (Rocher, 1992; Claës, 2003). The internalization of external norms occurs first of all through conformity to parental expectations. Still in connection with the socialization process in children, Claës (2003) and Olds & Papalia (2005) specify that, not only is the notion of control important for parents, but that the quality of the parent-child attachment bond is even more so. As children get older, they become more independent from their families. However, their attachment remains important to their parents and siblings. The family is therefore a key instance of primary socialization. Although street youth mark their distance from their parents and family influence is no longer as important as during childhood, the role of the family remains essential during adolescence (Coslin, 2013, Claës, 2003, cited by El Ashkar 2014). This role consists of socializing the adolescent and helping him build his identity and strengthen his feelings and personal beliefs. The child is often at the center of the family: he must learn to belong and be autonomous, to be similar and to be different. The family allows the child to experience both the presence and the absence of others. Because this is the paradox of identity: to be oneself and to be different in the permanence of change.

Compared to childhood, adolescence is characterized by a progressive disinterest in family life in favor of external social relationships, and these relationships evolve to give way to friendships and romantic relationships (Claës, 2003; Old & Papalia, 2005; Cloutier & Drapeau, 2008; Bee & Boyd, 2008) which can plunge these adolescents into a situation of vulnerability and disability. Indeed, adolescence is a period of affirmation and independence from parents. This phase highlights the opposition of the two tasks that adolescents must accomplish vis-à-vis their parents: the acquisition of their autonomy versus the maintenance of attachment bonds. The affirmation of autonomy then presupposes the possibility of conflict situations between adolescents and parents (Claës, 2003; Old & Papalia, 2005; Bee, & Boyd, 2008; Cloutier & Drapeau, 2008). Despite this, family structure remains important (Bee & Boyd, 2008) and “parents are by far the adults most often cited as significant people” (Claës, 2003, p. 33).

The family transmits to the child, from a very young age, the most basic language and social codes (learning to eat “correctly” for example), but also the values and norms which will then help him to develop social relationships. It therefore plays an important role in socialization. The family forms a whole, a small family in which the failure of one of its members can compromise the social future of the child.

Family life is essential for the growth of children until they become responsible adults. It is also essential for their intellectual, social and moral development and for the building of their personality. In this, children benefit from emotional, economic and material support essential to their development. The family socializes, educates, trains and offers ideal motivations and symbolic signifiers to its members who are children; it helps them to integrate with dignity and efficiency into society. Each of us is born into a family, humanized and socialized through their care, empowered and empowered through their exhortation (support).

As a result, society attaches great importance to the family and when a child leaves it to take up residence in the street, there is a breakdown in family socialization and the child finds himself in a so-called "abnormal" situation plunging him in a situation of disability and vulnerability, hence the need for family mediation. For this, several people are involved in this process of socialization of humans in general and adolescents in particular.

Every child has needs that must be met not only by society but also by the family. Thus on a psychological level, parents are called upon to play crucial roles in the development and education of the child. Thus, they must be able to meet the needs of the latter according to certain criteria, namely: direct care; the protection that constitutes surveillance against external dangers both on the physical and social levels; stimulation is all the opportunities that the child is given to experiment; authority, empathy, acceptance, valuation (Thollembeck, 2010). Therefore we can say that the family in the majority of cases remains the crucible favorable to the socialization of adolescents. It protects against social pathologies and psychological distress without hindering access to autonomy (Barrera & Li, 1996 cited by El Ashkar, 2014). From a young age, the individual does not yet have the maturity necessary to interact with different social groups. His family constitutes vectors, norms and values conveyed by his community. We must understand that the child has a reducible vision of the world. Thus, Cattell (1956) for his part, emphasized four functions of the family:

- The family must provide the child with an organized environment where economic and emotional security is enjoyed.
- the family must satisfy, through a stable institution, the needs of companionship, the needs of adults, sexual and otherwise.
- the family must contribute to transmitting the type of civilization, in particular its moral values and its essential taboos.
- It must provide social and emotional learning in a microcosm of society.

- ✓ **Peer and socialisation**

Peers are considered another source of influence in socialization. Socialization through peer groups is very important because once an adolescent, the individual is more oriented towards the outside world and more particularly towards his peers. Peters (1997) states to this effect that “young people are increasingly oriented towards their peers” in this same perspective, Claës (2003) specifies that this relationship with the peer group is based on the links of reciprocity and mutuality. Considering the role played by peers, Bloch & al., (2000) affirm that groups of peers of the same age constitute powerful agents of socialization during adolescence whose functions are rather complementary.

According to these authors, peers or even comrades allow:

- Facilitating the development of friendly relations;
- The stimulation of reciprocal identifications and contribute to the reshaping of personal and social identity;
- Give the individual the opportunity to experience roles and social situations that are part of the dialectic of “doing” and “forbidden” relating to autonomy in relation to the institutional order.

The peer group is for the adolescent, the natural environment for his development: it constitutes the social space which allows him to leave the world of children, to enter the world of adolescents and finally to move on to adulthood. . This complex transition is marked by the identity crisis linked to crossing these different worlds.

The peer group participates in socialization to the extent that the child is confronted with others, with gender differentiation, with differences linked to age or physical strength. Relationships with other children actively participate in the construction of gender identity and how to behave with the other sex (Fernand, 2009 cited by El Ashkar, 2014).

Deutsch (1978), notes that adolescents feel lost if they are alone; with others he feels "strong." For Deutsch (1949), the young person does not enter the group with the primary aim of meeting others, but rather to try to achieve with others what he has difficulty achieving alone. where the importance of the group in the construction of identity. He adds that young people integrate into a group to develop their personality and build their self-image through a collective personality requiring equality for all and the systematization of behaviors and attitudes.

Thus, we can say that peers or even comrades play a very large role in the socialization of the adolescent in the sense that they greatly influence the latter's behavior, most often by means of learning by imitation.

2.3.3. The specific role of school in the socialization process

School is an institution, a set of actions, ideas and organization that are imposed on individuals. Depending on the age and level of the students, the educational institution defines the standards and values, and therefore the constraints, which are imposed on its members and, by extension, on the parents. This is evidenced by the signing by parents and children of the school's internal regulations, the content of which is not limited to the statement of legal standards.

These principles, as well as philosophical and political neutrality, apply not only to students, but also to teachers and other educational personnel. The institution also emphasizes certain norms and values, in accordance with the wishes of the legislator. In recent years, the school has placed particular emphasis on the transmission of norms and values aimed at strengthening equality between girls and boys, preventing discriminatory behavior (fight against racism or homophobia) or fight against harassment, particularly via digital social networks.

2.3.4. The specific role of the media and peer groups in the socialization process of children and young people

The family and school are not the only places for transmitting the norms and values of a society. Neighborhood, relationships with peers (friends, classmates, etc.), sporting or musical activities, television programs and time spent on digital social networks play a role in the learning and internalization process. , or even inculcation of the rules of life in society. For example, nursery rhymes for children, jokes for teenagers and games for all ages are often transmitted between peers, and increasingly via websites and digital social networks. Socialization is therefore a collective and dynamic process. Socialization is therefore plural and the processes of acculturation are multifaceted.

2.3.5. The differentiated nature of socialization processes depending on the social environment

Lifestyles are not homogeneous: standards of living, size and location of housing, food and clothing, leisure and vacations, etc. bear witness to the heterogeneity of the material conditions of existence, occupations and concerns of social groups. Individuals grow up, marry, work and engage in leisure activities in different social spaces. The social origin of an individual is often measured by their socio-professional category (or that of their parents). Learning (norms, values, practices, etc.) is therefore linked to social belonging. Lives, and therefore socialization processes, are therefore "structured" by social origin, or even, for certain sociologists, by belonging to a social class.

The social group to which we belong influences the way we are, speak and act, as well as our individual choices. For example, sports and other leisure activities (playing a musical instrument, etc.) are often linked to social origin.

- ✓ **Work and socialization**

To approach work as an agent of socialization, we first rely on Rocher (1992) who refers to companies, as well as unions, social movements which exercise a certain secondary socialization function, generally focused on the activities that they continue.

Although work is an important element of adult life, especially in terms of success, socialization through the world of work cannot be dissociated from the socialization experiences experienced during childhood and adolescence (Denis & al , 2001 cited by Ouellet, 2013). According to Sénéchal (2003), work is the path to financial autonomy. Socialization through work turns out to be very intense at the moment when an individual moves from school to the world of work, given that he wants to carve out a place in a company by following its requirements (Denis & al ., 2001 cited by Ouellet, 2013). Attachment to a stable, rewarding and well-paid job also has the effect of promoting autonomy in work and self-realization among young adolescents.

However, work does not only serve to ensure the survival of the individual. It is a fairly important condition of their socialization and an element of their identity. Because the workplace is a place of belonging that provides a source of daily, rich and creative social interactions or sometimes even emotional support. It is the most effective way to achieve financial independence, a source of personal autonomy.

In summary, socialization involves putting an individual in contact with one or more groups that disseminate values and norms. These groups are called socialization agents. We briefly touched on family, peer groups and school. These three elements are not the only socialization agents that participate in the socialization process. Other associations (religious, sporting, cultural, media, etc.) are also considered as agents of socialization participating in this process in contemporary societies. The actions of these agents are generally complementary and in some cases contradictory. In the family, parents transmit to their children a language, values, and norms in general. At school, individuals live in a community. They strengthen their social skills and learn other values characteristic of their society. Peer groups take on considerable importance during adolescence. These groups unconsciously participate in the socialization of their members. Work, for its part, promotes financial autonomy and is the source of personal autonomy. The main theory being well presented, our study also raises the secondary theories. As a secondary theory, we will approach, first the motivation theory then the identity theory.

2.3.6. The differentiated nature of socialization processes according to sex

Gender is a concept used in the social sciences. This concept refers to the cultural dimension of gender (for example, the distribution of power and roles between women and men in a given society), as opposed to the notion of "sex", which reflects a universal biological reality.

Sociological studies show that beyond official directives which prescribe equality and the will of teachers, gender differences are still transmitted at school, in particular through children's books made available to students in classes and libraries, which sometimes reinforce stereotypes.

With family, at school or among friends, descriptive (“girls/boys are like that…”) or prescriptive (“girls/boys have to do that…”) stereotypes (positive or negative) exert normative pressure on children and then adolescents so that they conform, that is to say, they apply the standards required of them.

These stereotypes are therefore learned from primary socialization, particularly when parents treat their children differently depending on whether they are boys or girls (colors and shapes of clothing, choice of toys, registration in leisure clubs, etc.). This differentiated education by parents is nourished and reinforced by the multiplicity of socialization channels.

Toys and sporting activities can illustrate the differentiated nature of socialization processes depending on social background and gender. Middle and upper class families tend to give their children educational toys, keeping in mind that they are also tools for "intellectual stimulation", while working class families value educational games. And toys perceived as masculine often emphasize strength, mobility and manipulation, while those perceived as feminine promote interest in oneself and others, seduction and motherhood.

2.4. ACCESSIBILITY TO COUPLE AND FAMILY LIFE

2.4.1. Define married life

Three concepts seem central to us: cohabitation, sexuality and solidarity. However, these three concepts do not go well together.

Cohabitation: pragmatically, cohabitation is often considered the central characteristic of a couple. This is the case in most surveys, but also in everyday language. Couples are defined as those who go out and come back together. However, not all couples live together and not all cohabitants form a couple. To form a couple, you have to "mate", that is to say, share a sexuality.

Sexuality: the notion of couple requires a definition based on sexuality. Two people sharing accommodation without sexual exchange do not declare themselves and are not considered a couple. Others consider themselves and are considered a couple when they exchange sex without living together. Most couples start their married life this way. Some people continue this form of couple, either due to professional constraints or by choice. However, the exchange of sexual relations is not a sufficient criterion to define a couple. Combined with the cohabitation criterion, it certainly makes it possible to exclude cohabiting couples and to include non-cohabiting couples. But it is rarely used to downgrade cohabiting couples who no longer have sex. It is also not taken into account in the case of non-regular sexual exchanges or multiple partnerships, whether open or hidden.

Solidarity: what seems to be missing in these occasional or frequent but not exclusive exchanges is not cohabitation but economic, social and emotional solidarity. This seems to us to characterize couple life to such an extent that two people who no longer exchange sexual relations but maintain this daily solidarity will be considered as a couple, both in common language and in surveys. Sexuality, solidarity and cohabitation thus form the trio which makes it possible to describe, even define, the couple. However, for people with disabilities, the three dimensions of the couple do not have the same weight as in the general population. Solidarity tends to take precedence over sexuality. This touches the heart of the problem facing couples with disabilities.

The start of married life remains one of the essential stages of access to adult life. The marital project is now based on love and is born after a period during which the future spouses explored their affinities and tested life together. However, the formation of a marriage does not happen by chance; it begins at the moment of meeting and gradually takes shape through more or less conscious cultural and social choices. If both spouses are ready to commit together, it is also because the course of their lives since childhood has given rise to convictions and tastes which have allowed them to meet and have influenced their decisions. The popular adage that “birds of a feather flock together” still apply to young couples.

2.4.2. Conjugality

Conjugality comes from the Latin "conjugalis", derived from the verb "conjugare", which means "to unite". Conjugation literally means “to unite”. It designates the state of a couple, the marital status (Larousse, 2004 p. 281), a life in which each spouse is considered in relation to the other.

According to the Larousse dictionary, conjugality defines the “situation of someone who is married”. The Le Robert dictionary gives a literal translation, indicating that the term translates to “married life”. The Little dictionary specifies that “conjugal” designates the union between husband and wife. The historical dictionary of the French language by Alain Rey, published by Le Robert, gives as the origin of the term "conjugal" the verb "conjugate", borrowed in 1572 from the Latin "conjugare", which means "to unite, to attach". This is why “conjugare”, “to unite together, to marry” functions as a synonym for “conjuguere”, which means “to join together” (Rey, 2006 p. 852). Indeed, when we consult the Littré dictionary, we learn, among other things, that the word "spouse" comes from the Latin "conjuguere", which means "to bind together". To be a spouse therefore means “to unite together”, “to unite with”, “to unite through marriage” (Ministry of Justice of Quebec, 2005). The adjective "conjugal", for its part, would have been borrowed from the Latin "conjugalis" corresponding to the term "conjux" meaning "husband, wife". The term was intended to qualify “what relates to marriage, with particular uses in the field of emotional and moral life and behavior, and legal specialization (duty, marital bond)” (Lapierre-Adamcyk & Le Bourdais, 2004; Lapierre-Adamcyk, Le Bourdais & Martin, 2009).

Spouses linked by a de facto or legal union, formal or informal, where each expresses their freedoms more or less. Like the family, modes of conjugality evolve over time and societies; it is in this sense that Neyrand (2016 p. 1) affirms that “conjugality is at the heart of the process of transformation of private relationships and reconfiguration of the family order, identified as a democratization of the family, that is- that is to say the application of the values of republican democracy to the private sphere on the basis of three pillars: the individualization of actors, the equalization of places and the sentimentalization of relationships.

2.4.3. The evolution of contemporary Western conjugality

As Bozon and Heran (2006) showed, current emotional and marital trajectories have become much more diversified and fragmented. We must go back to a period between the end of the 18th century and the beginning of the 19th century to see romantic love establish itself as the "ideal and ideal" model of the marital relationship (Bozon & Héran, 2006; Illouz, 2006 Laplante, 2011; Through this metamorphosis, the conjugal act is thought of and propagated by romantic writers and philosophers (Dagenais, 2000). In a broader historical perspective, Dagenais (2000) recalls that "from the beginning, the Roman Catholic Church insisted on the "consent of the spouses", which helped to found marriage and the family as such. This is how the Church was able to "attack traditional family solidarities to create allegiances that transcend these families" (Dagenais, 2000), "without denying the role of romantic love. Church has propagated an apparently simple idea: the consent of the spouses" (Dagenais, 2000). If the conjugal family is not a creation of the doctrine of the Church, the fact remains that its role in family matters made it possible to modernize the fundamental unity of society (Dagenais, 2000; Laplante, 2011).

To sociologically understand this relationship between individuals which provides "the most adequate recognition for the self-consciousness of the modern individual" (Dagenais, 2000: 148), we must first understand what romantic love represents sociologically and above all establish one's "worldly vocation" (Dagenais, 2000). According to Niklas Luhmann (1998), cited by Dagenais (2000), love calls for "the foundation of a personalized common world" (Dagenais, 2000: 148). Loving recognition then appears as recognition of the role played by the other in the constitution of one's own identity" (Dagenais, 2000; Schmoll, 2005). This "fixation of self-consciousness in the romantic relationship", as calls Jauron (2010), calls "the establishment of a common world, between two, and which results in the marital bond or conjugality" (Dagenais, 2000, the difference between contemporary conjugality and conjugality). conjugality as it was experienced in previous periods lies in the fact that it tends to emancipate itself from a "common world project between lovers and, in particular, from the child project" (Dagenais, 2000), since in previous periods the only vocation of the romantic relationship, and therefore marital, was the family (Dagenais, 2000 In his work Sex and the West, the historian Flandrin (1981) explains that the rules of " courtly love" in the Middle Ages "are the polar opposites of those of medieval marriage". For Jean-Claude Kaufmann (1993), love in the Middle Ages is a “passionate love which can only be experienced outside the institution” (Kaufmann, 1993 p. 32). Markale (1987) quotes Kaufmann (1993 p. 32) regarding courtly love:

The lover is ready to submit body and soul to his lady. This fusional devotion nevertheless results in constant work on oneself to overcome trials (imagined by the lady) and achieve exploits, exalting individuality (Markale, 1987 in Kaufmann, 1993 p. 32).

For Kaufmann (1993), with the courtly code, the state of love results from patient work on oneself. It is then possible to feel the desired emotions, which contrasts sharply with the representation of "love falling from the sky" which will prevail for centuries. Kaufmann (1993) explains that the parenthesis of courtly love occurs in a Middle Ages troubled by the clear definition of the place of the couple, and especially of sexuality, uncontrollable and subverting the too arid laws decreed. To establish marriage as a sacrament (and as a dominant norm), a very complex intellectual prerequisite was required: defining a doctrine distinguishing it from the sin of the flesh. Marital sexuality has therefore been moralized (Kaufmann, 1993 p.33).

Still according to Kaufmann (1993), marital love offered the Church the miracle of detachment from sin despite the conjunction of the flesh. At the end of the Middle Ages, marriage gradually became the standard expression of conjugality. In the 16th century, the Church began to combat physical love in confessionals: “The goal of sexuality, according to the Church, is not pleasure but strict procreation” (Kaufmann, 1993). Subsequently, the theologians of the end of the Middle Ages chose as a new battlefield "profane love", "that sacrilege which leads to preferring one's wife to union with God", but as Kaufmann points out, this was in vain, because “sentimental modernity had begun its long march” (Kaufmann, 1993: 33-34). According to Burguière (1986), from the 16th century, the couple's concern was no longer only to "build a family", but also to know how to manage it, to "preserve and improve their social capital" (Burguière, 1986).). Between the 16th and 21st centuries, profound upheavals took place, the main ones occurring from the end of the 1960s, as sociologist Kaufmann (1993 p.49) points out.

From the 18th century, spouses added tenderness to a pact which already obliged them to sobriety, benevolence and respect. Tenderness appears as “one of the manifestations of this new intermediate feeling between sex and divine love: love” (Kaufmann, 1993 p. 35). Burguière (1986), cited by Kaufmann (1993), describes this new feeling as "tender and reasonable", close to virtue and duty. The rise of this feeling has greatly changed the marriage landscape. Channelled at the time of its emergence in the 18th century, it takes the form of a "quiet passion, calmly cultivated within the established union". Subsequently, the initial choice of spouse, the founding act of contemporary conjugality, reinforced the upheavals already underway: "marriage of inclination" replacing the "arranged marriage" which was the norm at the time. However, it took almost two centuries for the idea to establish itself in official morality and much longer in practice (Kaufmann, 1993: 36).

Godelier (2004), cited by Smadja (2011), also recalls, in Métamorphoses de la parenté, that during the last thirty years of the 20th century, we witnessed a real upheaval in kinship and ideas about kinship (Godelier, 2004). Interested in "the forces which have modified the forms and practices of kinship in our societies", he identifies three types:

- The first force is identified in "the emphasis placed on the free choice of the other in the founding of the couple, a choice freed from constraints and social conventions", as "the moral obligation to marry in one's environment, to transmit a name, to perpetuate a family, a social group" (Godelier, 2004). Desire and feelings are the new criteria. Thus, “the disappearance of the love of one individual for another has become a sufficient reason to break off a union and make oneself available for new marital ties” (Godelier, 2004).

- The second force is rooted "in the transformations of relations between men and women and in the growing pressure for greater equality of the sexes in all areas of social and personal life" (Godelier, 2004). The introduction of parental authority in 1977 and divorce by mutual consent in 1981 in Quebec bear witness to this. Women have entered economic life en masse, making an essential contribution to the material life of their family, while acquiring greater financial independence from their spouse (De Singly, 2002).

- Finally, the third force is constituted by a “movement to promote the child and childhood” which emerged in Western Europe in the 19th century, and which grew in the 20th century (Godelier, 2004). The child becomes a “person whose arrival in the family is less and less sudden, but rather desired and planned”. As a result, the child began to occupy a more important place in the emotional and economic life of families (Godelier, 2004).

Furthermore, as Berger and Kellner (1988) point out, cited by de Singly (1991), for many spouses, belonging to a marital team brings specific benefits in terms of identity. Entry into married life is a decisive moment in the social construction of reality for the actor concerned (Bozon, 2006). De Singly (1991) sees this as an extension of Durkheim's (1897) thesis according to which "a domestic group has personal effects, identifiable in particular by protection against suicide". For De Singly (1991:80-81), "everything happens as if living with someone in a relatively stable manner was, and remains in contemporary societies, a source of satisfaction that is difficult to guarantee otherwise.", and in particular by oneself. Castel (1981), it is the "psychologization" of existence - characteristic of modern societies - which has created a strong demand for psychological help and support. For Sennett (1979), the spouse is one of the people who must increasingly assume this function on a daily basis. This is one of the reasons why the devaluation of the institution of marriage has not been accompanied by a devaluation of married life (Sennett, 1979).

For Lapierre-Adamcyk and Le Bourdais (2004), recent decades have seen the Western family profoundly transform, notably with a redefinition of conjugality:

The inexorable decline in fertility, made possible by the availability of effective means of contraception, and the liberalization of sexual behaviour outside of marriage have been accompanied by an increase in marital instability following the availability of divorce, the decline of marriage and to the rapid spread of free union. Relations between men and women have changed profoundly and the notions of couple and spouse no longer have the traditional character conferred on them by legal marriage (Lapierre-Adamcyk & Le Bourdais, 2004: 67).

Analyzing national statistics, the two authors however rightly point out that in Quebec and Canada, "if marriage has lost its appeal, we cannot conclude that married life has suffered a decline of the same magnitude" (Lapierre -Adamcyk & Le Bourdais, 2004: 67). According to these two authors:

"Less common among young people today than in the 1960s and 1970s, marriage will have been partly compensated by common-law unions, the figures for which are such as "the gap between the proportions of common-law unions in Quebec and in Canada, from 30% at the beginning of the 1970s to 60% at the beginning of the 1990s, is to the advantage of Quebec. Less stable than marriage, these unions break up more easily, but can also turn into marriage" (Lapierre-Adamcyk & Le Bourdais, 2004: 67).

According to Cherlin (2003), cited by Lapierre-Adamcyk and Le Bourdais (2004: 70), "marital life has become deinstitutionalized" (Cherlin, 2003). Young people are increasingly choosing to engage in a life as a couple through cohabitation. Levin and Trost (1999) also observed a relaxation of marital life, with the emergence of "non-cohabiting couples, that is to say those who deliberately choose to each live in their own home". Citing data collected as part of the General Social Survey, Lapierre-Adamcyk and Le Bourdais (2004) note that in 2001, couples "living at home" represented 8% of the Canadian population aged 20 and more (Milan and Peters, 2003), and that these couples represented approximately 11% of all Canadian couples, whether married, common-law or not cohabiting (Lapierre-Adamcyk & Le Bourdais, 2004). Few differences between sexes or regions are observed, except that "men and residents of Quebec are slightly more inclined to opt for this type of marital relationship" (Lapierre-Adamcyk & Le Bourdais, 2004: 70).

However, as Coontz points out, cited by Belleau et al. (2008), “some of the contemporary family characteristics presented as new have existed in different eras”. The relative novelty of married life lies notably in two important transitions which have also been identified in the literature. The first, identified by Burgess (1945), corresponds to the transition from marriage as an institution to "companionship marriage", in which the feelings between the partners became central to the success of the marriage (Lapierre-Adamcyk, Le Bourdais and Martin, 2009). While occupying very distinct roles (the male breadwinner and the female housekeeper), couples at the beginning of the 20th century attached increasing importance to the sentimental ties between the spouses, a phenomenon which contrasts with the previous period (Burgess, 1945). Nevertheless, at this time, in Quebec as elsewhere, marriage remained "the only socially acceptable way to have sexual relations and raise children" (Lapierre-Adamcyk & Le Bourdais, 2004). The second transition, which began around the 1960s, was that of “unmarriage” (Théry, 1993) or the “deinstitutionalization of marriage” (Cherlin, 2004).

A weakening of social norms - which defined the behaviour of individuals and in which personal choices and the satisfaction of individual needs took on unprecedented importance - was then observed (Cherlin, 2004; Belleau & Cornut St Pierre, 2011). Indeed, it is possible to see that marriage has lost ground culturally and legally these days. From “companionship” marriage, we have moved to “individualized” marriage where, according to certain authors, “the success of marriage is now measured by the benefits that individuals derive from it” (Belleau & Cornut St Pierre, 2011). Belleau (2008), citing theorists of modernity such as Giddens (1992) or Beck and Beck-Gernsheim (1995), have also highlighted the "transformations of intimacy and identity" which, according to these authors, have accompanied “a certain decline in social norms and institutional regulations (religious, legal, social, etc.) of married life” (Belleau et al., 2008). According to these authors, “the marital bond is now defined by norms of equality and free choice, but also by contractual relationships negotiated between autonomous individuals” (Belleau et al., 2008). Since Canada's divorce law came into force in 1969, "divorce rates have skyrocketed, accompanied a few years later by a significant decline in the marriage rate and an increase in the number of couples living in a common-law union” (Belleau et al., 2008). As Belleau (2008) points out, this access to divorce was accompanied by a “marked decline in the influence of the Catholic Church, which had exercised considerable influence in the lives of Quebecers” (Belleau et al., 2008).

2.4.3.1. The crystallization of the “self” as an issue in contemporary conjugality.

According to Fresel-Lozey (1992), "over the last two decades, the changes that have occurred in marriage are more akin to a mutation than to an evolution" (Fresel-Lozey, 1992). Indeed, the main components of the process are as follows:

The appearance and rapid development of new forms of cohabitation outside marriage, which has led to a juxtaposition of various models of married life; Increased marital mobility, with the corollary of a significant upheaval in the traditional ordering of sequences marking family life; The multiplication of stages; The displacement of all stages of the respective calendar of phenomena directly or indirectly linked to marriage, which also resulted in an almost systematic increase in the average age of occurrence of events (Fresel-Lozey, 1992).

Fresel-Lozey (1992) also believes that these developments have been overdetermined by socio-cultural and socio-economic changes, including the following:

The alteration of traditional family forms; The modification of images and representations around marriage and its purposes; The privatization of the domestic sphere; The growing lack of differentiation between forms of union with regard to the different legal and regulatory provisions; The evolution towards an undifferentiation of masculine and feminine roles; The propensity to contractualize relationships between individuals; The primacy given to individualism; The emancipation of young people in matters of sexuality (Fresel-Lozey, 1992).

It is these changes that allowed Péron (2003) to highlight, in his article entitled "From compulsory marriage to optional marriage", the spectacular increase in common-law unions as a mode of union formation (Péron, 2003). . Céline Le Bourdais and Évelyne Lapierre-Adamcyk (2008), in their "Portrait of Quebec families on the horizon 2020", compared and analyzed the data compiled by Statistics Canada (2002) in the publication Diversifying

Marital Life in Canada, confirming the growing popularity of cohabitation as a first form of union and its tendency to increasingly become a form of permanent union. Citing data from the Quebec Statistics Institute, they point out in their article that "35% of marriages celebrated in the early 1980s ended in divorce before their 25th anniversary", but they also specify that "the Marital instability is even higher among de facto spouses” (Le Bourdais & Lapierre-Adamcyk, 2008: 86). These data and others lead them to conclude that: By 2020, there is every reason to believe that family sizes will remain small, that common-law unions will perhaps occupy an even larger place and, above all, that it will continue to be the preferred form of union at the origin of reconstituted families, that marital instability, even if it stabilizes, will remain high and will thus contribute to the maintenance, even to the increase, of single-parent families and recomposed (Le Bourdais & Lapierre-Adamcyk, 2008: 86).

These results are striking to say the least, especially when compared to de Singly's (2005) analysis. The latter observes that: the contemporary family is not defined exclusively as a place where love circulates, it also produces something else: the construction of the identities of each of its members. Symptomatic of individualist societies, the construction of identities fulfills “the central function of attempting to sustainably consolidate the “me” of adults and children”. In the marital context, this issue can create difficulties for the couple, as the personal identities of those involved are constantly changing, and the need for a different perspective will also arise. However, it is not obvious that the partner will be able to do this, which will have the effect of prolonging the relationship or not, depending on their level of reconversion (De Singly, 2001).

As de Singly (2005) says: “it is about reconciling loyalty to a self that is changing and loyalty to the other (who is also changing).” Paradoxically, “modern individualism means that the individual, to become himself, needs the gaze of people to whom he gives importance and meaning” (De Singly, 2001).

De Singly (1996, 2005) identifies three conditions for the “self” to have a feeling of positive existence:

1) "The need for a familiar, stable and exclusive parent, the most common forms of which are parents for children and spouse for adults. Adults are not self-sufficient and friendships are not sufficient substitutes for spouse (or equivalent)". De Singly emphasizes that "the modern individual is like Narcissus, he likes to take care of himself, but he needs a specific mirror identified in the gaze of others: the history of the contemporary individual is made up of these significant glances who succeed one another, and the last of whom, even if

they are in love, have difficulty repairing the past", because the self is fragile (De Singly, 2005).

2) “The impossibility for parents to keep close family clothing for children who have become adults, because after a certain age, parents no longer play the role of consolidator of identity” (De Singly, 1996) - even if, as Attias-Donfut (1995) mentions, they have an important solidarity function - they threaten "the feeling of autonomy which is the support of modern identity" (De Singly, 2005).

3) "The ineffectiveness of the logic of dedication to others. Individuals need attention, and simple dedication is no longer enough. Contemporary society imposes a paradoxical model of individuation in which personal autonomy does not exclude the creation of bonds of emotional dependence, a source of energy for oneself. The self is born in the relationship with the other” (De Singly, 2005).

In his doctoral thesis in sociology, Bergeron (2013), developing a sort of "sociology of the individual", formulates the central hypothesis that "with the advent of advanced modernity, the trials of life, that they are of an individual nature or caused by the socio-historical context, are experienced and interpreted in a more individualized manner” (Bergeron, 2013: iii-v). It also highlights elements of what characterizes, according to him, the "individualist deconstruction of adulthood" widely accepted and experienced in Western societies. This is reflected in particular by the fact that "for several decades, adults have been able to live forms of life previously considered marginal (choice of prolonged celibacy, homosexual couples, couples without children, cohabitation outside of marriage, single-parent or reconstituted families)" (Bergeron, 2013: 60). Bergeron, citing de Singly (1996), underlines the fact that today "the family is at the heart of the process of individualization of the individualized individual, which leads to the good partner becoming one who is capable of develop themselves (individualism) and help the other partner to build their individualism and flourish in their individual capacities” (Bergeron, 2013: 61).

Bergeron (2013) continues by emphasizing that “this mutual fulfillment is achieved (often) between two partners who perceive themselves as equal, autonomous and free” (Bergeron, 2013). Quoting de Singly (1996: 52), "this implies that when the partner's identity changes, the spouse must also change his or her way of being close and familiar." The "imperative to be oneself and social pressure to achieve personal fulfillment" (de Singly, 1996) increasingly force couples to "adapt to fluctuations in their partner's identity" (de Singly, 1996: 52). "If the partner cannot accept the new identity configuration of the other (change of work, friends, habits or various values), divorce and separation become possible outcomes: the contemporary individual believes that the finitude is possible within the couple” (De Singly, 1996). The “conjugal mobility” mentioned by de Singly (1996) is now emerging as “a possibility, allowing individuals to experiment with other forms of life when they feel unsatisfied”. The couple of advanced modernity is thus carried by the individual quest for their own individualization” (Bergeron, 2013).

2.5. MODES OF ACCESS TO MARRIED LIFE FOR MEN AND WOMEN WITH DISABILITIES

For De Singly, the rules of equivalence which govern matrimonial transactions obey a sexually differentiated model. Women tend to highlight their aesthetic or relational qualities and men their socio-professional status. In a way, aesthetic excellence is exchanged for social excellence. The choice of partners thus expresses the prevalence of certain stereotypes associated with masculine and feminine roles which persist well beyond the formation of couples (Etienne et al., 2004 pp. 384-385).

The analysis of the comments made by people living with a disability reveals that with a "sick" or "disabled" body, men and women living with a disability use personal strategies on a daily basis to cope with the social stigmas that surround their conjugality. Deprived of all or part of a limb or organ, these people fight on a daily basis to transform the representations associated with their sexuality. The innovations of disabled people in terms of seduction and the search for conjugality are numerous. And even in these normally private moments, both within the disabled population and the general population, many unlikely alliances are emerging. This leads us to question the process of forming a couple for people living with a disability: the criteria of choice, the categories of perception both in the selection of the spouse and in the circumstances of the meeting in this social category (Chiewouo Kuetche, 2023).

2.5.1. Criteria for choosing a spouse for disabled men and women

As Bozon and Heran pointed out in 2006, "the era of marriages arranged by relatives is now over, and only romantic feelings justify the choice of spouse." However, the chosen partner remains a social counterpart" (Bozon & Heran, 2006 p.114). For them, conjugal love is a factor contributing to the reproduction of the social order. An order that is dynamic over time and the society.

In Cameroon, as elsewhere, most disabled men who naturally live as a couple have not really encountered great difficulties in finding or having a partner. For many, this is because these men are much more self-confident and courageous than the average person in this social category (Chiewouo Kuetche, 2023).

Within this group, women from Muslim communities do not encounter any difficulties in this area either (Chiewouo Kuetche, 2023). This is made possible by the community and cultural influence that remains on the marital phenomenon. Islamic values considerably influence the way this community views disability. Here, as tradition dictates, marriages are arranged, very often without the consent of the young girl.

In other more modernized regions, couples are negotiated. The emphasis is on the free choice of partner. Ideally, a choice free from constraints and social conventions (Godelier, 2004). Indeed, the search for conjugality, like the “feeling of love”, is very linked to “the question of choice” (Kaufmann, 2018 p. 42) of the partner. “The couple begins with the choice of a spouse” (Kaufmann, 2018 p. 5). As Anthony Giddens (2004) shows, many criteria are now put forward, including desire, feelings and passion.

The couple is based more on a romantic love (Shorter, 1977) in which a man and a woman find themselves indissolubly linked as the two "halves" of this marital unit that the couple represents, to go in the same direction as Berger and Luckmann (1997). The construction of this romanticism, as well as that of personal and social identity, is highlighted during the formation of the couple. The imagination of the "Prince Charming" (Kaufmann, 2001), particularly present among women, represents a "perfect" partner internally (in terms of morality, behaviour, etc.) but also externally, c that is, in terms of physical appearance, or at least physical beauty. “The body plays a central role in meeting and seduction, in romantic and sexual relationships” (Bozon and Heran, 1988; Bozon, 1991). Whether it concerns appearances, skilfully worked through clothing, hairstyle and makeup, but also bodily attitudes and voice, the importance of the bodily dimension of encounters, whether conscious or not, is major (Marcellini, p. 130). Indeed, the logic relating to physical appearance remains of great importance in the choice of a marital partner, even for people with disabilities (Chiewouo Kuetche, 2023).

According to Chiewouo Kuetche, (2023), unlike visually impaired people who marry more often, a barrier is put in place when we question men with motor disabilities. Whether for an intimate or marital relationship, they do not want to approach women with physical disabilities. This is strongly linked to the social view that can be given to a couple where both members live with a motor disability. As Goffman says, society views everything related to disability and the disabled person as something extra and a spectacle. Every action, every manifestation is accompanied by "a myriad of looks, often insistent, of curiosity, embarrassment, anxiety, compassion and disapproval." As if a man with a disability had to provoke comments from each passer-by as he passed by" (Le Breton, 2016 p. 92). Thus, having a motor disability and a partner who is also motor disabled would only multiply this state of affairs, which is often neither common nor easy to live with is added the image of suffering which emerges from a double situation of disability. The disabled person is seen as a burden, a burden for the family and then for them. The man, whether he is disabled or not, is concerned about this "physical ability". It is important for him to have a beautiful wife, and also a woman who will obviously take good care of him In the. Cameroonian marital culture, it is the woman who must take care of her husband, do the cooking, the laundry, etc. This is something which, at first glance, seems difficult to do for women with disabilities; considered a burden and not a help capable of contributing to the well-being of the family in the same way as a woman without physical disabilities. So, if both are disabled, the double charge is accepted.

Complementarity is therefore truly at the heart of the formation of the disabled couple (Kaufmann, 2018 p.13). Far from what a certain representation of love characterized by chance or "love at first sight" might suggest, the matrimonial field is here quite simply a market in which men and women exchange various economic, cultural and aesthetic capitals and seek, by forming a couple, to maintain or increase the total stock of their capital. Supposedly rational behavior leads everyone to choose a partner who is at least as well endowed. As a result, exchanges mainly take place at the top of the social pyramid, between individuals with high economic or cultural capital, forcing those at the bottom of the social ladder to marry among themselves. (Etienne et al., 2004 p. 382). A field in which each actor seeks security and is called to value their sexual and specific identity, to the extent that life as a couple, for a disabled person who lives with another person (also disabled or "valid"), is significant an identity positioning and a particular integration logic (assimilation logic in the case of mixed couples, integration logic in the case of disabled peer couples) (Banens et al., 2007 p. 64).

The choice of a marital partner in our society therefore depends more on the analysis of a certain number of individual and socio-cultural factors which can more or less guarantee the stability of the couple. These factors will influence the environments frequented, affinities (Etienne et al., 2004 p. 382) and interactions with others.

First of all, the social network proves to be decisive in marital encounters between disabled people. In the majority of cases, these are very long-term relationships, during which the non-disabled partner has developed a different vision of the person and the disability. What emerges is a pattern of encounters structured as follows: First friendship, then collaboration, and finally love (Chiewouo Kuetche, 2023). The social environment thus facilitates “situations of physical co-presence” (Marcellini et al., 2010 p. 134) which will lead to the development of friendly, then romantic and/or sexual, relationships (Chiewouo Kuetche, 2023).

For most men and women with disabilities, it is vital to have a partner who accepts their disability. This is an essential criterion. As Goodley (2014) and Brasseur (2014) show, having a marital relationship with a person with a disability is therefore an opportunity to move away from the low validocentric considerations which characterize most contemporary societies (Chiewouo Kuetche, 2023).

Then, if beauty or the absence of beauty can be a factor of rejection or rapprochement, the absence of appreciation of this characteristic would be an asset for visually impaired people. We go towards others not necessarily because they are beautiful, but rather because we feel that they are a good person.

Third, for most of the disabled people we met, the biggest challenge in accessing life as a couple remains family. This struggle is all the more accentuated when a man, disabled or not, wants to conquer a disabled woman.

What emerges is a set of marital interactions which remain influenced in one way or another by the presence of the disability. These interactions, despite the disability, allow the man to confirm his “masculinity” (Goffman, 2002, p. 70). The way in which men and women with disabilities perceive themselves, but also the way in which they are perceived by the person with whom they choose to establish a marital relationship, influences the representativeness of each sex in the marital environment. “Informal categories of perception” (Bozon, 1992 p. 23) which vary from one individual to another and according to the type of disability, thus highlighting the details of the functioning of the marriage market among disabled men and women in Cameroon (Chiewouo Kuetche, 2023).

Recapulative table

CHAPTER 3: EXPLANATORY THEORIES OF THE SUBJECT

3.1. THE THEORY OF SYMBOLIC INTERACTIONISM OF…..

Inspired by MEAD, the expression "symbolic interactionism" (Bucher & Strauss, 1961 p. 68), as well as its theoretical foundations, its conceptual content and its methods, was invented in 1937 by the psychosociologist Blumer, who was the student and then the successor of MEAD to his chair (Etienne & al., 2004 p. 253). This current seeks to create a synthesis between the individual approach and the macro-sociological approach. Indeed, MEAD considers the “self” as the internalization of the social process by which groups of individuals interact with others. The actor learns to construct his “self” and that of others. Individual action can then be considered as the mutual creation of several interacting “selves”. The “selves” thus acquire a social meaning, become sociological phenomena and constitute social life.

Interaction, which cannot be reduced to a simple logic of action and reaction, is above all a creative, constructed and open process, which can be understood (Etienne & al., 2004 p. 257) according to the situation in which the actor finds himself and the meaning he seeks to give to his action. Faced with marital situations, depending on their disability and their socio-cultural environment, disabled people develop daily strategies to access life as a couple.

The concept of conjugality, just like the encounter or experience (the relationships that unite spouses with each other and with other members of society and the relationships that result), interactions involving a disabled person are invested with specific meanings for a social actor called to constantly forge a social personality through contact with others. These are meanings that the actors themselves use to construct their social world. It is therefore a question of relying on the practice of individuals to access these private phenomena which are the productions, in a marital context, of disabled people as social actors, interpreters of the world around them (Blumer, 1969 ; Queruz & Zurtrowski, 1994), but above all capable of choices, initiatives and strategies; equipped with skills and performances (Ansart, 1990 p. 217). Since "the treatment which the individual gives to or receives from others expresses or presupposes a definition of his person, as does the social scene which immediately surrounds him at that moment" (Goffman, 1973 p. 317), this trend allows us to understand the daily life of couples living with a disability, the degree of mutual influence linked to each other, to physical appearance, to the roles played; their way of thinking, reflecting, communicating, conceiving life as a couple and managing it. It is about the "lived meaning", that is to say the way in which individuals present themselves and represent things in terms of access to life as a couple, of decision-making in terms of marital practice sexual and reproductive health in situations of disability (Chiewuo Kuetche, 2023).

According to this perspective, “experience is at the origin and arrival of all knowledge” (Le Breton, 2004: 10). Forged by Herbert Blumer (1986), this perspective comes from a more global school of thought, interactionism. This school of thought makes “interactions between actors the fundamental explanatory element of the concrete forms and structures of situations and systems” (Akoun and Ansart, 1999: 290). Interactionism, like its component symbolic interactionism, brings together a certain number of sociologists who share an interest in "the natural world of everyday life" (Becker, Mc Call, 1990: 2). They offer a microsociological analysis in the purest tradition of the Chicago School. Field study and the desire to take into account social actors rather than structures or systems, as was the case in a large part of American sociology of the time under the influence of Parsons' functionalism. The specificity of symbolic interactionism lies in the fact that it represents “a current which favors meanings developed spontaneously by actors during their interactions” (Akoun & Ansart, 1999: 290). Blumer (1969) based symbolic interaction on the following three fundamental principles: 1) human beings act in relation to things according to the meaning that they have for them; 2) this meaning is derived or comes from each person’s interactions with others; 3) this meaning is manipulated and modified in a process of interpretation implemented by each person when faced with the objects encountered. It is these three principles that make the interactionist approach specific (De Queiroz & Ziolkowski, 1997).

Furthermore, as Akoun and Ansart (1999) explain, the term interactionism presupposes a meeting place between actors that is to say between agents who give conscious meaning to their action. The two interaction systems are part of situations, that is to say concrete relationships which take place in a given place and time. The action of each actor will then depend on the meaning he attributes to that of the others, in the terms of Goffman (1973, 1974): for example, the simple fact that a male user comes into contact with a female user of the same site dating implies, in the eyes of the latter, that he is interested in forming a couple with her, or at least that he is eager to meet her (since that is the purpose of a dating site). Symbolic interactionism considers that there is no situation that can be mechanically deduced from a system, but that it will result from the construction of meaning by the participants through their interactions (Akoun & Ansart, 1999). This theoretical perspective is based on field observation and the collection of qualitative data (Akoun & Ansart, 1999; Becker, 1985).

Rather than looking behind phenomena for the structures supposed to constitute them - as the structural-functionalist perspective does in particular - symbolic interactionism favors the description and analysis of the processes by which they are realized (Akoun & Ansart, 1999; Becker, 1985). According to the interactionist perspective, the individual is an actor who interacts with different social elements and not a passive agent who suffers the full force of social structures because of his habitus or the "strength" of the system or culture to which he belongs. He constructs his universe of meaning not on the basis of psychological attributes or an external imposition, but on the basis of a deliberate activity of attribution of meaning (Akoun & Ansart, 1999). Unlike structuralist or functionalist sociologies, which treat the individual as an "interchangeable agent of social reproduction" (Le Breton, 2008: 49), interactionism values: the actor's resources of meaning, his capacity for interpretation, which allows it to take over norms or rules. Actors endowed with reflective capacity are then free to make their own decisions in a context that influences them. Symbolic interactionism is based on the idea that our relationship with the world is conditioned by the symbolic dimension. This means, for example, that those involved in dating sites are familiar with a multitude of signs, starting with language, which allows them to interact without too many misunderstandings. The world is always constructed on the basis of an interpretation by an actor who draws "from the toolbox of his social and cultural references", the meanings more or less shared during the online meeting will delimit a universe of behaviors known to the actors (Le Breton, 2008 p.49).

Interpretation is one of the key notions of interactionism, making the individual an actor in his own existence rather than an agent whose behavior is governed from the outside. By interpreting or defining a situation, the individual evaluates its implications and acts accordingly. The other individuals who interact with him simultaneously interpret the data they perceive, and the social bond is therefore born from this continuous process. Driven by this self-reflection of the individual and his ability to put himself in the place of others to understand them, the interaction creates a "connective tissue of meaning" linking the actors of the same society, with the nuances specific to social classes, cultural groups and personal stories, depending on whether you are a woman or a man, young or old, etc.

Le Breton (2008) recalls that: the social bond is a debate on the definition of situations that is to say on the meanings attributed by each person. The episodes of the interaction reflect its ups and downs (...) at each moment, the partners in an interaction evaluate the circumstances and position themselves in relation to each other, in a game of reassessment and mutual readjustment. Everyone reacts according to their interpretation of the behavior of those around them (...) Meaning is the process that is constantly played out between the actors (Le Breton, 2008: 50-51).

It is also to discover the meaning given by the actors to the social bond of conjugality that they build through online meetings that we chose this theoretical perspective, because it seemed the most likely to help us deconstruct this phenomenon particular social in order to understand its signs and therefore its meaning. Interactionism, by not taking the individual as a principle of analysis, reasons instead in terms of reciprocal actions, that is to say in terms of actions which determine each other mutually. The interaction constitutes a “field of reciprocal influence” (Le Breton, 2008 pp. 50-51). From this point of view, interactionism considers online meeting as a living structure which is constantly being made and undone, contributing to the progressive construction of conjugality for the actors whose objective is this. Didn't Simmel (1981) already say: If we look at things from the bottom up, we see that any phenomenon which seems to constitute some new and independent unit above individuals is resolved in the reciprocal actions exchanged by individuals (Simmel, 1981 pp. 165-174).

Interactions are therefore not mechanical processes which are grafted onto statuses and roles, because, as Anselm Strauss (1992) also points out, the actors "play" their roles (...): The actors "play" their roles (...) The role-play model of interaction, however, provides a good starting point for studying what happens when two people talk and act face to face (Strauss, 1992 p. 59).

In any interaction, the actor runs the risk of being condemned to assume a role over which he has no control. The individual loses control over meanings that fall into the sphere of influence of others. This is what Anselm Strauss (1992) underlines by asserting that:

Interaction conveys the potential to knowingly or unknowingly impute - to others or to ourselves - innumerable motives and particularities. We can therefore say that the very nature of interaction is the prescription of a status. It is worth remembering that, while it endangers everyone involved (actor or audience), interaction also exposes each of us to disturbing experiences that become more positive and creative (Strauss, 1992: 87).

For interactionists, rules therefore do not pre-exist action; they are implemented by the actors through their definition of the situation. Context is interpreted rather than conceived as an external and constraining element that determines action. It is no longer the rules that must be described in order to deduce behaviour, but the use that individuals make of these rules which will allow us to understand their behaviour (Le Breton, 2008). As David Le Breton (2008) points out, socialization leads the actor to acquire a vast wardrobe in which he can creatively take on a repertoire of roles depending on the circumstances. As Erving Goffman (1973) says:

When an actor plays a role, he implicitly asks his partners to take seriously the impression he produces. He asks them to believe that the character they see really possesses the attributes that he gives the impression of possessing, that the activity he is carrying out will actually have the consequences that it is implicitly supposed to bring about and that, in a way In general, things are what they seem(Goffman, 1973 p. 25).

Of all the symbolic interactionists, our study will focus most on the perspective adopted by Erving Goffman, that of "social dramaturgy". By studying society as: a spectacle of appearances carried out by actors in performance, anxious to play their role without false note and to contribute to the common task of producing coherent performances, always in fear of losing face or loss make others lose (Le Breton, 2004: 102).

3.2. SELF-DETERMINATION THEORY (TAD)

The theory of self-determination, whose origins date back to the 1970s, experienced strong development in social psychology in the 2000s. It is centered on the belief that: “human nature presents persistent positive characteristics called inherent tendencies to growth as well as the basic psychological needs whose satisfaction is necessary for well-being, development and healthy and optimal functioning. It is a broad theory of motivation and personality. According to this theory “three psychological needs are fundamental and the basis of motivation and well-being: the needs for autonomy, competence and social belonging”. Indeed, when people are self-determined, they have a feeling of freedom to do what is interesting, important and vitalizing. These needs are:

Autonomy: need to feel at the origin or source of one's actions;

Competence: need to feel efficient and capable of carrying out tasks of different levels of difficulty.

Social belonging: need to feel connected and supported by other people.

Although these needs are of capital importance, it is necessary to take into consideration the motivation of the individual, the reasons which push him to act.

3.2.1. Motivational self-determination theory

Self-determination theory stands out as a heuristic framework to account for the behavior of individuals in different contexts.

Deci and Ryan (1985) developed a theory called the motivational theory of self-determination to explain the way and the reasons which push a person to take control over their life. In this theory of motivation and personality, self-determination is considered as an innate human need to exercise control over one's life and constitutes a crucial determinant in motivation Ryan and Deci, (2000); Vallerand, 1994). This theory postulates that: “Motivation is said to be self-determined when the activity is carried out spontaneously and by choice and conversely, motivation is said to be “non-self-determined” when the individual carries out an activity to respond to external pressure or internal and that he ceases all involvement as soon as it diminishes.” This model is part of a continuum of behaviors ranging from undetermined to determine. These behaviors are classified according to four characteristics: the type of motivation, the regulation style, the perceived locus of causality and the regulation process used. This theory assumes the existence of six different types of motivation that are more or less self-determined.

Intrinsic motivation represents the most self-determined level, while motivation is the least self-determined form. “Integrated”, “identified”, “introjected”, and “external” regulations are located between these two extremes (Ryan & Deci, 2000; Vallerand, 1997); identified regulation represents the threshold of self-determination. The theory gives social factors considerable influence. Social factors would be able to facilitate self-determined (or non-self-determined) motivation by nourishing or, on the contrary, hindering the expression of three fundamental psychological needs: competence needs (the desire to interact effectively with the environment), d autonomy (the desire to be at the origin of one's own behavior), and social proximity (the desire to be socially connected with people who are significant to us). Any social environment that hinders the expression of these three needs would increase the probability of the appearance of non-self-determined motivation.

In addition to the self-determination theory of Deci and Ryan, there are other theories of self-determination applied to intellectual disability: the ecological theory of Abery and Stancliffe (1996) and the functional theory of Wehmeyer (1992, 2005).

3.3. THEORETICAL FOUNDATIONS OF SOCIALIZATION

For psychologists, socialization corresponds to the process of personality formation and development of individuality. Thus in the works of Freud (1917-1930) and Piaget (1965, 1974) cited by El Ashkar (2014) on the analysis of individual psychological mechanisms allow us to understand social phenomena but on the other hand social factors influence individual construction.

Socialization following Durkheim is often defined as the process by which society imposes its rules and norms on the child. From learning, implicit or explicit, he must internalize the ways of doing and thinking, the ideals and practices, the beliefs and rituals consistent with his living environments and his groups of belonging. From this perspective, it is what allows the child to integrate into society while respecting life in society. This socialization for the author takes place through an institution such as the family, school, and the world of work.

Several authors have been interested in the concept of socialization to understand its meaning and provide an explanation. Among these authors we can cite among others: Durkheim, Piaget Berger and Luckmann etc.

Piaget, known for his conceptions of the development of intelligence in children, proposes a sociological approach to socialization, which highlights the active role of the individual in learning social codes and moral values (Droz, 1975). For him, it is through contact with others (children and adults) and then cooperation (in play for example) that the child emerges from his egocentrism and learns to gradually consider the point of view of others and to integrate into the group.

For Berger and Lukmann (1967), socialization is a continuous process unlike Durkheim (1966) and Piaget (1965) so their perspectives would argue that socialization ends in adolescence. These authors endeavor to introduce a particular distinction between the terms "primary socialization" and "secondary socialization" and maintain that socialization is defined by the insertion of social agents into the "world of experience" understood as being simultaneously as a “symbolic and cultural universe” and “knowledge about this world”.

Several people are involved in this process of socialization of humans in general and of children in particular. Thus the socialization of an individual must take place in an appropriate social environment called an instance. Although there are several works on socialization, within the framework of this work, we will focus on the perspectives of Durkheim, Piaget with emphasis on those of Berger and Luckmann. Regarding this part, we will first present the perspectives of authors such as Durkheim and Piaget on socialization and secondly we will present some instances of socialization as well as the agents who intervene in this process.

In the construction of social reality Berger and Luckmann (1966/1986) propose a general theory of society as a set of data constructed by individual and collective actors. Part of the perspectives of the phenomenological constructivist, developed by the sociologist of knowledge Schutz (1967). These authors develop the central idea according to which socialization is both immersion in a lived world and knowledge forged about this world.

These two authors, following Piaget, propose a new conception of socialization which notably allowed a certain understanding of the question of social change while promulgating the extension of the concept of socialization to a reality going beyond the childhood phase. These authors distinguish two types of socialization, namely primary socialization and secondary socialization.

For these authors, the process of primary socialization refers to the process of incorporation of “basic knowledge” by and through the learning of language, which simultaneously ensures the “subjective possession of a self and a world” and codes necessary for the social definition of situations (Dubar, 2006 cited by Thibaut, 2010). Primary socialization takes place during childhood and it is during this period that social learning takes place. The child learns the existence of different roles, integrates the attitudes and general principles to which he must conform. This socialization is the first socialization that the individual undergoes in his childhood and thanks to which he becomes a member of society.

Secondary socialization is a socialization process that takes place throughout adulthood. Here, the child internalizes new values, new roles which can more or less transform his identity. This socialization takes place when the individual studies, exercises a profession, starts a family, etc. More specifically, Berger & Luckmann define secondary socialization as a process of “internalization of specialized institutional sub-worlds” and “acquisition of specific knowledge and roles directly or indirectly rooted in the division of labor” (Berger & Luckmann , 2006, p.235-236 cited by Thibaut, 2010). For these authors, secondary socialization therefore mainly consists of a process of internalization of professional knowledge bringing together a set of concepts, vocabulary, formulas, propositions and procedures, "a formalized program" and a "symbolic universe" carrying 'a particular conception of the world (Berger & Luckmann, 2006 cited by Thibaut, 2010). Secondary socialization consists of any subsequent process which allows an already socialized individual to be incorporated into new sectors of the objective world of his society. This perspective of Berger & makes it possible to distinguish basic socialization (primary socialization) which teaches the child to become a social being and secondary socialization which specializes him in certain social spheres (Berger & Luckmann, 1986, cited by Bidart, 2012). This being presented, moving on to the various agents who intervene in socialization.

PART TWO: METHODOLOGICAL AND OPERATIVE FRAMEWORK

CHAPTER 4: METHODOLOGICAL APPROACHES TO RESEARCH

After presenting the theoretical and conceptual framework of the study, it is appropriate in this chapter to present the research methodology. It is structured around the following elements:

The hypotheses, research instruments, population and context of the study, research question, hypotheses, scientific problem of the research, type of research and define the population of the study the analytical instruments data as well as the conditions for transmitting this data.

4.1. REMINDER OF THE RESEARCH QUESTION

This study explores the question of the incidence of complex functions of the nervous system as a process of communication, activation of purposes in people with Down syndrome leading an "emotional" couple life and the role played by these functions in the search for a joint partner and the construction of a balanced and stable family.

In fact, people with Down syndrome lead a difficult emotional life due to the fact that they are most often rejected by society. It is generally believed that they cannot procreate and even fall in love with a person of the opposite sex. However, Down syndrome is not a direct pathology, an increase; supernumerary of a chromosome in the 21 chromosome pair certainly which has certain consequences on the cognitive and developmental level.

The feeling of incomprehension, phobias and socio-educational difficulties smacked of the feeling of a difficult emotional life. This situation leads to a scientific problem which is that of successful access to a life as a couple in people with Down syndrome21.

The research question is as follows; Does the impact of language facilitate the successful access of people with Down syndrome to a life as a couple? In other words, how the processes of the purposes of language allow people with Down syndrome to establish a successful family life.

Study hypotheses

Our general hypothesis is: The impact of language facilitates the successful access of people with Down syndrome to a life as a couple.

The specific assumptions are as follows:

- Specific hypothesis 1: The impact of verbal language facilitates the successful access of people with Down syndrome to life as a couple.
- Specific hypothesis 2: The impact of non-verbal language facilitates the successful access of people with Down syndrome to life as a couple.

In these work, we are going to use the theory of Blumer of Symbolic Interactionism to carry out the operation of our variables as indicated below.

4.2. OPERATIONALIZATION OF RESEARCH VARIABLES, DESCRIPTION OF HYPOTHESES AND SUMMARY TABLE

Assumption	**Research question**	**Variables**	**General hypothesis**	**Terms**	**Indicators**	**INDICE**
The impact of language facilitates the successful access of people with Down syndrome to a life as a couple.		**VI : language**		**Verbal language**	Communication of ideas Communication of thoughts Communication of emotions Communication with others	Feelings of unluck, rejection,overprotection and stigmatisation Down syndrome is a disease of the chromosomes Singing
				Non verbal language	Expression of emotions Mimics	Appreciation from others, affectionate little names from others, interaction with others
		VD accessibility to life as a couple		Meeting with the spouse	Choice of spouse (criteria) Seduction of the spouse Barrier to access to married life	Through sens of humour, feelings of joy, anger, retaliation

					Repercussions of T21 on meeting and choosing a spouse	
				Cohabitation	Consideration of spouse Expression of ideas, thoughts and emotions in the couple The view of others and in-laws on life as a couple	Disability and shared interest, physical beauty, behavior Buying of gifts to spouse Lack of interest to marriage, T21
				Sexuality	The place of sexuality in couple life	Being friendly with one another, dialogue, mutual understanding Free expression mating joyous Important , Sharing sexuality
				Solidarity	Economic solidarity Social solidarity Emotional solidarity.	Sharing in finances Living together Going out together Attachment to one another

4.3. SEARCH TYPE AND SEARCH METHOD

Our research is qualitative. Qualitative research aims to describe, explore, explain and understand phenomena.

4.3.1. The clinical method

The first meaning of the word “clinical” then qualifies a general methodological principle, which is classically defined as a “psychology of individual cases” (Lagache). In a more current version, we would rather say that the clinical method is first characterized by the concern to single out the psychological facts (individual or collective) that it proposes to study. It is “(…) the study of the singular personality in the totality of its situation and its evolution” (Favez-Boutonier, cited by Castarède, 2003, p.12), in order “(…) to highlight the particularities or alterations of psychic functioning” (Castarède, 2003, p.7). She is interested in the study, evaluation, and diagnosis of both healthy and sick subjects, to whom she offers help, listening, and support, in self-knowledge, and in the treatment of psychological suffering. Its framework is broader than that of psychopathology and the treatment of identified mental disorders; it applies both to disordered behaviour and to adapted behaviour.

It begins with collecting the subject's history from him and/or those around him, in order to research the impact of his anamnesis on his current behaviour; and this with the aim of being able to identify the cognitive, affective, and sociocultural variables which influence its adaptation to its environment. She advocates the singularity of cases.The word “singularize” is here to be understood in its etymological sense: it is to distinguish one thing from others, to make it unique, to specify it.

Like the clinical method in medicine which consists of characterizing an illness according to the patient and his or her particularities, the clinical method in psychology first seeks to characterize a situation (individual or collective) in terms of what makes it specific, singular. Hence the fact that psychology, claiming a clinical type of knowledge, generally favours an approach to the phenomena it studies, through the observation of cases.

It is the in-depth and prolonged observation of an individual with the aim of as exhaustive a study as possible of the characteristics associated with his condition and their relationships. The advantages of the case study in clinical psychology are:

- to be close to concrete reality, to be very flexible, to allow emotional contact to be established and a host of connections to emerge between facts, events, past and present;

- to allow the description of rare phenomena;
- to provide hypotheses; And
- to make it possible to refute some of them.

The disadvantages of the case study lie in the selective attention and memory of the patient and the therapist, in the difficulty, even the impossibility, of repeating the observations made (in order to control them), and hence the difficulty of generalizing what was observed in one case to another. Its weakness in confirming causal links (following the difficulty of isolating causes and controlling alternative hypotheses) is another major disadvantage. It will therefore be necessary to use other methods to confirm the hypotheses designed at the case study level.

4.4. PRESENTATION AND JUSTIFICATION OF THE STUDY SITE

The study site is defined as a circumscribed and developed geographic and socio-cultural space in which the study population is located and where data collection takes place. Thus, two elements can justify the choices of our study site, namely:

- The presence, within this site, of a specific service in the care or support of the population.
- The effective management or monitoring of the study population.
- Taking into account that the National Center for the Rehabilitation of Disabled People CNRPH is the place where certain diabetics are amputated for functional rehabilitation and the installation of a prosthesis, we chose it as the study site.

This study is then carried out at the CNRPH which is located in the Center region, city of Yaoundé, in the Mfoundi department, in the district of Yaoundé VI in Etoug-ebe 300m from the center crossroads… During the period from the month from May to June for strategic reasons (place of residence, financial and time constraints).

- ✓ Phase 1: from creation to handover to the State of Cameroon

It was in 1967 that a Canadian prelate named Paul Emile LEGER decided to resign from his post as Archbishop of Montreal to settle in Africa. He created his foundation called Cardinal LEGER and his Works (CLO) and embarked on the path of philanthropy. He notes the high rate of children victims of post-polio after-effects with damage to the lower limbs (paraplegia) in Africa and the high costs of their evacuation in Europe (France, Switzerland, Belgium) or in North America (specifically Canada). .

After the former Dahomey (now Benin), he went to Cameroon, where he had noted a high rate of children suffering from a polio epidemic, and who were carrying post-polio after-effects, through physical malformations legs (paraplegia) which they had. On the basis of information from the Congregations of the Religious Sisters of the Immaculate Conception of the Ecclesiastical Province of Yaoundé, still based below the “Simplified Exchanger” of the political capital, he decided to create a support structure there children victims of post-polio after-effects. With the decline in financial availability for charitable activities, the objective was to avoid the long journey to Europe and Canada with the risks of disorientation and schizophrenia, on a mental level. With the support of the local Church, represented by Monsignor Jean ZOA, he will obtain from the indigenous populations of the village Etoug-Ebé I, an area of 9 hectares, for the construction of his Private Social Work (OSP) called, “Yaounde Disabled Rehabilitation Center (CRHY). Following the receipt of this donation, a fundraiser was organized in Canada to support the work, which would begin in 1970 and end in 1971. The CRHY was inaugurated on January 15, 1972, by the first President of the Republic of Cameroon, His Excellency Ahmadou AHIDJO.

At the institutional level, the work of Cardinal Paul Emile LEGER is a private Catholic social work. Beyond functional rehabilitation, the Center carried out proactive action to prevent the occurrence of disability, through awareness campaigns in the neighbourhoods of the City of Yaoundé.

Between 1972 and 1978, the CRHY was under the administration of Cardinal LEGER and his works (CLO), until its return to the State of Cameroon. It should be noted that this initiative was unique in the Central Africa Sub-Region, hence its status as a Reference Structure. This retrocession is noted by Decree No. 78/056 of February 23, 1978 establishing and organizing the National Center for the Rehabilitation of the Disabled of Etoug-Ebe (CNRH). Its main missions are the implementation of the government policy of functional rehabilitation and social reintegration of people with motor disabilities. This center becomes a specialized technical department of the Ministry of Social Affairs.

The heritage bequeathed by Cardinal Paul Emile LEGER consisted of 14 buildings intended for:

- Building No. 1: Reception;

- Building No. 2: Management;
- Building No. 3: Medical Secretariat;
- Building No. 4: Social Services;
- Building No. 5: Equipment manufacturing unit;
- Building No. 6: Training and production workshops;
- Building No. 7: Physiotherapy Department;
- Building No. 8: Kitchen and Refectory;
- Building No. 9: "Religious Case or House of Sisters";
- Building No. 10: Men's Pavilion;
- Building No. 11: Women's Pavilion;
- Building No. 12: Operating Room;
- Building No. 13: Occupational Therapy Unit;
- Building No. 14: Case-Chapelle.

It should be noted that the 14 buildings are built on an area of 4 hectares of the 9, constituting the land property of the Center.

The initial missions of the Center are re-specified by decrees No. 82/492 of October 14, 1982 and No. 89/141 of January 14, 1989 relating to its reorganization. The activities carried out by the CNRH were focused on:

- Medical rehabilitation;
- Functional rehabilitation;
- The equipment;
- Professional initiation;
- Catch-up and academic support for disabled children;
- Social Services specializing in disabled people.

✓ Phase 2: from 1978 to 2009

During their evolution, most of the private structures for the care of disabled people initiated at independence by the Missionaries, were gradually abandoned, due to lack of human and financial resources necessary for their harmonious operation.

This resulted in the abandonment of a good number of disabled people, who had benefited from support but found themselves completely abandoned.

With the population boom, there has been an increase in the number of disabled people. In addition to the centers caring for the physically handicapped, the structure for the care of the visually handicapped was created by Decree No. 80/380 of September 13, 1980, under the name of Rehabilitation Institute for the Blind (RIB) of Buea, with for missions to provide the blind and visually impaired with appropriate educational support and professional training for their socio-economic reintegration.

Among the important measures taken by the State during this period, we note:

- Programs and projects for granting aid and other state assistance to disabled people, in particular the pension for the blind, medical aid, the granting of aids throughout the territory;
- The census of disabled people in 1988;
- The institutionalization of International Day of Persons with Disabilities;
- The Poverty Reduction Strategy Paper (PRSP);
- The Strategy Document for Growth and Employment;
- The promulgation of Law No. 83/0013 of July 21, 1983 and its Implementing Decree No. 90/1516 of November 26, 1990, with the objectives of improving multifunctional care for disabled people;
- The creation of the National Committee for the Rehabilitation and Socio-economic Reintegration of Disabled People (CONRHA) by Decree No. 96/379/PM of June 14, 1996, with the aim of facilitating the coordination of efforts deployed by public authorities and individuals private for the benefit of disabled people, with the participation of the latter.
- The Minimum Package of 2000;
- The 2006 Emergency Plan;
- Pope Benedict XVI's meeting with the World of Suffering, March 19, 2009.
- The Contract-Plan since 2016.

✓ Phase 3: from 2010 to 2016

At the beginning of this phase, the concern of the General Management is to develop the basic documents, for the harmonious functioning of the Center in particular: the Organization Chart, the Staff Status, the Internal Regulations, the Organic Framework, the recruitment of a Study Firm for the evaluation of the skills of existing staff, the launch of the call for tenders with a view to the selection of the required skills, the holding of a national

Workshop to evaluate the people management system disabled people in order to develop a directory of local partners, in order to identify the existing gap between the needs of disabled people, and institutional responses, the results of which were to serve as a working basis for the new Center.

To illustrate the impact of government action towards disabled people, the number of clients using the Center has increased since 1982. The strong demand for rehabilitation of patients from neighboring countries has confirmed the unique place occupied by this structure in the Central Africa sub-region. In addition, its proximity to the countries of the sub-region, the relatively acceptable costs of rehabilitation and the sharing of the same socio-cultural space compared to that experienced by those evacuated to the West, are advantageous elements for the patients, and assets favorable.

However, operational limits in terms of infrastructure, human, material and financial resources present themselves as obstacles to effectively meeting these challenges. In this context, the CNRPH, once recognized as a reference center, must make efforts to regain its reputation, hence the need to develop new skills, essential to the proper functioning of the new structure.

Indeed, by Decree No. 2009/096 of March 16, 2009, the CNRH was transformed into the National Center for the Rehabilitation of Disabled People Cardinal Paul Emile LEGER, abbreviated CNRPH. From an institutional point of view, the CNRH, previously the specialized technical directorate of MINAS, has acquired the status of Public Administrative Establishment (EPA) with legal personality and enjoying financial autonomy, now with the following missions:

- Psychosocial care for disabled people and their families;
- Medical and health care for disabled people;
- Apprenticeship, training and socio-professional retraining of disabled people;
- Socio-economic integration and socio-professional reintegration of disabled people;
- Promoting research with a view to improving rehabilitation intervention;
- Technical cooperation with other national or foreign centers for the rehabilitation of disabled people, as well as with organizations or associations with humanitarian goals;
- Participation in any activity or operation related to its missions and likely to ensure their development.

From these missions there are a certain number of challenges to be met to make the new Center functional. These include:

- The establishment of an operational reception system for each type of disability;
- The development of appropriate human resources;
- Renovation of the technical platform;
- Adaptation of structures in relation to missions;
- Provision of the financial resources necessary for the launch;
- Reducing the high rate of medical evacuations linked to disability;
- Rationalization of the treatment process, with a view to reducing the length of stay of patients and cases of abandonment.

As for the main impact of this innovation, we can note, among others, the following aspects:

- Economically, the Center will serve as a center of expertise in the field of support for people with disabilities, while accelerating the process of caring for its target population, at a reduced cost;
- In terms of health, the adaptation of the operational system of the Center to its new missions will increase the quality of its services and therefore reduce the number of medical evacuations abroad and hence the evasion of foreign currencies;
- On a social level, the proximity of client care services leads to a certain stability within affected families and avoids the phenomenon of isolation;
- In terms of human resources, the grouping of various skills within the Center will boost the quality of care, and will lead to a reduction in the length of hospitalizations.

The Board of Directors, taking into account the responsibilities of the General Management of the CNRPH, instructed it to:

- The inventory of the functioning of structures working for disabled people in Cameroon, by type of disability, through the organization of the National Workshop for the evaluation of the support system for disabled people;
- The exchange of experiences and good professional practices, through study trips to the Mutualist Rehabilitation and Functional Rehabilitation Center of “Kerpape”, in France, “Ottobock”, in Germany and “Jaipur”, in India ;
- The development of the organization chart, the validation of which allows the establishment of the operating structures of the Center.

The organization chart validated by the Council, which was to ensure the implementation of the skills necessary for the effective take-off of the Center, was called into question by the Board of Directors a few months later, like most of the resolutions taken, like staff status, procedures manual, staff recruitment, including visits to the Center's structures. We can note the perpetual postponement of the recruitment and appointment of managers, which left the General Management with the heavy technical and administrative burden, and led it to ensure the links between the operational Services and the strategic summit. .

Faced with this situation, the General Management, which only had the Director General and the Deputy Director General and the former Managers in office, had recourse to the Higher Institute of Public Management (ISMP), for on the one hand, make an assessment of existing human resources and on the other hand, propose the recruitment strategy for human resources not available, but necessary for the harmonious functioning of the Center. At the end of this operation, 42% of current staff were deemed suitable for their workstations while for the other 58%, two options were offered:

- Strengthening their capacities with a view to adapting them to the workstations provided for in the organization chart;
- Their return to their original Administrations.

The first turned out to be the best that is to say, that of strengthening capacities, through seminars.

It should be noted that this operation made it possible to plan for the retirement of certain staff and to draw up a succession plan. Furthermore, a Design Office had been hired to develop the selection criteria and administer the hiring tests to candidates for the various vacant job positions. The appointment of strategic managers (Director of the Rehabilitation of Disabled People, Heads of Departments, Head of Division) falls within the competence of the Board of Directors, the General Director being able to only appoint Managers up to the rank of Head of Service. The delays observed in the appointments expected from the Board of Directors meant that for more than three years, the General Management had to ensure direct coordination of activities between the Services and the strategic summit, due to a lack of intermediary managers. The solution to this situation came from the high instructions of the Prime Minister, Head of Government, who had imperatively requested from the Chairman of the Board of Directors, the recruitment of the 27 officials and from the Minister of Finance, their taking on pay.

Starting from the situation described above, considered as elements having made it possible to ensure the dynamics of the establishment of the EPA, the General Management has not deviated from the initial objectives. Today, the serenity that exists between General Management and the deliberative body constitutes a determining factor for the achievement of its objectives. This peaceful social climate constitutes valuable assets, which should allow the Center to reaffirm its position as a Pole of Excellence and a Center of Reference in the Sub-Region.

Over the past six years, and with reference to the statutory missions of the Center, the actions carried out, in line with the Government's social policy of combating social exclusion focused on two axes: (preventive actions and curative actions). These actions are both technical (psychosocial support, health, education and professional training) and support (research, strategic study and partnership). On the basis of the scope of its competence which is national, and with reference to the policy of Decentralization, the Center has taken the option of setting up Community-Based Rehabilitation Districts.

Furthermore, to bring the services offered closer to the target populations, the creation of annexes was considered but while waiting for their operationalization, the establishment of networking was organized, for symbiotic action of the actors in favour of people with disabilities. Another aspect of this networking is that faced with the absence of endogenous structures for supervising all types of disabilities, partnership agreements have been signed with certain reference structures. Taking into account the fact that the social problems of persons with disabilities are dynamic, there were capacity building sessions for stakeholders. The Center's constant concern to improve the quality of productions, to reduce costs, to make them accessible to people with disabilities, has led it to negotiate partnerships with institutions that can provide raw materials or working materials.

The CNHPR is responsible for managing the various areas contributing to the rehabilitation of disabled people. It includes five departments: general management, administrative and financial management, medical and health care management, education, apprenticeship and professional training management and intervention social management. And the buildings are arranged as follows:

- Building 1: Reception-Dispensary-Pharmacy.
- Building 2: High Standing (1).
- Building 3: General Management-Accounting Agency-Consultations-Radiology.
- Building 4: Listening room-Social interventions section.

- Building 5: Equipment workshop/Shoemaking/welding-Financial control-Administrative and financial affairs section.
- Building 6: Carpentry-Laundry-Apprenticeship and training section.
- Building 7: Functional rehabilitation section.
- Building 8: Conference room - hotel section.
- Building 9: On-call house.
- Building 10: Men’s pavilion.
- Building 11: Women’s Pavilion.
- Building 12: operating room-sewing workshops.
- Building 13: Occupational therapy section-Hospitalization rooms.
- Building 14: chapel.
- Building 15-16: Special and inclusive education section-party room-multimedia room
- Building 17-18: Reception room

4.4.1. Missions

The CNRPH is entrusted with the mission of implementing government policy regarding the rehabilitation and retraining of disabled people. This is its main mission. We also note the secondary missions as:

- Psychosocial care for disabled people and their families.
- Medical and health care for disabled people.
- Learning about training and socio-professional retraining for disabled people.
- Promoting research with a view to improving rehabilitation intervention.
- Technical cooperation with other national or foreign centers for the rehabilitation of disabled people, as well as organizations or associations with humanitarian goals.
- Participation in all activities or operations related to its missions and likely to ensure their development

The CNRPH's specific missions must apply to a very specific population, a targeted population.

- ✓ **The targets**

Generally speaking, the CNRPH takes care of people with disabilities and their families. It therefore supports:

Physically and motor handicapped: people with deficiencies of the musculoskeletal system such as absence of limbs, amputation, flaccid or spastic paralysis of one or more limbs (monoplegia, quadriplegia, hemiplegia, etc.), congenital lengthening or shortening or acquired limbs, weakness of one or more limbs associated or not with abnormal movements (Parkinson-like tremor, cerebral palsy, epilepsy, stereotyped movements).

The mentally handicapped: what are intellectual deficiencies such as imbecility, idiocy, debility (moderate or profound), Down syndrome or mongolism; as well as behavioral disorders such as isolation, ostracism, hysteria, autism, neuroses, psychoses.

Sensory disabled people: people with deficiencies in the sense organs, such as visual disorders (diplopia, presbyopia, blindness, reduced visual acuity, the visually impaired, myopia, etc.), vision disorders. hearing (tinnitus, deafness, hypoacusia, the hard of hearing, the deaf, ringing in the ears, etc.) and language disorders (spoken, written, mimed language, mutism, aphasia, dysarthria, dysphasia , stuttering, etc.).

Socially handicapped people: deficiencies due to social defects of all kinds (AIDS, smallpox, leprosy, etc.), handicaps due to age, sex, skin color (allunism), abnormal size (dwarfism). Families of disabled people: to learn how to better live with the disabled person and participate in their total development.

4.4.2. Organization and operation

The operation of the CNHPR is coordinated by two main structures, namely: the board of directors chaired by the Ministry of Social Affairs (Ministry of Social Affairs) and the general management.

Board of directors

The council of the administration is chaired by the ministry responsible for social affairs (supervisory ministry). He is responsible for setting the center's objectives and approving action programs in accordance with the social policy of rehabilitation and professional and social integration of people with disabilities.

The board of directors is made up of the following members:

- A representative of the presidency of the republic
- A representative of the Prime Minister's office
- A representative of the Ministry of Finance

- A representative of the ministry responsible for public health
- A representative of the ministry responsible for the family
- A representative of the ministry responsible for vocational training
- A personality designated by the President of the Republic
- A representative of organizations of disabled people
- An elected staff representative

This composition integrates the holistic (multidisciplinary) approach to the rehabilitation and retraining of disabled people. This board of directors (CA) works jointly with the General Management (DG).

4.4.3. Presentation of the service in which we carried out the research

The research was carried out in the direction of social intervention which includes:

- The admission and psychological support service for disabled people and their families. Service that allowed us to investigate.
- The community-based rehabilitation service;
- The inclusive special education service.

4.4.3.1. Activities

The activities carried out there relate to:

- Reception and admission of clients;
- Psychosocial support for the client and his family;
- Prevention and early detection of disability;
- Organization of group therapies;
- Monitoring the evaluation of residents and learners;
- Material aid and relief to residents and their families;
- Community-based rehabilitation (monitoring of disabled people in natural living environments, establishment of a network to relay monitoring and care for disabled people in the field, preparation of periodic meetings of network partners, capacity building network members). Institutional placement;
- Special education for normal children and disabled children.
- Sports and cultural activities.
- Research on social and family phenomena linked to different deficiencies.

The strengths of this direction are:

The staff who work there are multidisciplinary and categorized as follows:

- Social workers of all grades in the intervention chain,
- Psychologists: Two permanent clinical psychologists and one temporary worker
- A sexologist
- General education teachers
- Specialized teachers
- One (01) physical education and sports teacher
- One (01) specialized sports teacher for the disabled
- Three (03) youth and animation executives.

The care staff who work there work in infrastructures equipped for this purpose. We can cite :

- An equipped listening room;
- A soundproofed room;
- Speech therapy and audio therapy offices
- One (01) full-cycle special primary school with a capacity of 300 students, i.e. 200 in the integrated section and 100 in the special section
- Appropriate structures for socio-cultural activities
- ONE (01) multidisciplinary sports field for the disabled
- Multidisciplinary entertainment equipment.

For better performance, this department works in close collaboration with other departments such as:

- ✓ Directions for medical and health care for disabled people

  This department includes four (04) services:

  - The multipurpose functional disability surgery and anesthesia department;
  - The versatile functional rehabilitation and equipment service;
  - The general medicine, pharmacy and paraclinical examinations service
  - General surveillance.

- ✓ Its activities include, among others

In general medicine: outpatient consultation and appropriate care, maternal and child care, special care for children at the CNRPH School, medical analysis laboratory, general monitoring. In functional surgery: orthopedic and trauma surgery, special surgery, anesthesia and resuscitation and prescription of suitable equipment. In functional rehabilitation: mechanotherapy, hydrotherapy, gypso therapy, physiotherapy, occupational therapy, psychomotor skills, speech therapy, orthoptics, audiophonology,

This medical and health care department has specialized staff depending on the different services. We therefore have:

In general medicine: 03 permanent general practitioners, nurses of all grades, a radiologist, laboratory technicians, pharmacy technicians, a general supervisor; In functional surgery: two permanent orthopedic surgeons, a temporary orthopedic surgeon, an anesthesiologist, an ophthalmologist, an otorhinolaryngologist, a dentist; In functional rehabilitation: physiotherapists, occupational therapists, speech therapists, psychomotor therapists, hearing aid specialists.

Regarding the infrastructure, there is an equipped mechanotherapy room, a swimming pool for hydrotherapy, a workshop for making prostheses and orthotics, physiotherapy boxes, an equipped occupational therapy room, a workshop for manufacturing walking accessories and a plaster room. .

- ✓ The Department of Apprenticeship, Training and Professional Reintegration of Disabled People.

This department includes two services: the apprenticeship, training and professional retraining service and the reintegration and posture service for former residents. This department includes the following activities:

- Development and application of vocational learning and rehabilitation programs for people with special educational needs.
- Marketing of projects manufactured at the center.
- Placement of learners outside the center for advanced training.
- Development of annual integration programs and bankable professional retraining to be submitted to partners.
- Socio-professional integration of center learners.
- Evaluation of the rehabilitation impact of the center's former learners.

In addition, the department of apprenticeship, training and reintegration, training, training and professional retraining has qualified staff and well-equipped professional training workshops. Its advantages are:

- This department has various types of staff including: social workers, IT specialists, carpenters, tailors, screen printers, shoemakers for normal and orthopedic shoes, butlers, etc.
- This staff works in specific workshops. These are: the multimedia room equipped with computers with Internet connection, a carpentry and woodworking workshop equipped with state-of-the-art machines, a sewing and decoration workshop equipped with state-of-the-art industrial machines, an equipped shoemaking workshop, a workshop screenprinter…

4.5. STUDY POPULATION

The population is defined as being “A finite or infinite set of elements defined in advance on which the observations relate” Tsafack (2004, p.7). Further from him, Rongere (1979, p.63) considers the population as “the set of individuals who can enter the field of investigation and from whom the sample will be chosen”.

Once the characteristics of the population of our study are presented, we will give the selection criteria for them. But first, we can define the population as being a set of people having one or more common observable characteristics on which the researcher's investigations are focused.

4.5.1. Population characteristics

Characteristics of participants

Name	Age	Sex	Position in the family	Region	Religion	Profession	Ethnic group
Anougou	24	male	2nd	Litoral	Christian	painting	bassa
Marie	18	female	4th	Centre	Christian	hairdressing	etone
Atebass	25	male	2nd	West	Christian	painting	bamileke

To allow us to better understand the traumas that induce and make difficult the recovery of the self-body in diabetic amputees. As part of this research we were interested in diabetic people who have undergone an amputation and who are traumatized, we have established criteria for participation in the research. Add development

4.6. DATA COLLECTION TECHNIQUE AND TOOL: INTERVIEWS

Considering the definitions given to us by the authors regarding the interview, it is rational for us to use the interview as a research instrument in this research work due to the fact that we have a population made up of adults or adults with Down syndrome. not and for information purposes to people in the institution and to the families of people with Down syndrome, all capable of giving us through our exchanges subjective/objective qualitative content on items and sub-items that we have highlighted in our interview grids and on the other hand, the quality of the research and its type impose on us methodological requirements, the use of interviews here.

Blanchet (1993, p.63), lThe interview is a scheme which “aims to go through the construction of discourse, the objectifying knowledge of a problem, even if it is subjective: it is an operation of the development of socially communicable knowledge”.

For (Lafon, 1993) in essence, theThe interview is an observation method consisting of a verbal exchange between the researcher and the respondent around a theme chosen by these two. The interview is not an interrogation although it is a step towards discovering a truth. It is a therapeutic listening when it is focused on the problem of the subject, based on the vigilance worthy of flushing out the denials, the unsaid and the paths taken by psychological conflicts. The interview requires spending quite a long time with the person you meet (the patient). The number of interviews that the same interviewer can conduct in a research is limited to more than two.

4.6.1. The benefit of the interview

Blanchet in *the interview in the Social Sciences* believes that if the scientific status of the data produced remains undefined, the interview compensates for its own weaknesses with the heuristic richness of the discursive productions compared to the archaism of the questionnaires.

He rightly believes that today the interview is a technique in its own right, both in terms of the method, the analysis of the results and the theoretical foundations.

The psychological and pragmatic approach to language underpins the approach. Blanchet in Saying and Doing: The Interview establishes a theory of the interview based on the psychological and pragmatic approach to language.

Today, criticism of the interview is less strong. A tool initially considered inadmissible from a scientific point of view, it is now considered essential for collecting certain information. (Blanchet, 1987) rightly considers this technique to be irreplaceable.

For Blanchet, The interview is an investigative device which is likely to remove certain resistances from the interlocutor. However, the author does not say which ones and why. For him, it is an effective mode of access to representations and individual opinions, but here again, he does not specify why, unlike Blanchet,

The knowledge that can have on the conduct of maintenance have limited effects, the knowledge on maintenance is above all knowledge of experience (to know how to do an interview, you have to do interviews). It is through practice that we master interview technique, with theory used to understand practice errors.

According to (Angers, 1992), the construction of the diagram of“the interview interview” is based on the first progress report where each concept was broken down into dimensions and each dimension into an indicator. The breakdown of concepts thus made allows us to know what the major themes will be to discuss with the interviewee, themes which usually correspond to the various dimensions or to the concepts themselves.

In essence, the interview is an investigative technique, a framework, an art in which one person allows another person to express themselves. It is a speech event in which person A extracts information from person B, information which was contained in the "biography" of B. The term "biography" should be understood here as not only the events experienced by B, but also all the representations associated with it. The interview is “an observation method consisting of a verbal exchange between the researcher and the respondent around a theme chosen by the researcher” (Tsala-Tsala, 2006 p.197).

The research interview is an investigative tool used in the study of complex variables. Speaking of the interview, (Blanchet, 1987) affirms that it “aims through the construction of the discourse, the objectifying knowledge of a problem, even if it is subjective, it is one of the operations of the development of knowledge socially communicable.

The technique of the interview, which is intended for research purposes, includes two notions: the discursive context and the interpretation context. To be explicit, let us quote (Blanchet, 1990) for whom, “the discursive context represents the psychological and social meaning of the utterance, the thoughts of the speaker, the institutional framework and the social identifications which govern the discourse (...). The meaning of the discourse, which is no longer deduced from a pre-established framework, but on the contrary referred to a discursive context to be discovered, can only emerge through interpretation: an operation which consists of deciphering through successive approximations the discursive context which presides over the speech; its psychological and social meanings which constitute its meaning.

In the context of the interviews, the content expression is the most often used. The technique or method consists of letting the patient express himself without forcing him. It is therefore a question of being patient because the number of passages is plural. There are several interview techniques which can be classified according to the greater or lesser, the interviewer enjoying his free will. This is how in practice, we distinguish several: support interviews, so-called directive and non-directive, semi-directive variance interviews, face-to-face interviews and others.

In the case of the non-directive interview, the investigator proposes a vague, ambiguous theme, the investigation is also left completely free to explore the field to the investigator a certain number of themes of which he has the list and these are not addressed spontaneously in which case it encourages the person to explore them.

The directive interview (standardized) is partly confused with the manager with closed questions. Its field is structured by the investigator both in the themes to be addressed, and/or in the order in which they are addressed.

4.6.2. The skills of the interviewer and the interviewee

In the evaluation by interview, the information extracted by the interviewer presupposes an activity on the part of the latter:

- analysis,
- interpretation,
- relational.

The technique of the interview is based on trust between the interviewee and the interviewer, on the interrelation. You have to know how to listen to others and respect them. The quality of the interview depends on this ability to establish a relationship with the other person and put them at ease.

The interview is a technique that uses speech, so the interviewee requires skills related to enunciation. The more difficulty the interviewee has in expressing themselves, the less likely their speech is to be spontaneous, the more likely it is to be difficult to understand with the risk of making erroneous interpretations during the analysis.

Whatever the skill of the interviewed, the speech is linked to the rules of enunciation. Respecting these rules and the psychological and social use of language can make the spontaneity and reliability of words problematic. Defense mechanisms can be put in place: rationalization, control, filtering, search for coherence in the words, logic in the facts (the speech is an a posteriori reconstruction of experienced events), development of a point of view, an opinion, awareness during the interview. In the interview, the interviewee is not passive, he brings cognitive processes into play, he may be led to develop a thought linked to the moment of the interview which in no way corresponds to his initial thought.

The interview is a face-to-face situation in which the interviewee tends to give the best image of himself (social desirability phenomenon).

The interviewer never has a neutral status, it is not a mirror, just as the situation is not neutral. The entire interview is punctuated by meaning (pleasing the other, being wary of what you will do with what is said, trying to guess what the other wants to hear, etc.).

In a non-directive type interview, only the interviewee speaks, expresses his point of view without receiving the interviewer's judgment in return. He tries to go as far as possible in his analysis, a difficult situation to live with, laid bare, but also a feeling of not being able to say everything, of "going to the end", of "telling the truth", of where feeling of frustration and implementation of discursive strategies to compensate for this handicap (impersonal speech, justifying self-criticism, tendency to want to involve the interviewer to get their opinion, etc.).

All this raises a number of questions. How credible are the data obtained? What guarantee do we have of the quality of the authenticity of responses, knowing that they are linked to the situation, emotion, ambiguities and social desirability?

We said everything at the time that in the non-directive interview, there was equality between interviewee and interviewer, in fact there are power relations which are always present in a very particular situation which oscillates between testimony (one gives oneself to the other) and confidence (remains the property of the person speaking). Seduction of the interviewer in the interview, manipulation (orientation), place of transfer and fantasmatization (knowing the other).

- ✓ **How to get out of this review**?

In this research, we used semi-structured interviews. The purpose of their use is, as far as we are concerned: 'have easy and free expression for both the patient and the therapist. To do this, we developed two interview protocols (one for the therapists and a second for the patients) and the subjects (traditional therapists) and patients were asked to react taking into account the contents of the protocol. It was a question for us of collecting as much information as possible from the situation that was going to present itself in order to better control the attitudes of each person in relation to the notions of the experience of the death drive, of the back, of the rite of return of ethno-psychiatric pathologies among the Bafia, of the therapeutic imagination, of death (its meaning) and of traditional therapy.

4.6.3. Conducting the interview

Several elements must be taken into account when conducting an interview.

4.6.3.1. The communications contract

Before starting an interview, the interviewer must establish a communication contract, in other words situate the place of each of the protagonists. For Blanchet (1990), it is about establishing a moral commitment as well as the social rules of the relationship. This communication contract is initiated by the interviewer who begins by providing:

- her name,
- the object of his approach,
- the name of the institution.

The contract explains how thee interviewee was chosen (sampling methods). It indicates that the interview is recorded and the duration of the interview. It emphasizes the ethical rules linked to the practice of research or evaluation (anonymity, confidentiality).

The interviewer specifies his expectations in relation to the interviewee: “we want to have the point of view of... on... we think that you will be able.... that's why we contacted you... I would therefore like you to be able to express yourself as freely as possible on this subject and to tell me how you see it...”. It is also important to make it clear to the subject that no questions will be asked.

4.6.3.2. The starting question or instruction

• Start with an open question

It stimulates, it the point here is to not start with a very specific question, a closed question. From there, we note in the response all the elements that are addressed: they mean that the subject attaches importance to them. These are the elements that will need to be taken up and reworked later in the interview. Not taking this into account means giving yourself the means to miss out on the interview, it means that you are not listening, that you have something else in mind, you will then have to regain the trust of the person interviewed.

It's a rule that there can be no interview without recording. Some authors suggest taking notes. The interviewee is often forced to slow down his remarks to give the interviewer time to write everything down, we therefore obtain much less information (it is poorer), the remarks are less spontaneous, the interviewee takes the time to think. Save it's keeping a complete record of what was said and therefore the possibility of coming back to it.

Once ‘we have exhausted a theme, we must move on to the next, then deal with the points which have not been addressed.

Such an approach poses the problem of the degree of openness: we can even start with a question that does not directly relate to the problem studied, but which allows us to locate in the spontaneous comments of the individual the place he gives to this problem. Example: if you want to do an interview on museum visits, instead of starting with “tell me about your museum practice”, you can start with “tell me about your hobbies, your outings….. ". If the person directly and spontaneously addresses the theme of visiting museums, even though we have not asked them anything specific about it, it is not the same as if we are obliged to ask them after several minutes “do you frequent museums? ".

The fact of having a question broader than the problem allows us to know the relative value that the subject gives to this problem. However, this value can also be discussed during the interview about the problem itself.

The risk of a very open question is that the subject does not spontaneously approach the research theme and therefore it will be necessary to “cut” it and direct it towards the theme.

4.6.3.3. The study interviews

We have had directive interviews with people with Down syndrome, the staff of the institution and the families of people with Down syndrome.

Directive interviews

Directive interview is strongly structured, it corresponds to a set of open questions. It is standardized in the form and order of the questions asked. The individual must place himself within the frame of reference determined by the interview (he must answer the questions, cannot deviate from it). The answers are poorly developed. The directive interview requires good knowledge of the field studied and the population studied, its language and its reference systems. In general, this interview is carried out to verify a specific problem, during an investigation.

Semi-structured interviews

The semi-structured interview is a frequently used qualitative technique. It makes it possible to center the speech of the people interviewed around different themes defined beforehand by the investigators and recorded in an interview guide. It can complement and deepen specific areas of knowledge linked to the non-directive interview which takes place very freely based on a question. This type of interview thus makes it possible to supplement the results obtained by a face-to-face interview or a quantitative survey by providing greater richness and precision in the information collected, thanks in particular to the evocative power of the quotes and the possibilities for follow-up and interaction in communication between interviewee and interviewer.

Without being able to precisely quantify in what proportions such judgment or such way of living and to appropriate something, the interview often reveals the existence of discourses and representations deeply inscribed in the minds of those interviewed and which can only rarely be expressed through a questionnaire. From this point of view, the semi-structured interview is a type of interview that lies between the directive interview and the non-directive interview. It is neither totally closed nor totally open. The themes to be addressed are fixed in advance. But the order and form of presentation of the themes are free. We generally carry out this type of interview to deepen our knowledge of a field or check the evolution of a known phenomenon. For Quivy and Campenhoudt8 this is the form which is certainly the most used in research. For them, the researcher has a series of relatively open-ended guide questions about which he wants to obtain information. He does not necessarily ask all the questions in the order initially planned. He lets the interviewee come as much as possible so that he can speak according to a logic that suits him. The interviewer asks questions that the interviewee did not answer on his own. After this holistic presentation, it should be noted that we use directive interviews as part of this work.

4.6.4. Data collection tool: the interview guide

Participant identification

Pseudonym: Marital status: Age:
Family type:
Rank in the family: Level of study and education:
professional situation

Theme 1: Experience of Down syndrome

- Thoughts related to T21
- Emotions linked to T21
- Interactions with people of the opposite sex
- Relationship with others
- Behaviors related to T21

Theme 2: Language

Subtheme 1: Verbal language

- Communication of ideas
- Communication of thoughts
- Communication of emotions
- Communication with others

Subtheme 2: Non-verbal language

- Expression of emotions
- Mimics

Theme 3: Accessibility to life as a couple (conjugality)

Subtheme 1: Meeting with the spouse

- Choice of spouse (criteria)
- Seduction of the spouse
- Barrier to access to married life
- Repercussions of T21 on meeting and choosing a spouse

Subtheme 2: Cohabitation

- Consideration of spouse
- Expression of ideas, thoughts and emotions in the couple
- The view of others and in-laws on life as a couple

Subtheme 3: Sexuality

- The place of sexuality in couple life

Subtheme 4: Solidarity

- Economic solidarity

Theme	Code	Subtheme
Verbal language	A	Communication of ideas
		Communication of thoughts
		Communication of emotions
		Communication with others
Nonverbal language	B	Expression of emotion
Meeting with the spouse	C	Choice of spouse(criteria)
		Seduction of spouse
		Barriers to access to married life
		Repercusions of T21 on meeting and choosing a spouse
Cohabitation	D	Consederations of spouse
		Expression of ideas, thoughts and emotions in the couple
		The view of others and inlaws on the life of couples
sexuality	E	The place of sexuality in couple life
solidarity	F	Economic solidarity
		Social solidarity
		Emotional solidarity

- Social solidarity
- Emotional solidarity.

Theme 4: Language and access to life as a couple

- How Verbal Language Made Choosing and Meeting Your Spouse Easier
- How did nonverbal language make choosing and meeting your spouse easier?

Table of analyses

Legend:

(1) : absence in the participants' discourse

(2) (+) : presence in the participants' discourse

(3) (-) : presence in the opposite direction to the participants' discourse

(4) (+/-) : doubt or uncertainty on the part of the respondent

This analysis table presents the modalities presented in code form. These modalities enabled us to observe the presence or absence of indicators in the interviewees' discourse. These codes and meanings differ according to the indicators, as the number of indices differs from one indicator to another. As Alami et al (2019) point out, the reason why states set up research structures was to better understand and regulate the societies in which they intervened. DHS being a field of study, our research on the "Language and accessibility to couple life among people with down syndrome" enabled us to develop a research methodology for understanding the phenomenon of disability in the current Cameroonian context. We conducted a qualitative study. Qualitative surveys enable us to gain a more detailed understanding of the gap between what people with disabilities say, think and experience. They enable us to understand the role of language on couple life of T21

CHAPTER 5: ANALYSIS OF FIELD RESULTS AND THE RESULTING INTERPRETATIONS

In this chapter, we present the results obtained following the analysis we carried out. Subsequently, we will interpret and discuss these results in light of the main theory and previous work on our object of study.

5.1. PRESENTATION OF PARTICIPANTS

Here, it is a question for us to proceed to the presentation of the participants that we have selected for this study.

5.1.1. Presentation of the AMOUGOU case

Amougou is a 24 year old young man. He is T21 and from a monogamous family where he is the second child. He lives as a couple with a young woman also T21. When we met, he was in his second year as a painter at the CNRPH. As he says, his training is already a job for him, he makes drawings and portraits of important people in society. With his partner, they have a child who is not T21.

5.1.2. Presentation of the Marie case

Marie is a young lady aged 18. She comes from a monogamous family of which she is the fourth child. She is a hairdresser and lives with a partner.

5.1.3. presentation of the Atebass case

Atebass is a young T21 aged 25. We met him at the CNRPH where he is training in painting. He lives in a common-law relationship with his partner. He was the second born in a monogamous family.

5.2. THE EXPERIENCE OF DOWN SYNDROME

The notion of lived experience refers to the experience of life, the experience lived in relation to a phenomenon, it is the set of all the events which will fill the life of the individual concerned by a study on a phenomenon which includes it (Panes, 2008). Doron and Parot (1991) define experience as the set of events inscribed in the flow of existence as these are immediately grasped and integrated by subjective consciousness.

As for Fitzel and Pakemham (2010), they see experience as the way in which the individual adapts or not to the situation they face. It is his reality, the story of his life, taking into account the way in which he adapts or not to the new situation, whether he gets around it, or whether he lets himself be swallowed up and abandons himself to it.

According to Forget and Paille (2011), they think that experience is defined as what a person actually does, lives and experiences at a given moment in their relationship with the world, what this person necessarily becomes aware of at the time of experiencing it. . Speaking of the characteristics of lived experience, it is singular and situated to the extent that it belongs to a person and not to a community and that it happens in a moment in the present: the story of a life unfolds over a long time, but the experience of experience only belongs to the present and only to the life of the person who experiences it. This is what a person actually does, lives and experiences at a given moment in their relationship with the world.

Among the participants of this study, this experience is marked by thoughts which reflect a lack of luck, as Amougou points out: “I know that Down syndrome is a disease of the chromosomes; it attacks the unlucky when they are still in the their mother's womb. In the family we were the object of rejection during childhood once we had been accepted in this center things changed and me in particular I often forget that I have Down syndrome, with the family everything has been going well since This center helps us to be men like all the others and society does not pose any problems for us, it often has pity towards us, but it accepts us well and we walk without problems in the city.” From these comments, it emerges that in addition to bad luck, people with Down syndrome are often stigmatized and rejected within their families. Admission to a structure such as the disabled center is in many cases the element that creates the trigger and triggers the acceptance of the T21 person within their family.

Unlike Amougou who was stigmatized and rejected by her family, Marie rather talks about the fact that she was overprotected by her parents. She expresses it this way: “It is a disorder and in the family I'm loved and protected by my parent.they buy everything for me. They don't allow me to move around alone, they don't allow me to do things on my own. At work, I interact freely with my colleagues most of them appreciate me for being such a social being. In the society, I have friends of both sexes especially boys. Some of them see me as someone that is not normal while others treat me as a normal person. Most often, they come and take me out and we go and straw.” As for Atebass, regarding the experience of T21, he says: “I am experiencing it very well. People in my family love me and people in society love me too. I don’t see the difference with other people.” Further on, he explains that the fact that he was able to convey the repercussions of T21 through humor means that people appreciate him a lot and give him affectionate little names: “As far as prejudices are concerned, that does not concern me. They call me Tchop Tchop at home. The others call me Uncle Pipito. I make people laugh so much. I am not stigmatized. People like me a lot because I make people laugh and they love me for that.”

In the context of the relationship with other people, beyond the limitations due to T21, certain characteristics of the participants facilitated their acceptance by others and consequently exchanges or interactions with these others. This is for example the case of Amougou who says: “No, I don't remember anything about my childhood. Since I was a teenager, my memory hasn't lost anything. People appreciate me while saying that I have a very good memory. So I can think that my memory has been working well since I was a teenager. I really don't remember the events of my childhood, but from adolescence I keep in my head all the difficulties I experienced. This good memory arouses the appreciation of others.

And as a result, the relationships he maintains with others are good. On this subject he says:“With my parents and my extended family everything goes well, but here at the center I often admire visitors, especially women, but my physical appearance generally repels them.[…]Sometimes with the center staff we have perfect interactions, I often find our sports lady in her office and we talk without difficulty and she talks to me about the intimate lives of people who passed long before us. We also interact with others during sports sessions or cleaning work.” Regarding Marie, she says: Marie: “I have good relationship with the people I interact with especially those of the opposite sex because I find them more attractive and find more pleasure working with them”.

As can be noted in Amougou's previous comments, despite acceptance and good relationships with others, they are still victims of rejection and stigmatization. He adds by specifying that: “It depends on the environment, in the family, I am given nicknames either positive or negative to personalize my state of Down syndrome. Here we do not have problems of prejudice, but of stigmatization coming from passers-by and certain visitors who come to discover the center and experience the reality of our center.” These comments tell us that the stigmatization to which they are subjected is most often made by people who are not familiar with the realities of disability in general and T21 in particular. In the same silage, Marie says: “Yes I think so because some of my friends see me as abnormal. As for me I don't have anything wrong but I discover that there are some things I cannot do so I sometimes ask myself why cannot do this thing. These comments reflect the reality of disability in our society.

Although there is progress in terms of the perception and understanding of these situations, there are still pejorative representations which contribute to the stigmatization of people confronted with this situation. This reality is noted in Atebass' words when he says: “Interactions with other people are going well. I can easily chat with my friends who are here, together we often play basketball and I am happy. With women! it's often more difficult, I look at them and often I tell myself that they are telling themselves that I'm not their type and that I have no chance of being with them. But when I manage to get closer to them and create contact, I often realize that I was afraid for nothing and that I was imagining things that don't exist. But sometimes they also reject me and I feel bad. They think my disability makes me a weird person.” In the majority of cases, this stigma stems from a lack of understanding of the disability and its repercussions.

5.3. ACCESSIBILITY TO COUPLE LIFE (CONJUGALITY) OF T21 PEOPLE

Interpersonal communication through language is a dynamic of intersubjective space. This intersubjective space consists of reciprocal links, “back and forth” between two subjectivities and “returns” on each subjectivity. Among the participants in this study, communication through language was difficult in childhood, but despite the difficulties encountered. They were able to acquire verbal language and began to express themselves. In Amougou, this is noted when he says: “In my childhood my parents let me know that they complained and even if they were too worried about my situation, a fact I did not express myself too much, I was a very silent and withdrawn child, but in reality it all comes down to the fact that I had too many difficulties when it came to speaking language. Nowadays my wife appreciates me a lot because this difficulty is an expression of the past.”

This mastery of language makes it easier for him to express emotions, as he emphasizes: "The consequences I don't really know, only our doctor told me that I am too emotional thanks to the functioning of my brain and people myself tell me say that I have Down syndrome because I speak relatively well and my memory retains a lot and returns it when the time comes.

It is practically the same situation with Marie who on this subject says: “my mother made me to understand that I difficulties with speech during childhood. This gave people the impression that I may never talk but during my late childhood I started talking gradually and now I can be able to participate in discussions with friends and other loved ones using speech.”

As noted above, language allows participants to easily express their emotions. In this register, Amougou says: “Sometimes good, sometimes bad. I often get angry and make trouble with everyone around me. From time to time I am happy and I sing a lot. I also know that I fear being alone because I am afraid that people will hurt me. I manage my emotions by singing a lot and getting closer to my wife so as not to suffer too much, and I often go to rooms with a television to distract myself and release my anger. With those around me, some come to help me find a good feeling and others are totally indifferent.”

In the same logic as Amougou, Marie mentions the fact that she is easily irritable in the face of the provocations of which she may be the victim. She puts it in these terms: “I easily get angry when students from my class provoke me and retaliate against them but when this is done, I start to entertain fear for the fact that the teacher may come and punish me. For this reason I try to avoid students who often provoke me. I very often express feelings of joy whenever I am happy. This is especially when my parents buy me something on their way back from work. And when I play with my peers.”

Mastering language is a way for participants to overcome the repercussions of T21. Regarding Atebass, he says: “YES, during my childhood, I had a lot of problems speaking. My parents even thought I wasn't going to speak one day. It took me a long time to start speaking. My mother often tells me that when I started speaking, it was like a miracle for her, she was so surprised and happy.[…]Today I am with her because I learned to communicate. To speak as I should, even if I don't do it like people who don't have Down syndrome. It allows me to face many situations and say what I think and interact with others without worries. Language has helped me a lot, I express myself well.”

5.3.1. Meeting with the spouse

As Chiewouo Kuetche (2023) points out, in Cameroon, as elsewhere, most men with disabilities who naturally live as a couple have not really encountered great difficulties in finding or having a partner. For many, this is because these men are much more self-confident and courageous than the average person in this social category. For people with disabilities, the choice of spouse is most often made within the circle of friends or during activities that bring together people with disabilities. On this subject, Amougou says: “I met my wife during the Down syndrome days at the prohandicamp, we got along well and we work in the same workshop. We share the same sorrows and afterward she came to meet me at the center for her socialization.” For him, the criterion for choosing a spouse is disability and shared interests. As he underlines in these terms: “Yes, the disability played favorably in our meeting and continues to play a role today” the disability played a role in their meeting.

In the same logic, Marie's meeting with her partner took place in a context of socialization and the choice was made among the people around her. About their meeting, she says: “I first put my boyfriend in school in my class. He used to buy me gifts and after sometimes we exchanged contacts, from there we started a relationship then I was pregnant for him”.

As for Atebass, he mentions that T21 was a source of difficulties for him in terms of access to life as a couple: “I had a lot of difficulty finding a partner. Even in a common-law relationship, it wasn't easy. There are people with disabilities who are not interested in marriage, but who have children and who take care of their children; there are others who want to get married but who cannot and who end up have children." In his case, T21, facilitated the meeting with his partner as he underlines in these terms: "I will say a little because she really appreciated when I did things that made us laugh, that made us laugh. allowed us to get closer and today we are together.”

Beyond these difficulties in accessing life as a couple, he discusses the criteria for choosing a spouse in these terms: “For me the choice starts firstly from the physical and then the behavior. We always go towards a person we like, and then we look at the behavior in relation to the direction we want to take, but above all it’s physical beauty.”

5.3.2. Cohabitation

Regarding cohabitation which, pragmatically, is considered the central characteristic of a couple. Couples are defined as those who go out and come back together. The participants in this study mention the fact that cohabitation with their spouse happens like in other couples. On this subject, Amougou says: “with my wife, we understand each other well, both up close and from a distance, the complicity is always there[…]yes, as in all couples, there is no shortage of problems, but after the tensions everything returns to stability.” regarding Mary, she says:“my boyfriend loved me and never complained of anything. In discussions as man and woman we use to converse freely and move freely[…]Yes we use to have conflicts with each other over issues that we cannot agree”.

Regarding cohabitation with his partner, Atebass talks about the difficulties encountered by almost all couples. For him, their cohabitation happens like any other couple. T21 is not an element that affects their cohabitation. On this subject, he says: “Yes, like in all couples I think. There are times when we don't understand each other. We get angry, but fortunately it doesn’t often last because we quickly find a solution which allows us to be close and help each other.” In addition to the difficulties his relationship often faces, he says: “I had met someone who loved me, who had a very good heart. I really liked her, I liked the way she was polite to me, I thought she could make a very good wife. The first few days, she was a little apprehensive, but afterward she really embraced this disability. It's true that there is also the view of the family. When a woman has signed on her disabled man, there is nothing you can do.”

5.4. INTERPRETATION OF THE RESULTS: FROM LANGUAGE TO ACCESS TO COUPLE LIFE AMONG T21 PEOPLE

In psychic space, each individual manifests himself as a speaking being and not as an organic being: he is a speaking being; and communication between two beings takes place through the mediation of language (Lacan cited by Viry, 1990). T21 people, despite their disability situation and the repercussions of said disability cannot be exceptions to the rule. Through speech they express their feelings, ideas and thoughts (Viry, 1990, p. 29).

According to Cudicio (2004), just like all people, people with disabilities in general and T21 in particular live different experiences whose meaning creates and constructs their emotions, their motivation and their way of life. Through the way they speak, they bring their ideas to life and when meaning is attributed to an experience, it is transmitted to the muscles and then becomes part of a kind of "muscle memory" which forms the basis of unconscious skills (Cudicio , 2004).

In T21 people, the right level of language promotes the development of executive functions. Although their language is in the majority of cases simplified. He favor a form of communication that uses simple, clear and direct words and sentences to facilitate understanding and language production. This allows them to easily express their thoughts and feelings in a sequence of interaction with others. This language thus allows the improvement of their executive functions.

By reducing cognitive load and the need to use inhibition to suppress irrelevant or interfering information that can impair working memory, it improves their ability to retain and manipulate short-term information needed to perform tasks complex cognitive skills such as seduction or the expression of feelings. Indeed, reducing the number of syllables or phonemes to remember, simplified language makes it easier to memorize words and sentences that can easily be communicated.

Still in the same vein, in T21 people, simplified language improves the planning and organization of speech. Which gives them the ability to organize their behaviour according to the context, objectives and situations, whether new or complex. The use of linear and coherent syntactic structure avoids subordinations, negations and complex modalities. This allows participants to plan and organize their speech according to the context. This facilitates verbal interactions with others and therefore with people of the opposite sex.

Engaged in these verbal interactions, participants easily produce and understand language through the use of familiar and concrete words while avoiding abstract, technical or ambiguous terms. This makes it easier for others to understand them.

This is especially true since the language he uses improves their flexibility and offers them emotional regulation and dialogue. They therefore have the capacity to repress and control impulsive or inappropriate responses and to produce responses generated by attention and reasoning. Which promotes using positive and encouraging words, avoiding negative or critical words, actively listening and giving feedback.

For these people, language facilitates interaction with others in general and with people of the opposite sex in particular. Interaction, which cannot be reduced to a simple logic of action and reaction, is above all a creative, constructed and open process, which can be understood (Etienne et al., 2004 p. 257) according to the situation in which the actor finds himself and the meaning he seeks to give to his action. Faced with marital situations, depending on their disability and their socio-cultural environment, T21 people, through language, develop daily strategies to access life as a couple.

The use of language allows the verbalization of what is experienced, and which is present in consciousness, of what has been experienced and memorized in an explicit mode, or made aware by recall, but also of mental images in reference to a situation, representations linked to experiences, meanings without corresponding to the lived experience (Vermerch, 2008).

The learning of language which simultaneously ensures the subjective possession of a self and a world and of the codes necessary for the social definition of situations (Dubar, 2006 cited by Thibaut, 2010) works for primary socialization which refers to the incorporation of basic knowledge among T21 people. This allowed them to integrate the different roles, attitudes and general principles to which they must conform.

This integration subsequently allows them to internalize new values, new roles which can more or less transform their identity. Secondary socialization consists of any subsequent process which allows an already socialized individual to be incorporated into new sectors of the objective world of his society.

According to Kaufmann (2007) entering a couple, a whole universe for two has to be invented and in this sense, conversation plays an important role in the construction of this universe. However, criticism from friends or family will become frequent, particularly detailing the mistakes of the spouses. Kaufmann (2007) explains this phenomenon by the imperative nature of the work of unifying partners. However, if in the couple who formed in a traditional way, this phenomenon is usually managed, people with disabilities marked by the stigma of disability work to protect their couple from the eyes of the family.

5.5. DISCUSSION OF RESULTS

In this section of our dissertation which deals with accessibility to married life among T21 people in Cameroon, we will proceed to the discussion of the results obtained. It will be a concrete question of comparing our results with those of previous studies.

5.5.1. Down syndrome as a barrier to accessibility to life as a couple

The results of this study show that T21 people, like all people with disabilities in our context, are confronted on a daily basis with numerous situations relating to their disability and which complicate their access to married life. This is in line with the work of Chiewouo Kuetche (2023) who already highlighted the fact that despite the relative subjectivity of tastes and choices in matters of love and marriage, men and women with disabilities have equal access to couple life than the general population. However, on a daily basis, they are faced with unusual situations which further complicate the process.

Indeed, beliefs and attitudes related to mental disability in general and Down syndrome in particular are mostly negative, as Charlton pointed out in 1998. These beliefs and attitudes have constituted an obstacle to access to life. of couple among the participants of this study. This is because in Cameroonian society, T21 is poorly understood and people who present this disability are considered as separate beings, reduced to their disability (Chiewouo Kuetche, 2023). This pushes other people to avoid contact with them and consequently not consider having contact or being in a relationship with them. This is because the couple in which one or both spouses have a disability in the Cameroonian context is the object of curiosity. The configurations of our families mean that they do not necessarily accept the pairing of one of their members with a T21 person. This aspect is consistent with the work of Maks Banens et al. (2007) who highlighted that in current modern society, the perception that parents and families have of the pairing of their offspring and their members with a person in disability situation is based on a set of configurations which more or less hinder the marriage process of the person with a disability.

As mentioned by Chiewouo Kuetche (2023), in these terms: it often appears that there is real discrimination when non-disabled people come to present a person living with a disability as their emotional or marital partner. The results of this study highlight the difficulties of acceptance and discrimination of the spouse with a disability. This forced some participants to turn to people with disabilities to form a relationship.

Alongside the latter, other participants have developed more or less clever strategies to have their disability accepted within their in-laws. This is consistent with the results of Chiewouo Kuetche (2023) who say that the person with a disability must then find strategies to make their family accept their disability.

5.5.2. The criteria for choosing a spouse among T21 people

Deprived of all or part of a limb, an organ or a function, people with disabilities in general and T21 in particular fight on a daily basis to transform the representations associated with their sexuality. The innovations of disabled people in terms of seduction and the search for conjugality are numerous. And even in these usually private moments, both within the population of people with disabilities and within the general population, many improbable alliances emerge (Chiewouo Kuetche, 2023). Following the work of this author, the results of this study highlight the mobilization of multiple strategies including the use of language to access conjugality among T21 people.

The mobilization of these strategies ensures that these people do not encounter great difficulties in finding partners. In this register, we find more men who, according to Chiewouo Kuetche (2023), are more self-confident and courageous.

The choice of a marital partner in our society therefore depends more on the analysis of a certain number of individual and socio-cultural factors which can more or less guarantee the stability of the couple. These factors will influence the environments frequented, affinities (Etienne et al., 2004 p. 382) and interactions with others.

Going in line with the work of Marcellini et al., (2010) which stipulates that the social environment facilitates situations of physical co-presence which will lead to the development of friendly, then romantic and/or sexual, relationships. The results of this study show that among T21 people, access to life as a couple most often begins with social and friendly relationships. In other words, it is in their circle of friends that these people find their partner. Which is in line with what Chiewouo Kuetche, (2023) notes when she first says, the social network proves to be determining in marital encounters between disabled people. In the majority of cases, these are very long-term relationships, during which the non-disabled partner has developed a different vision of the person and the disability. What emerges is a pattern of encounters structured as follows: First friendship, then collaboration, and finally love (Chiewouo Kuetche, 2023).

5.5.3. The union of disabled people in the Cameroonian context

Despite the evolution of practices and matrimonial configurations in Africa, particularly in urban areas (SOW, 2006 cited by Chiewouo Kuetche (2023), collective representations of the union of disabled people remain based on curiosity. From a point of view From a psychological perspective, social observations show that society's astonishment towards two spouses or a partner living with a disability is a factor influencing access and the marital experience of this social category.

This curious look contributes to forging a spiral (Marcellini, Le Roux, Banens, 2010 p. 32) in the disabled person, which contributes to producing either an exclusion or an impossibility of romantic or sexual encounters, or a stimulus which will accompany the person in his way of living love life. The formation of a couple with a disability will therefore go through a more or less complex process. It begins with the individual's degree of personal acceptance and ends with their level of social integration. This process generally leads to a particular type of relationship, resulting in a more or less stable union and a space for negotiation between partners conducive to a more in-depth exchange in terms of power relations within the couple (Chiewouo Kuetche, 2023).

Recapitulative table

VARIABLES	TERMS	INDICATORS	INDICES
VI language	Verbal Language	Communication of ideas	Feelings of unluck, rejection,overprotection and stigmatisation
		Communication thought	Down syndrome is a disease of the chromosomes
		Communication of emotions	Singing
		Communication with others	Appreciation from others, affectionate little names from others, interaction with others
	Nonverbal language	Expression of emotion	Through sens of humour, feelings of joy, anger, retaliation
		Mimics	Sign language
VD Accessibility to life as a couples	Meeting with the spouse	Choice of spouse(criteria)	Disability and shared interest, physical beauty, behavior
		Seduction of spouse	Buying of gifts to spouse
		Barrier to access to married life	Lack of interest to marriage, T21
		Repercussions of T21 on meeting and choosing a spouse	

	Cohabitation	Consideration of spouse	Being friendly with one another, dialogue, mutual understanding
		Expression of ideas , thoughts and emotions in the couple	Free expression mating
		Emotions in the couple	joyous
		The view of others and inlaws on couple life	Important ,
	Sexuality	The place of sexuality in couple life	Sharing sexuality
	Solidarity	Economic solidarity	Sharing in finances
		Social solidarity	Living together Going out together
		Emotional solidarity	Attachment to one another

GENERAL CONCLUSION

This study focuses on the impact of language on access to couple life among T21 people. Indeed, most often, it is difficult for these people to access life as a couple like normal people. To do this, the objective was to understand how language facilitates the foundations of family life in people with Down syndrome. It was concretely a question for us of identifying how verbal language determines the successful access of people with Down syndrome to a libidinal intimate life; understand how emotional bonds guide the successful access of people with Down syndrome to a suitable married life.

The main question of this study was formulated as follows: does the impact of language facilitate the successful access of people with Down syndrome to a life as a couple? In other words, how the processes of the purposes of language allow people with Down syndrome to establish a successful family life. As an answer to this question, we formulated the following general hypothesis: The impact of language facilitates the successful access of people with Down syndrome to a life as a couple.

To better understand this reality, we formulated the following specific hypotheses: Hr1: The impact of verbal language facilitates the successful access of people with Down syndrome to life as a couple. Hr2: The impact of non-verbal language facilitates the successful access of people with Down syndrome to life as a couple.

The work was divided into two parts: the first part consisted of the development of an observation from which the positioning of the problem was carried out. In addition, the delimitation and interest of the study was carried out. And on the other hand to develop a literature review whose content was oriented towards understanding access to life as a couple.

The second part was initially devoted to the methodological approach used within the framework of this study. It was positioned as a qualitative study and the clinical method was used. Data were collected within the CNRPH through semi-structured interviews with three participants. The latter were selected based on the inclusion and non-inclusion criteria previously developed.

Then, this part discussed the results obtained following the analysis of the data collected from the participants. From this analysis, it appears that in T21 people, the right level of language promotes the development of executive functions. Although their language is in the majority of cases simplified. It promotes a form of communication that uses simple, clear and direct words and sentences to facilitate understanding and linguistic production. This allows them to easily express their thoughts and feelings in a sequence of interaction with others. This language thus allows the improvement of their executive functions.

By reducing cognitive load and the need to use inhibition to suppress irrelevant or interfering information that can impair working memory, it improves their ability to retain and manipulate short-term information needed to perform tasks complex cognitive skills such as seduction or the expression of feelings.

Simplified language improves speech planning and organization. Which gives them the ability to organize their behavior according to the context, objectives and situations, whether new or complex. The use of linear and coherent syntactic structure avoids subordinations, negations and complex modalities. This allows participants to plan and organize their speech according to the context. This facilitates verbal interactions with others and therefore with people of the opposite sex. Engaged in these verbal interactions, participants easily produce and understand language through the use of familiar and concrete words while avoiding abstract, technical or ambiguous terms. This makes it easier for others to understand them.

As an implication, the results of this study open the way towards support for the T21 person focused on language and communication. This will firstly allow them to better coordinate their activities and their lives in general through the development of cognitive functions. In turn, they will be able to easily access life as a couple.

SUGGESTIONS

Parents

No longer consider T21 people as not being able to form and have a satisfactory life as a couple.

Suggestions for inclusive schools

- Set up activities to stimulate language and communication;
- Focus on these activities to promote not only the cognitive development of T21 people, but also their ability to express their points of view, their affects, etc. Which would later allow them to integrate into society and access life as a couple.

To specialized educators

The objective of the specialized education intervention is to promote the optimal adaptation of the person in difficulty to their environment.

Depending on the priority needs targeted, this intervention then determines the objectives and means to be used in order to overcome the difficulties.

With a personalized approach, the specialized educator therefore carries out group, individual or family interventions in order to prevent crisis situations, resolve conflicts and find concrete solutions to the problems of daily life.

Finally, the specialized educator can help parents apply the intervention plans of different professionals, offer direct or indirect support within different living environments and collaborate with different professionals in order to ensure consistency and continuity of services. The specialized education service makes it possible to improve daily life and promote the acquisition of skills of a subject presenting an adaptation problem or a handicap. Thus, our work will allow us to set up interventions and educational measures to promote not only the social integration of T21 people, but also their access to married life. This is because of their disability, they are often considered people who cannot marry.

Ministry of Social Affairs

The Ministry of Social Affairs should organize awareness-raising events to make the entire population understand that people with disabilities are not special people. They are able to get married and have a satisfying life as a couple. Facilitate access to married life for T21 people, etc.

BIBLIOGRAPHICAL REFERENCES

Attias-Donfut (1995). Solidarities between generations: old age, families, State. Odile Jacob.

Banens, M., & al. (2007), Access to married life for people living with a lasting and disabling health problem: a demographic and sociological analysis. RFAS, 2, 57-82.

Bardin, L. (1996). Content analysis. PUF.

Barillet-Leple, M. (2001). Sexuality and disability: the paradox of models – From alter to Alius, from adult status to disabled status. The Harmattan.

Bazzi-Veil, L. (2000). Analysis of the situation of women in West and Central Africa.

Beck, U., and Beck-Gernsheim, E. (1995). The normal chaos of love. Polity Press.

Beleza, ML (2003), Discrimination against women with disabilities. Council of Europe Publishing.

Belleau, H. & Cornut St Pierre, P. (2011). The question of “choice” in the decision to marry or not in Quebec. Social and political bond, 66.

Belleau, H. (2011). When love and the State make you blind. The myth of automatic marriage. University of Quebec Press.

Belleau, H., M.-J. Béchard, M. Lachapelle, C. Lebreton and J. Saint-Pierre (2008), Qualitative survey on representations of conjugality in Quebec, Research report, INRS-UCS.

Berger, P., & Luckmann, T. (1997). The social construction of reality. Armand Colin.

Berger, P. and Kellner, H. (1988). Marriage and the construction of reality. Dialogue, 102, 6-21.

Bergeron, C. (2013). The individualization of life challenges in advanced modernity. An analysis from a life course perspective. (Unpublished doctoral thesis in sociology. University of Laval).

Beyrie, A. (2015). Living with disability: the experience of major motor disability. Rennes University Press.

Blanchet, A. (2015). Say and have the interview said. Armand Colin.

Bozon M. & Heran F. (1988). The discovery of the spouse (II). Dating scenes in the social space. Population, 1988(1), 121-150.

Bozon M. (1990). Women and the age gap between spouses: consented domination. Population, 2, 327-360.

Bozon M. (1991). Physical appearance and choice of spouse, in L. Roussel and T. Hibert (dir.), The evolution of nuptiality in France and in developed countries (pp. 93-112). INED.

Bozon, M. & Giami, A. (1999). Presentation of the article by John Gagnon [introductory]. Proceedings of Research in Social Sciences. On Sexuality. 128, 68-72.

Bozon, M. & Locoh, T. (Dir). (2000). Gender relations and population issues. II. Gender, population and development. INED.

Bozon, M., (1991). The new place of sexuality in the constitution of the couple. Social sciences and health, IX(4), 69-88.

Bozon, M., (1992). The choice of spouse. In De Singly, F. (ed). The family, the state of knowledge (pp.22-33). Discovery.

Bozon, M., (2001). Sexuality and gender". In Laufer, J., Marry C. & Maruani M. (Dir), Masculine-Feminine: Questions for the human sciences (pp.169-186). PUF.

Bozon, M., (2001). Social frameworks of sexuality. Presses de Sciences Po, 41-42, 5-9.

Bozon, M., (2006). Physical appearance and choice of spouse. In: Bozon, M. (ed.), The formation of the couple. Essential texts for the sociology of the family (pp. 99-122). Discovery.

Bozon, M., Heran, F. (1987). The discovery of the spouse. I, The discovery of the spouse. I. Evolution and morphology of encounter scenes. Population, 6

Bozon, M., Heran, F. (2006). The formation of the couple. Discovery.

BOZON, M., LOCOH, T. (Dir) (2000). Gender relations and population issues. II. Gender, population and development. INED.

Burgess, EW (1945) & Locke, HJ The Family, from Institution to Companionship. American Book Company.

Burguière, A. (1972). The formation of the couple. Burguière, A., Klapisch-Zuber, C., Ségalen, M. and Zonabend, F. (dir.), Family History, vol. 3, The clash of modernities. Armand Colin.

Castel, R. (1981). Risk management. Éditions de Minuit.

Castel, R. (2004). The hidden face of the hypermodern individual: the individual by default. Aubert, N. (dir.), The hypermodern individual (pp. 119-128). Eres.

Charlton, J. (1998). Nothing about us without us: disability, oppression and empowerment. University of California Press.

Cherlin, A. J. (2004). The deinstitutionalization of American marriage. Journal of Marriage Family, 66(4), 848-861.

Chiewuo Kuetche, I-.(2023). Gender and conjugal relationships of people with disabilities in Cameroon: identity constructions, logic and power relations (PhD thesis in sociology, University of Yaoundé1).

Colomby (de) P. and Giami A. (2001). Socio-sexual relations of disabled people living in institutions. Inserm.

Colomby (de) P. and Giami A. (2003). Sexual relations of disabled people. Sociodemographic approach, Women's life and motor disability. Sexuality and motherhood. 1st day. Assistance Public Hospital de Paris.

Cudicio, C. (2004). The big book of NLP. Organization.

Dagenais, D. (2000). The end of the modern family, Significance of contemporary transformations of the family. Laval University Press.

Dagenais, D. (2000). The end of the modern family, Significance of contemporary transformations of the family, Quebec, Laval University Press.

Dagenais, D, (2004). Family and society: the modern thought. The debate, 132, 60-73.

De Singly, F. (1987). Fortune and misfortune of married women, sociology of married life. PUF.

De Singly, F. (1996). The self, the couple and the family. Nathan.

De Singly, F. (2000). Free together. Nathan.

De Singly, F. (2007). Sociology of the contemporary family. Armand Colin.

De Singly, F. (1992). The family the state of knowledge. Discovery.

Durkheim, E. (1897). Suicide: sociology study. F. Alcan.

Fatima-Zahra, A. (2010). The power of words.https://www.mieux-etre.forumactif.net

Flandrin, J.-L. (1981). Sex and the West. Threshold, Points.

Fresel-Lozey (1992). New forms of marriage: methodological problems. Population, 47, 737-744.

Giami A. (1996). Sexuality and disabilities: some representations. In Delcey M. (dir.), Motor deficiencies and disability situations: Social, psychological, medical, technical and legislative aspects, associated disorders (pp. 101-103). APF.

Giami A. (2003). The erotics of disability. In Blanc A. & Stiker HJ, Handicap in images. Representations of disability in works of art. Eres.

Giami, A. (1996). The denial of the sexuality of mentally handicapped people in the prevention of AIDS in specialized settings. Eres.

Giami, A. (1999). Representations of sexuality, disability and AIDS. Psychology. René Descartes University.

Giami, A. Humbert, C. Laval, D. (1983). The angel and the beast: Representations of the sexuality of mentally handicapped people among parents and educators. CTNERHI

Giami, A., Assouly-Piquet, C, Berthier F., (1988). The fundamental figure of disability: representations and fantasy figures. Search MIREGERAL.

Giami, A., Korpes, JL, Lavigne, C. & Scelles, R. (1993). Representations of disability and disabled people. End of contract report, CRE/INSERM.

Giddens, A. (1987). The constitution of society. PUF.

Giddens, A. (1992). The transformation of intimacy. Sexuality, love and eroticism in modern societies. Le Rouergue.

Godelier, M. (2004). Metamorphoses of kinship. Fayard.

Goffman, E. (2002). The arrangement of the sexes. The dispute.

Goodley, D. (2014). Disability Studies: Theorizing disability and ableism. Routledge.

Illouz, E. (2006). Love networks on the internet. Networks, 138, 4.

Illouz, E. (2006). The feelings of capitalism. Threshold.

Jauron, M. (2010). Exploratory study of romantic encounters via the Internet. (PhD thesis in psychology). University of Quebec in Montreal.

Jauron, M., Lajoie, J., & Bouchard, G. (2007). Romantic relationships via the Internet. Revue quebecoise de psychology, 28(2), 139-147.

Kaufmann, J. C. (2001). The lonely woman and prince charming. Pocket.

Kaufmann, JC. (1992). The marital framework: Analysis of the couple through their laundry. Nathan.

Kaufmann, JC. (1995). Women's bodies, men's gazes: Sociology of bare breasts. Nathan.

Kaufmann, JC. (2016). The comprehensive interview. Arman Colin.

Kaufmann, JC. (2018). Sociology of the couple. PUF.

Lacan, J. (1953-1954). The seminar delivers I. Freud's technical writings. Threshold.

Lacan, J. (1963). Acting out and acting out. In Anxiety (pp.135-153). Threshold.

Lacan, J. (1966). Writings. Threshold.

Laflamme, C. (1978). Role of language in the development of cognitive style. Journal of Educational Sciences, 4 (3), 403-424.

Lapierre-Adamcyk E., and Le Bourdais, C. (2004). Couples and families: a constantly evolving sociological reality. Proceedings of the XVIth Conference of State Jurists. Editions Yvon Blais.

Lapierre-Adamcyk, E. and Le Bourdais, C. (2004). Changes in Conjugal Life in Canada – Is Cohabitation Progressively Replacing Marriage ?. Journal of Marriage and Family 66 (4), 929-942.

Lapierre-Adamcyk, E., Le Bourdais, C., and Martin, V. (2009). Families and extra-residential family networks: a reflection on the limits of the statistical definition of the family. Cahiers québécois demography, 38(1), 5-39.

Laplante, B. (2011). Free union, Roman marriage, Christian marriage. Childhood, Families, Generations, 15, 110-130.

Le Bourdais, C. and Lapierre-Adamcyk, É. (2008), Portrait of Quebec families on the horizon 2020. Presses de l'Université de Québec.

Le Breton, D. (2004, 2008). Symbolic interactionism. PUF.

LE Breton, D. (2016). The sociology of the body. PUF.

Levin & Trost (1999). Living apart together. Community, Work and Family, 2(3), 279-293.

Luhmann, N., (1990). Love as passion. The Codification of Intimacy. Stanford University Press.

Marcellini, A., Le Roux, N. & Banens, M. (2010). Beyond appearances.... Interactions, seduction and romantic encounters of people with disabilities. New review of Adaptation and Schooling, 50, 129-144.

Markale (1987). Courtly love or the infernal couple. Imago.

Milan and Peters (2003). Couples living apart. Canadian Social Trends, 2-6.

Ministry of Justice of Quebec. (2005).Report on the application of article 61.1 of the interpretation law and the advisability of maintaining or modifying it.

Neyrand, G. (2016). Contemporary conjugality, a new way of thinking about the bond. Childhood Families Generations.http://journals.openedition.org/efg/1204.

Péron, Y. (2003). From compulsory marriage to optional marriage. Piché, V. and Le Bourdais, C. (dir.), Quebec in the 21st century: demographic issues (pp. 110-143). University of Montreal Press.

Rey, A. (2006), Historical Dictionary of the French Language, 3 vols., 3rd ed. Enriched. The Robert.

Schmoll, P. (2005). The romantic encounter between permanences and transfers. Touati, A. (ed.). Women/men. The invention of possibilities. Human sciences.

Schmoll, P. (2010). Endless games and fun society. Communication issues.

Sennett, R. (1979). The tyrannies of intimacy. Threshold.

Shorter, E. (1977). Birth of the modern family. Threshold.

Simpl4all (2022). Language and executive functions.https://simpl4all.eu/fr/news-fr/langage-et-entreprises-executives/.

Smadja, É. (2011). The Couple and their story. PUF.

Théry, I. (1994). Unmarriage: justice and private. Odile Jacob.

Vandendorpe, C. (1994). Truth in language. Proteus, 22 (3), 7-12.

Viry, R. (1990). Introduction to the study of analytical psychiatry. Presses Universitaires de Nancy.

APPENDICES

INSTRUMENT; MAINTENANCE GUIDELINES

Case 1:

CASE IDENTIFICATION

Psydonym: Atebass

Marital status: cohabitation

Age: 25

Family type: monogamy

Family rank: 2nd

Level of study and education: trainee

Did you have a job? No If yes in which professional field PAINTING

2) FUNCTION AND PURPOSE OF HIGHER NERVE FUNCTION

I) How your memories work; Do you remember events from your childhood?

I don't remember the events of my childhood. When I was little, I forgot things a lot. But today it's better. My memory works better and I remember things easily.

II) Did you have difficulty because of language, and how you communicate with others.

YES, during my childhood, I had a lot of problems speaking. My parents even thought I wasn't going to speak one day. It took me a long time to start speaking. My mother often tells me that when I started speaking, it was like a miracle for her, she was so surprised and happy.

III) How do interactions take place with people of the opposite sex?

Interactions with other people go well. I can easily chat with my friends who are here, together we often play basketball and I am happy. With women! it's often more difficult, I look at them and often I tell myself that they are telling themselves that I'm not their type and that I have no chance of being with them. But when I manage to get closer to them and create contact, I often realize that I was afraid for nothing and that I was imagining things that don't exist. But sometimes they also reject me and I feel bad. They think my disability makes me a weird person.

iv) About emotions, which ones do you express more and how you manage them with yourself and others

AFFECTION, WITH ESP BONBON DONATIONS

3) DOWN SYNDROME

I) For you, is Down syndrome a disorder or a pathology, how do you experience this situation in the family, at work and in society.

I live it very well. People in my family love me and people in society love me too. I don't see the difference with other people.

II) Do you think you are stigmatized by your environments and for the object of prejudice

As far as prejudice is concerned, that doesn't concern me. They call me Tchop Tchop at home. The others call me Uncle Pipito. I make people laugh so much. I am not stigmatized. People really like me because I make people laugh and they love me for that.

4) LIFE OF THE COUPLE AND RELATIONSHIP WITH IN-LAWS

I) How and where did you meet your spouse?

I had a lot of difficulty finding a partner. Even in a common-law relationship, it wasn't easy. There are people with disabilities who are not interested in marriage, but who have children and who take care of their children; there are others who want to get married but who cannot and who end up have children.

For me the choice starts first from the physical and then the behavior. We always go towards a person we like, and then we look at the behavior in relation to the direction we want to take, but above all it's physical beauty.

I had met someone who loved me, who had a very good heart. I really liked her, I liked the way she was polite to me, I thought she could make a very good wife. The first few days, she was a little apprehensive, but afterward she really embraced this disability.

It's true that there is also the view of the family. When a woman has signed on her disabled man, there is nothing you can do.

II) Did your disability influence your meeting and your meeting and your rapprochement.

I would say a little because she really appreciated it when I did things that made people laugh, it allowed us to get closer and today we are together.

III) Do you have children? if yes, what is the number? are they also Down syndrome?

IV) Do you often experience conflicts in your relationship?

Yes, like in all couples I think. There are times when we don't understand each other. We get angry, but fortunately it doesn't often last because we quickly find a solution which allows us to be close and help each other.

V) What are the consequences of the higher nervous functions in this case of your personality and the life of the couple

Today I am with her because I learned to communicate. To speak as I should, even if I don't do it like people who don't have Down syndrome. It allows me to face many situations and say what I think and interact with others without worries. Language has helped me a lot, I express myself well.

INSTRUMENT; THE DIRECTIVE INTERVIEW

Case 2:

1- CASE IDENTIFICATION

Psydonime MBALLA MPAKO Marie therese Marital status: single

Age: 18 years old Family type: monogamy

Family rank: 4th Level of study and/or education: train

Type of disability Emotional nature:

Did you have a job? If yes in what professional field;

Yes I do, in the domain of hair dressing

2) NERVE FUNCTIONS AND THEIR PURPOSE

I) How your memories work; Do you remember events from your childhood, adolescence and very recent situations?

No i can not remember anything in my childhood but I can remember somethings in my adolescent age. As concerns current situations I remember them better

I DONT KNOW

II) Have you had difficulties because of language or your personality, and how you communicate with others.

my mother made me to understand that I difficulties with speech during childhood.This gave people the impression that I may never talk but during my late childhood I started talking gradually and now I can be able to participate in discussions with friends and other loved ones using speech.

NO, VERBALEMEN

III) How do interactions take place with people of the opposite sex?

I have good relationship with the people I interact with especially those of the opposite sex because I find them more attractive and find more pleasure working with them.

WELL

iv) About emotions, which ones do you express more and how you manage them in your social and intimate surroundings

I easily get angry when students from my class provoke me and retaliate against them but when this Is done, I start to entertain fear for the fact that the teacher may come and ponish me For this reason I try to avoid students who often provoke me. I very often express feelings of joy whenever I am happy. This is especially when my parents buy me something on their way back from work. And when I play with my peers.

HAPPINESS BY PLAYING

3) DOWN SYNDROME

I) For you, is Down syndrome a disorder or a pathology, how do you experience this situation in the family and at work and in society.

It is a disorder and in the family im loved and protected by my parent.they buy everything for me. They don't allow me to move around alone, they don't allow me to do things on my own. At work, I interact freely with my colleagues most of them appreciate me for being such a social being. In the society, I have friends of both sexes especially boys. Some of them see me as some one that is not normal while others treat me as a normal person. Most often, they come and take me out and we go and straw.

TROUBLE, HAPPILY, I DONT KNOW

II) Do you think you are stigmatized by your environments and for the object of prejudice how you experience them

Yes i thing so because some of my friends see me as abnormal. As for me I don't have anything wrong but I discover that there are somethings I can not do so I sometimes ask myself why can not do these things

NO

4) LIFE OF THE COUPLE AND RELATIONSHIP WITH IN-LAWS AND OTHERS

I) How and where did you meet your partner?

I first put my boyfriend in school in my class. He used to buy me gifts and after sometimes we exchanged contacts, from there we started a relationship then I was pregnant for him.

II) Did your disability influence your meeting and your various exchanges and your efforts as a man or woman.

No because my boyfriend loved me and never complained of anything. In discussions as man and woman we use to converse freely and move freely.

III) Do you have children? If yes, what is the number? Do they also have Down syndrome, if so are they experiencing the same problems or difficulties as you?

Yes we had a child but the child passed away so I did not continue in the relationship any longer because the boys' parents use to see me as someone who is abnormal.

IV) Do you often experience conflicts in your relationship, if yes, for what reasons?

Yes we use to have conflicts with each other over issues that we cannot agree.

V) What are the consequences of higher nervous functions, in this case on your personality and in the life of the couple

I don't know but my mother told me about the doctors report about my situation which states that I have problem with speech, I am emotional but very interactive. It also thanks to my memory that has given me the ability to retain many things at this stage.

Case 1:

1- CASE IDENTIFICATION

Psydonym: AMOUGOU

Marital status: single

Age: 24

Family type of origin: monogamous family

Rank of siblings: 2nd child

Level of study and/training: 2nd year of painter

Did you have a job? If yes in which professional field

Yes, my training is already a job for me, so I make drawings and portraits of important people in society and what's more, here at the center I make collages.

2) FUNCTION AND PURPOSE OF HIGHER NERVE FUNCTIONS

I) How does your memory work; Do you remember events from your childhood, your adolescence and even current events?

No, I don't remember anything about my childhood, since I was a teenager my memory has lost nothing, and people appreciate me while saying that I have a very good memory. So I can think that my memory has worked well since I was a teenager. I really don't remember the events of my childhood, but from adolescence I stored in my head all the difficulties I experienced.

II) Have you had difficulties with language, and how you communicate with others in your different environments

In my childhood my parents let me know that they complained and even worried too much because of, regarding my situation, a fact I did not express myself too much, I was a very silent child and withdrawn but in reality it all comes down to the fact that I had too many difficulties in terms of spoken language. Nowadays my wife appreciates me a lot because this difficulty is an expression of the past.

III) How do interactions take place with people of the opposite sex?

With my parents and my extended family everything goes well, but here at the center I often admire visitors especially women but my physical appearance generally repels them, with my wife we understand each other well both up close and from a distance the complicity is always there. appointment. Sometimes with the center staff we have perfect interactions, I often find our sports lady in her office and we talk without difficulty and she talks to me about the intimate lives of people who have passed a long time before us. We also have interactions with others during sports sessions or cleaning work.

iv) About emotions, which ones do you express more and how you manage them with yourself and others

Sometimes good, sometimes bad. I often get angry and cause problems for everyone around me. From time to time I am happy and I sing a lot. I also know that I fear being alone because I am afraid that people will hurt me.

I manage my emotions by singing a lot and getting closer to my wife so as not to suffer too much and I often go to rooms that have a television to distract myself and vent my anger. With those around me, some come to help me find a good feeling and others are totally indifferent.

3) DOWN SYNDROME

I) For you, is Down syndrome a disorder or pathology, how do you experience this situation in the family and in society.

I know that Down syndrome is a disease of chromosomes; it attacks the unlucky ones while they are still in their mother's womb. In the family we were the object of rejection during childhood once we had been accepted in this center things changed and me in particular I often forget that I have Down syndrome, with the family everything has been going well since this center helps us to be men like everyone else and society does not pose any problems for us, it often has pity towards us but it accepts us well and we walk without problems in the city.

II) Do you think you are stigmatized by your environments and for the object of prejudice

It depends on the environment, in the family, I am given nicknames either positive or negative to personalize my state of Down syndrome. Here we have no problems with prejudice or stigmatization coming from passers-by and certain visitors who come to discover the center and experience the reality of our center.

4) LIFE OF THE COUPLE AND RELATIONSHIP WITH IN-LAWS

I) How and where did you meet your spouse?

I met my wife during the Down syndrome days at the prohandicamp, we hit it off and we work in the same workshop. We share the same sorrows and afterward she came to meet me at the center for her socialization.

II) Did your disability influence your meeting and your meeting and your rapprochement?

Yes, disability played favorably in our meeting and continues to play a role today.

III) Do you have children? if yes, what is the number? are they also Down syndrome?

Yes we have a child, he does not have Down syndrome

IV) Do you often experience conflicts in your relationship?

Yes, as in all couples, there is no shortage of problems but after the tensions everything returns to stability.

V) What are the consequences of higher nervous functions in this case for your personality and the life of the couple.

The consequences I don't really know, only our doctor told me that I am too emotional thanks to the functioning of my brain and myself people tell me that I have Down syndrome because I speak relatively well and my memory retains a lot and restores When the time comes.

TABLES OF CONTENTS