



International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Scholarly Publisher
RS Global Sp. z O.O.
ISNI: 0000 0004 8495 2390

Dolna 17, Warsaw,
Poland 00-773
+48 226 0 227 03
editorial_office@rsglobal.pl

ARTICLE TITLE CHILDREN WITH DISABILITIES AND THE CHALLENGES OF SOCIETAL TRANSFORMATIONS: A CASE STUDY OF A DEAF CHILD

DOI [https://doi.org/10.31435/ijitss.3\(47\).2025.4303](https://doi.org/10.31435/ijitss.3(47).2025.4303)

RECEIVED 20 February 2025

ACCEPTED 19 May 2025

PUBLISHED 30 September 2025

LICENSE



The article is licensed under a **Creative Commons Attribution 4.0 International License**.

© The author(s) 2025.

This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

CHILDREN WITH DISABILITIES AND THE CHALLENGES OF SOCIETAL TRANSFORMATIONS: A CASE STUDY OF A DEAF CHILD

Hadjera Boukernafa

University of Oran 2, Mohamed Ben Ahmed, Algeria

Ismaa Bekkal

University of Oran 2, Mohamed Ben Ahmed, Algeria

ABSTRACT

This study aimed to ascertain the reality of children with special needs (deaf children), particularly in light of developments occurring in all areas of life. It has therefore become necessary to accord attention and priority to this group by developing the methods and curricula of special education provided to them within a framework that ensures that they keep pace with current social transformations and technological advances in this field. From this premise, we seek to answer a central question:

– How do social transformations affect children with special needs? Moreover, what challenges does special education face in this regard?

KEYWORDS

Social Transformations and Challenges, Children with Special Needs, Special Education, Deaf Children

CITATION

Hadjera Boukernafa, Ismaa Bekkal. (2025) Children with Disabilities and The Challenges of Societal Transformations: A Case Study of a Deaf Child. *International Journal of Innovative Technologies in Social Science*. 3(47). doi: 10.31435/ijitss.3(47).2025.4303

COPYRIGHT

© **The author(s) 2025**. This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

1. Introduction:

Hearing impairment, like other disabilities, has been known since ancient times. Deaf children faced many difficulties and persecution in ancient societies. A salient point in the study of the cultures of people is the diversity of perspectives and mechanisms for dealing with children with special needs, which varies from one group to another. The Greeks and Romans, for example, treated them harshly, to the extent that they shackled them with iron chains and imprisoned them in prisons or homes until the day of their death, believing that the spirit of the devil accompanied them and had to be expelled and that this was the only way to achieve that. In contrast, the Arabs, according to the sources, were more compassionate than others were, as they dealt with this group from a purely humanitarian perspective. It is recorded in the history books that the Umayyad state witnessed several notable achievements in this regard, most notably the allocation of a financial stipend from the public treasury for every person with a disability, as well as the appointment of an attendant for those in need.

The labels for this group evolved from "the bedridden" to "those with deformities," to "the incapable," owing to society's inability to accommodate, accept, and benefit from them, then to "the disabled," because of a barrier that prevents them from adapting to society in all aspects of life until the term improved and came to be "people with special needs," through a holistic perspective and under the umbrella of the concept of special education.

The development occurred through individuals and groups who were concerned with disability and persons with special needs, primarily for personal reasons. In France, Itard and Seguin were among the first to address the issues of individuals with intellectual disabilities. Valentin Haüy was the first to establish the Institut National des Jeunes Aveugles in Paris. Additionally, Louis Braille, who was himself blind, developed

a writing system for the visually impaired. De Leppe was the first to establish an educational institution for deaf individuals. As a result of the prevailing educational movement in society, which is specifically directed at children who are not typical (those with special needs), it is a field involving a complex process, both in terms of the challenge of determining its dimensions and its continual evolution. It aims to educate, train, and rehabilitate students who exhibit significant instructional challenges, and it provides all educational, social, psychological, and vocational services to children with special needs. (Athar Abd al-Latif & Ahmad Saif, 2016, pp. 11–12)

In this context, a central question arises: How do social transformations affect children with special needs? Moreover, what are the challenges that special education must address?

Accordingly, the research plan is as follows:

First: The conceptual framework and definition of terms

Second, social transformations and their impact on deaf children

Third, the challenges faced by special education in light of the transformations

Conceptual Framework and Definition of Terms

The concept of children with disabilities. They are defined as those individuals who fall at the extremes of the normal distribution on the basis of the psychological, physical, or medical characteristics that distinguish them. They have been termed "children with disabilities" because their psychological, intellectual, and educational needs differ from those of typical individuals (Issam & Tawfiq Qamrah, 2008).

Children with disabilities can also be defined as those who differ from others, or deviate from them, in one or more aspects of their personality, such that this difference reaches a degree at which the community feels that they require specific services as a result of their differing needs from those of healthy, typical children. This difference may be observed in any of the various domains of development, including the intellectual domain, the physical domain, the emotional domain, the social domain, the linguistic domain, or the motor domain (Ismail & Abd al-Fattah, 2004, p. 43).

Special education. This is considered a comprehensive and integrated organisation that includes all the educational, social, psychological, and vocational services that a special school can provide to children with disabilities. It can also be defined as the set of specialised educational programmes offered to children with disabilities to help them develop their abilities to the greatest possible extent, achieve self-realisation, and assist them in adapting to their environment (Al-Khatib, 2008, p. 86).

It is the set of specialised educational programmes offered to children who are not typical and who deviate markedly from typical children in their intellectual, sensory, and physical development, which necessitates providing special programmes, curricula, and teaching methods to help them develop their abilities to the greatest possible extent and to assist them in adaptation (Farouq al-Rousan, 2006, p. 97).

2. The deaf child.

According to the medical dictionary, it is defined as a decrease in or absence of hearing, a common disability resulting from injury to one of the organs of the auditory system (Domart & Bourneuf, 1989, p. 742).

According to the definition of the Executive Committee of the Conference of Directors Working in the Field of the Care of the Deaf in the United States of America, a deaf person is an individual who suffers from hearing impairment to a degree that prevents reliance on the sense of hearing in speech, whether using hearing aids or not, where hearing loss reaches 70 decibels or more, whereas a hard-of-hearing person is an individual who suffers from a degree of hearing loss that makes it difficult to understand speech relying on the sense of hearing alone, whether using hearing aids or not, where the loss reaches 35–69 decibels (Aziz Ibrahim Majdi, 2002, p. 434).

Previous studies

Mykelbust's study (MYKELBUST)

The study aimed to highlight the personality characteristics of hearing-impaired children through a comparative study between those enrolled in regular schools and those in special-education schools; however, no information was provided on the methodology used, its instruments, or the study sample.

This study revealed that hearing-impaired children who are integrated into regular schools are more emotional, conflicted, and frustrated than are children in specialised schools. This result reflects the increasing emphasis on the school's position, which includes those with hearing loss in competition with typical children at an early age, when their language limitations prevent them from achieving success in many school situations.

The child strives to overcome these challenges to attain self-confidence over time, and in this case, it is time to leave school and achieve successful adaptation to his vocational needs (Kamal, Badr al-Din, 2001, p. 124).

This study clarifies the personality characteristics of hearing-impaired children and nonintegrated children and compares them. What is inferred is that school integration has a somewhat adverse effect on the psyche of the hearing-impaired child, especially in his early years; however, at the same time, it is a positive factor in preparing the hearing-impaired pupil psychologically and socially to face the problems and frustrations of the larger society upon reaching the age of leaving school.

3. Social transformations and their impact on deaf children

When a deaf child is born, a series of important and predictable changes occur within the family. The parents are then required to expend additional effort for the child, depending on the type of disability. Changes also occur when family members find that others from outside the family, such as school staff, teachers, specialists, and counsellors, intervene and participate in making important decisions within the family and in receiving information and guidance on various topics that were previously considered the private domain of all family members.

There is also a profound and particular effect on family relationships, especially those of parents, due to the presence of a hearing-impaired child. This often constitutes a severe shock to parents' aspirations, leading to profound changes in their expectations of the child. The child's hearing impairment is also an impairment for parents, regardless of its degree or type. Despite parents' reactions and strategies, a set of responses, including shock, denial, sorrow, sadness, anger, guilt, shame, fear, depression, and anxiety, occur upon the discovery of hearing impairment. All these painful emotional responses reflect the extent of the heavy responsibilities, enormous pressures, and special needs resulting from the child's hearing impairment within the family, and ultimately, the parents find no alternative but to accept their child as he or she is, although parents may not reach this level except after difficult periods and painful, severe psychological suffering.

Families with hearing impairments are also subjected to many pressures that vary in nature and form. Among these are material pressures, as the family finds itself burdened with unavoidable financial obligations to provide hearing aids, the costs of their use and maintenance, and devices that assist with speech and language training during the stage of language acquisition, as well as the fees of specialists for medical follow-up, speech and language training, and education, particularly when parents wish to teach hearing-impaired children the curricula of typical children ('Ayish, 2010, p. 57).

– A group of children with disabilities exists in every society, including Algerian society. It is a category within special education that requires care and particular provision. Their upbringing differs from that of typical children, as their education helps them adapt to and integrate into society while also developing their skills in various fields, whether this education occurs within the family, a pedagogical centre, or special schools. The educator plays an important role in modifying these children's behaviours and in helping them develop life and academic skills, and this cannot be achieved except with the contribution of the family, which is one of the institutions of socialisation that embraces this atypical child and contributes significantly to his upbringing and assisting him in rehabilitation.

As a result of the shift that has occurred in educational programmes and in care and rehabilitation programmes achieved today, every child can do better, and their performance level can be improved if their condition is discovered early. The appropriate intervention is provided at the right time and in the correct manner.

Algeria, like other countries, has since paid attention to persons with disabilities within the framework of a just policy, in accordance with the principle of equal opportunities for all. It has enacted laws specific to them, and the first legal legislation specifically addressing persons with disabilities was enacted in the first year of national independence, in 1962. Additionally, Executive Decree 17-187, particularly Article 2, outlines the modalities for disability prevention and the preparation of a plan for preventing and responding to disability.

Figures from the Algerian Office of Statistics reveal that the register of persons with disabilities includes 284,073 with motor disabilities, who constitute 44% of the total number of persons with disabilities. In contrast, the remaining disabilities are distributed across 72,937 individuals with hearing disabilities and 50,299 individuals with other disabilities. Statistics from the Algerian Association of Specialists in Ear, Nose, and Throat Diseases indicate that approximately 900 new cases of childhood deafness are recorded annually (Hanan, 2010).

4. The challenges faced by special education in light of the transformations

The stages of developing special education services have undergone several changes. Five decades ago, residential centres focused on isolating persons with disabilities in full-boarding centres or in special-education schools and institutes (residential schools), which are among the oldest methods of educating and teaching deaf children, as they provide accommodations as well as health, social, and educational care. These centres and schools receive this group due to their particular circumstances, for example, because they come from distant places or because their families refuse to accept them or are unable to care for them. Thus, the concept of full inclusion emerged, which entails providing all services and care to deaf persons in an environment far from isolation, namely, the regular classroom environment in mainstream schools, specifically a special classroom in mainstream schools or what is called a resource room. The aim is complete social mixing, which takes place according to a continuous plan, programme, and teaching method determined according to the needs of each child. These transformations in special education programmes seek.

4-1- For deaf children:

- The deaf child can be psychologically adjusted so that he can integrate with typical pupils at school.
- That the deaf child gradually feels capable of a life closer to normality and capable of production and creativity

4-2- For the family:

- Integrating the deaf child into the family atmosphere and training in the family role
- Assisting parents in understanding the needs of deaf children and their developmental demands and helping them achieve holistic growth, self-reliance, and independence in managing their life
- Development of parents' sense of confidence and competence in meeting their child's needs and in participating in processes of assessment, treatment, and education

4-3- For the school:

- Preparing the school, beginning with the head teacher, teachers, counsellor, and typical pupils for inclusion programmes, and clarifying the importance of inclusion for school administration, teachers, and children's guardians
- Selecting cases suitable for inclusion in school, as there are cases that cannot be included, such as deaf children who have autism, severe behavioural disorders, and severe speech difficulties
- Providing all material and technical capabilities and educational aids
- Providing human resources, including teachers and psychology specialists
- Providing at least one special education teacher at every school
- Determining the type of inclusion: academic inclusion or social inclusion, limited to school activities

Development of special education schools:

The issue of developing special education schools and improving their operational and educational systems, inside and outside, is a necessary and unavoidable matter to face contemporary challenges and compete with other educational institutions. Special-education institutions provide care, rehabilitation, and the development of abilities and skills; achieve their integration into society; and prepare them for the labour market so that they do not become a burden on society.

The development of special education in institutions requires an evaluation of the various components that contribute to the outputs related to increasing the academic achievement of children with disabilities; increasing their intellectual, psychological, social, and behavioural skills; and increasing their positive attitudes acquired as a result of the processes of teaching and learning and of their social and personal development. These outputs are significantly influenced by management style, teacher competence, and curriculum flexibility (Locson, Lynn, & Morales, 2009, pp. 132, 135).

In light of the increasing magnitude of the problem of children with disabilities and the substantial expenses required for their education, as well as the considerable growth in the number, type, and size of special education institutions, the amplification of their role, and the expansion of their activities to meet the rising demands and services for children with disabilities, these institutions gain the trust of this group by increasing their satisfaction with their services in both quantity and quality. Conversely, institutions lose credibility and public confidence when the gap widens between the expectations of the person with a disability and those of society and the actual performance of these institutions. Hence, the call to improve the

effectiveness of special education institutions has received attention in developed countries; indeed, the increase in an institution's effectiveness has become one of the most important indicators of educational progress in general (Khamis Muhammad Mustafa, 2007, p. 4).

Here, the need arises for special education schools to apply specific school improvement requirements in light of total quality management.

A study by Basim Sulayman Salih (2016).

This study aimed to identify the role of strategic planning in enhancing the performance quality of special education schools in Upper Egypt and to survey the reality of the special education system and its strategic planning. The researcher used the descriptive method for its suitability to the nature of the study, and the study reached several findings, including the following:

- The importance of strategic planning for elevating the quality of education in special-education schools.
- The need for head teachers and teachers in special education schools to acquire the best skills for strategic planning.
- The weakness of head teachers' and teachers' capacity to confront the variables surrounding their schools hinders the enhancement of performance and its development in their schools (Basim Sulayman Salih, 2016).

A study by Samuel L. Odom and A. Brantlinger (1996).

Entitled "Research in Special Education: Scientific Methods and Evidence-Based Practices."

The study aimed to develop special education programmes provided to students with disabilities in mainstream schools through the use of total-quality indicators, and the findings yielded a set of quality indicators that help develop special education programmes in mainstream schools, the most important of which were as follows:

- 1- Knowing the characteristics of students with disabilities before providing appropriate educational programmes for them
- 2- Assessing the condition of students with disabilities before they are integrated into regular classes by means of specialists
- 3- Using systematic methods to address students with disabilities in inclusion classes
 - Special education aims to provide an appropriate and suitable educational environment for children with disabilities to facilitate their learning, help them develop their potential to the utmost extent permitted by their abilities, enhance their independence, and enable them to become well integrated into society as good citizens through school improvement, as the processes of change that accompany the educational process in all its components aim to improve it and to create the educational climate under which educators, and administrators thrive so that its outputs are at the best level in the service of society (Amīn Muḥammad al-Nabawī & Ḥāmid 'Umar, 2008, p. 350).
 - We conclude that school improvement in special education is the enhancement of the inputs of the special education system, which include the teacher, the curriculum, devices and technologies, school buildings, administration and organisation, external support, and overcoming existing problems to achieve the desired objectives with greater effectiveness and efficiency and to improve the final outputs connected to the student with disabilities, the teacher, and the school.
 - Special-education services also provide different support for persons with disabilities according to their stated needs, which include the following:
 - Teachers are prepared to provide educational services to students with hearing and visual impairments.
 - Early intervention teachers
 - Assistant teachers who support students in classrooms
 - Providers of psychological and social services for persons with disabilities
 - Support staff in the communication and technology units. Notably, the important term "assistive technology" refers to all technologies designed to serve individuals with disabilities. According to Jirwān, the use of such technologies should be tailored to the nature of each disability. For example, hearing impairment may require the use of hearing aids and the learning of sign language. There are also applied models for introducing educational technology for people with disabilities (Micheline Saberras, 2013, pp. 9–10).

Examples of assistive devices include the following:

- Individual hearing aids are used to compensate for deficits in auditory ability
- Pocket hearing aids are prescribed for children with severe hearing impairment
- Cochlear implants
- Eye glasses (spectacles) and hearing aids
- In-the-ear hearing aids

The extent of assistive technology use in Algeria for children with disabilities—particularly those who are deaf—is limited by several factors:

- Lack of assistive technological devices and services in schools for the deaf
- Lack of training, especially training teachers in the use and effectiveness of assistive technology for the deaf
- Fear of, or discomfort with, using assistive technology for the deaf
- Lack of computer programs (educational software specific to people who are deaf or hard of hearing), videotapes, and other necessary support tools
- Lack of suitable spaces for assistive technological devices for the deaf
- Lack of assistive technology at school sites
- Lack of resources for the repair and maintenance of assistive technological tools and devices for people who are deaf or hard of hearing (Fāyza Fāyza ‘Abd Allāh, 2010, p. 158)

5. Recommendations:

- Paying attention to training trainers in recent developments in the field of special education and familiarising them with programmes and life activities for students in the field of special education
- training teachers in the use of modern aids to teach the deaf
- The necessity of focusing curricula on developing students' abilities for free thinking, choice, innovation, and creativity and training them in dialogue and discussion
- developing modern, advanced technological requirements in light of the Fourth Industrial Revolution, such as classroom clubs, resource rooms, or computer rooms
- aligning the design of school buildings and classrooms with the requirements of persons with disabilities by establishing new schools in line with recent developments
- Activating the participation of parents in planning and implementing the educational programmes and activities offered to their children and in contributing to various school activities.

6. Synthesis:

It is challenging to present a clear picture of the care of children with hearing impairment (deaf children) in Arab countries. This is primarily due to the lack of a comprehensive and up-to-date information base on this group, whether in terms of numbers, demographic variables, or the educational and rehabilitative services provided. The issue of disability in general has not yet presented itself in Arab countries as a priority issue, despite the recent increase in interest in the care and rehabilitation of persons with impairments. Other factors that have hindered the development of educational and rehabilitative services for individuals with hearing impairments include the false beliefs and misconceptions that many people have adopted over the past several decades, which have not been based on accurate, genuine knowledge of hearing impairments and their implications. Many people hold stereotypical images of this group and respond to them accordingly. Although individuals with hearing impairment share common general characteristics, they do not have a unique psychology that distinguishes them from other individuals. There is also the belief that hearing impairment necessarily leads a person to mut; however, if a person is provided with appropriate training at the right time, they will not become mute. In addition, there is a lack of cooperation between official and nonofficial bodies that provide educational and rehabilitative programs: there is no effective coordination or integration of services; there is a wide gap between educational programs and vocational training programs; attention focuses on young deaf persons, whereas older individuals do not have appropriate services available.

6. Case Study

6-1. Presentation of the case

Preliminary Data

Field	Value
Name	M
Gender	Male
Surname	B
Educational level	/
Chronological age	9 years
Birth order among siblings	First (eldest)
Type of hearing impairment	Profound
Medical history	Asthma; epileptic seizures; patent ductus arteriosus
Academic achievement	/

Personal history

Field	Value
Nature of pregnancy	Normal
Pregnancy conditions	Abnormal: mother contracted German measles during the first months of pregnancy
Birth	Normal, at term, in hospital
Breastfeeding	Natural weaning at two months of age

Family and Household History

Attribute	Mother	Father
Chronological age	38 years	38 years
Educational level	University	University
Profession	State engineer in computer science in a governmental institution	Executive in an economic institution
Hearing impairment	Not hearing-impaired	Not hearing-impaired
Family history	-	Siblings do not have hearing impairment; no family members have hearing impairment.

Family and Social Relations

Relationship	Description
With mother	Described as usual, with excessive attention
With father	Described by the mother as tepid, with a kind of aloofness
With siblings	Very normal
With peers	Very limited

Behavioural Problems

Description
Suffers from hyperactivity and excessive movement; moderate aggressiveness.

6-2- Summary of Interviews:

6-2-1- First Interview: 22/09/2022, duration 45 min

It began with introductions between me, as a psychological specialist, and the child's mother. I introduced myself and explained the nature of my work clearly and concisely. I asked some questions about the case and the mother's pregnancy conditions: the pregnancy conditions were normal until the seventh week of pregnancy, when the child's mother contracted German measles, as the infection was transmitted to her by a family member. Before the infection, I wanted to move to my parents' house for fear of infection and concern for my foetus, says the child's mother, but under the insistence of the husband and the family to stay and that it was a routine matter that did not warrant fear and panic in this way, I submit to the situation, says the mother, after several attempts. Shortly afterwards, the infection was transmitted to the child's mother, which obliged her to visit the doctor, who in turn asked her to undergo medical tests to ensure the foetus's safety. However, the doctor was frank with her from the beginning and informed her that this type of infection could directly

affect the foetus, especially the senses. The tests initially appeared negative, but after they were repeated in the ninth week of pregnancy, they became positive. At this point, the child's mother could not control herself and burst into tears and could not control herself, which compelled me to stop the interview given her psychological state at that time.

6-2-2- Second Interview: 29/09/2022, duration 55 min

In this interview, the child's mother brought the child with hearing impairment. He appeared to be an ordinary child, were it not for the screaming that expressed certain things to his mother; he was neatly dressed, cheerful, very active, aggressive at times, and somewhat excessively overweight. The child's mother wanted to continue from where she had left in the previous interview and apologised for her state, expressing that she was bearing a significant burden, especially when she saw her son not speaking, and that she was ready to do anything for him.

In this case, after receiving positive medical test results, the doctor stated to her that the child might be born with deformities and that she could undergo an abortion immediately. After back and forth and consulting herself, religious scholars, and her husband, she decided to have it performed in a governmental institution, but she retracted at the last minute, thinking that she would live her whole life uncomfortable and miserable and that he was a gift from God and that she must accept him.

She said that she protected him and asked God to keep him safe and that she was content with him, regardless of his form or disability. The birth turned out to be entirely normal and in better circumstances than she had expected, and he was a handsome child with a radiant face. This gave her a sense of comfort and reassurance. After birth, the doctors advised that some medical examinations be conducted to determine the type of disability he had sustained as a result of contracting German measles because the latter affects one of the foetus's senses. After approximately six months of age, he suffered from profound hearing impairment, and the search began for solutions and approaches to his case. Since the father worked far away and sometimes outside the country, the responsibility fell entirely upon her. She lived the journey of seeking treatment for her child's condition between hospital institutions and private centres, where she was forced to travel outside the wilaya in search of treatment, to no avail. After the child reached the age of three and following several contacts with her relatives, she managed to have a device implanted, specifically a hearing aid, inside her ear. The case then remained without speech for a year, which astonished the mother, as most children who had undergone the operation began to speak. Because the mother's health condition did not allow her to travel, due to pregnancy, she postponed her follow-up with a doctor outside the wilaya for a long period of time.

6-2-3- Third Interview: 06/10/2022, duration 50 min

In this interview, regarding the circumstances of the operation to implant the hearing aid for the child, after a period, the child's mother again travelled outside the wilaya to the treating physician, only to find that he had also moved to the capital for work reasons. She was directed to him as a solution to the clinic in the capital. She travelled with her child to the capital, where the external aid was repaired due to a device malfunction. He was surprised that the child still did not speak and that she had been remissing with him, so he asked her to recount her story to him. The solution was for her to take him to a speech therapist (orthophonie). After several visits to specialists, including five male and female specialists, without any results, and when he reached eight years and six months, she took him to the Centre for the Deaf and Mute in Gumbita. However, her request was refused because he was too old and they could not admit him.

The mother's bewilderment and sorrow were evident on her face. She said, I do not know where to go; I have knocked on all doors. The speech therapist advised me not to place him in the Centre for the Deaf in Gumbita, and so on.

7. Findings

We conclude from the three interviews that the child (M) suffers from profound hearing impairment, is slightly obese, is very active, is aggressive at times, and needs urgent intervention, given that he has hearing aids, one inside the head and the other external. The child suffers from asthma attacks that are sometimes severe enough to be taken to the hospital to be supplied with oxygen, and he suffers from epileptic seizures at wide intervals, meaning that they recur after 6–8 months. For the mother, owing to the pressures placed upon her raising the children, he has two younger brothers; by virtue of her work and the father's frequent absence and his aloofness towards the case, these are, at the very least, difficult circumstances experienced by the child's mother, to the extent that she neglected the seizures in taking him for examinations and follow-up treatment. The child's mother is tired, bewildered, and sad; this is a consistent finding across all the interviews.

REFERENCES

1. Ismaail, ' F. 'A. (2004). *Intellectual and cultural development for people with special needs* (1st ed.). Al-Dār al-Thaqāfiyyah lil-Nashr.
2. Amīn, M. al-Nabawī, & 'Ammār, H. (2008). *Learning Communities and Academic Accreditation for Schools*. Al-Dār al-Miṣriyyah al-Lubnāniyyah.
3. Adār, ' al-Laṭīf, & Aḥmad Saif Shāhīn. (2016). *Psychology of people with special needs* (1st ed.). Dār al-I'ṣār al-'Ilmī.
4. 'Ibrāhīm, M. 'Azīz. (2002). *Curricula for teaching people with special needs*. Al-Maktabah al-Anglū-Miṣriyyah.
5. Šāliḥ, B. S. (2016). Strategic planning and its role in improving the performance of special-education schools in Upper Egypt: A field study. *Journal of Human and Educational Studies, Faculty of Education*, (4).
6. Al-Khaṭīb, J. (2008). *Introduction to hearing impairment* (3rd ed.). Dār al-Fikr.
7. Al-Rawsān, F. (2006). *Dictionary of terms in special education: Intellectual disability*. Dār al-Fikr al-'Arabī.
8. 'Iṣām, T. Qamrah. (2008). *Care for people with special needs in the Arab world between segregation and inclusion*. Al-Maktab al-Jāmi'ī al-Ḥadīth.
9. Kamāl 'Abdah Badr al-Dīn, & al-Sayyid Ḥalāwah Muḥammad. (2001). *Care for the hearing- and motor-impaired*. Al-Maktab al-Jāmi'ī al-Ḥadīth.
10. Fāyza Fāyza 'Abd Allāh al-Fāyza. (2010). *Learning Resource Centres and Assistive Technology for Children with Hearing Impairment* (1st ed.). Dār Ḥāmid lil-Nashr.
11. Khamīs Muḥammad Muṣṭafā. (2007). *Effectiveness of special-education institutions in Palestine: An evaluative study* (Doctoral dissertation, Ain Shams University, in cooperation with the Faculty of Education, University of Palestine).
12. 'Abbās Šabāḥ. (2010). *The effect of psychological pressures among families of persons with disabilities on family relations in terms of age and type of disability* (Master's thesis, University of Oran).
13. *Al-Massā' Daily*. (2010, May 3). [Arabic news article]. <https://www.elmassa.com/ar/content/view/33149>
14. Domart, A., & Bourneuf, J. (1989). *Petit Larousse de médecine*. Librairie Larousse.
15. Locson, L., & Morales, G. (2009). *Accountability-driven school reform model for special education: A Delphi study* (Doctoral dissertation, The University of Texas at Austin). ProQuest (AAT 3368854).
16. Odom, S. L., & Brantlinger, E. (1996). *Quality services for students with significant support needs should be planned*.
17. Sciberras, M. (2013). *Special school reform*. Department of Education Services, Ministry of Education, Culture, Sport and the Arts, Malta.