



Article

Routines and Daily Dynamics of Young People with Borderline Intelligence: An Ethnomethodological Study

Mabel Segú ^{*} and Edurne Gonzalez

Faculty of Social and Human Sciences, Deusto University, 20012 San Sebastian, Spain; egonzalez@deusto.es

* Correspondence: msegua@deusto.es

Abstract: Young people with borderline intelligence functioning (BIF) have intellectual functioning at the border between intellectual disability and those considered neurotypical. This population group is often underrepresented in social research, which makes it difficult to understand their experiences and needs. The research aims to understand the daily lives of young people with BIF to identify needs that society might not be aware of. The study was conducted with a sample of 30 young people. The ethnomethodological design was appropriate for the study of the routines and daily dynamics of these young people, which allowed the researchers to understand the experiences and meanings of the participants from their own perspective. The analysis was carried out in the context of the subject of Qualitative Research Tools in Social Work with fourth-year students, through participant observation, semi-structured interviews, and field diaries. Data analysis was performed using the Atlas.ti23 qualitative content analysis program. The findings suggest a strong dependence on family and social support; a daily life marked by challenges; and a search for autonomy, among many other aspects. Collaboration with the participants allowed the researchers to better understand their experiences and needs from reflexivity.

Keywords: ethnomethodology; borderline intelligence; qualitative research



Citation: Segú, Mabel, and Edurne Gonzalez. 2024. Routines and Daily Dynamics of Young People with Borderline Intelligence: An Ethnomethodological Study. *Social Sciences* 13: 311. <https://doi.org/10.3390/socsci13060311>

Academic Editors: Patrícia Sá and Grzegorz Bryda

Received: 19 April 2024

Revised: 3 June 2024

Accepted: 6 June 2024

Published: 12 June 2024



Copyright: © 2024 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Individuals with borderline intellectual functioning (BIF), whose intellectual abilities fall within the intermediate range between those with intellectual disabilities and those considered neurotypical, are frequently overlooked in social research. This lack of research impedes our understanding of their unique experiences and needs. This study aims to address this gap by focusing on their daily routines and dynamics, exploring their everyday lives through an ethnomethodological approach that prioritizes their interpretations and experiences. This qualitative analysis can reveal unrecognized needs that might not be apparent through traditional research methods, potentially leading to the development of better support systems and a deeper societal understanding.

Individuals with BIF often face challenges in daily life, such as difficulties with education, employment, and social interaction. This study seeks to provide deeper insights into these challenges, enabling the development of targeted interventions and advocacy efforts. Despite these challenges, young people with BIF have a strong desire for independence and self-determination. By examining their aspirations and efforts to participate in daily life, this study aims to foster a more inclusive and supportive environment.

The study underscores the importance of collaboration between researchers and participants. This collaborative approach allows researchers to gain a more accurate and nuanced understanding of the participants' experiences, promoting reflexivity and ensuring that the research is conducted ethically and respectfully.

Studying the routines and daily dynamics of young people with BIF is crucial to addressing the lack of knowledge about this underrepresented population. By understanding their experiences, challenges, and aspirations, we can develop better support systems,

promote inclusion, and create a more informed and understanding society. The good practice presented here is the result of evaluating an exploratory pilot experience developed within the course “Qualitative Research Tools in Social Work,” where students conducted social research using a qualitative methodological design, specifically ethnomethodology. Third-year students from the Social Work degree program and the double degree program in Social Education and Social Work at the University of Deusto collected the daily routines of young people with BIF associated with the RTZDR entity, over a period of three months.

2. Borderline Intellectual Functioning

2.1. Diagnosis

Intelligence is a concept that has been discussed since ancient Greek times, but it was not until the late 19th century that various theories began to be developed from a scientific perspective (Hardy 1992). The first authors to develop a theory were Cattell and Farrand (1896), who invented mental tests with the idea of transforming psychology into an applied science; in the latter half of the 20th century, Alfred Binet pioneered a standardized assessment tool to identify students with cognitive differences. This instrument aimed to facilitate the implementation of individualized educational programs tailored to their specific needs, particularly within the school setting. With this goal in mind, Binet and Coll (1983) created the first intelligence scale for children, stating, “The fundamental organ of intelligence is judgment. In other words, common sense, practical sense, initiative, the faculty of adaptation. Judging well, understanding well, and reasoning well are the essential springs of intelligence.” (Molero Moreno et al. 1998, p. 33).

From then on, the net scale was used in the United States, being modified in 1916. In this modification, i.e., in the new version of the test, the concept of the intelligence quotient (IQ) was introduced, which later gave rise to the understanding of the term borderline intelligence.

While IQ is nowadays commonly used as a measure for assessing intelligence, it is not the only method. Other perspectives focus on a broader range of abilities, including adaptive skills and behavior. Notable among these alternative perspectives are theories proposed by Howard Gardner (1993) and Robert Sternberg (2000), which offer a more comprehensive view of intelligence. Gardner’s theory of multiple intelligences posits that intelligence is not a single, unified attribute but rather a combination of several distinct types of intelligences. These types include linguistic intelligence, which is the ability to use language effectively; logical–mathematical intelligence, which involves logical thinking and problem-solving in mathematical contexts; spatial intelligence, which is the ability to visualize and manipulate objects; musical intelligence, which pertains to understanding and creating music; bodily–kinesthetic intelligence, which involves controlling bodily movements and handling objects skillfully; interpersonal intelligence, which is the ability to understand and interact effectively with others; intrapersonal intelligence, which involves understanding oneself and one’s emotions; and naturalistic intelligence, which is the ability to recognize and categorize natural objects and processes. Gardner’s model suggests that traditional IQ tests, which primarily measure linguistic and logical–mathematical abilities, are limited in scope. This theory emphasizes that individuals can be intelligent in various ways, and excelling in one area can compensate for limitations in another.

On the other hand, Sternberg’s triarchic theory of intelligence divides intelligence into three components: analytical intelligence, creative intelligence, and practical intelligence. Analytical intelligence involves problem-solving abilities and logical reasoning. Creative intelligence refers to the ability to deal with new situations using past experiences and current skills. Practical intelligence is the ability to adapt to changing environmental conditions and shape the environment to maximize one’s strengths. Sternberg argues that a holistic approach to intelligence includes not just academic abilities but also creativity and practical skills, which are crucial for real-world success.

In addition to these theories, the assessment of intellectual disabilities often includes evaluating adaptive behavior, which refers to the effectiveness with which individuals

cope with common life demands and how well they meet the standards of personal independence expected of someone in their age group, sociocultural background, and community setting. This includes conceptual skills, such as language, reading, and writing; social skills, including interpersonal skills, social responsibility, self-esteem, and the ability to follow rules and laws; and practical skills, such as personal care, occupational skills, healthcare, travel, and use of money.

These alternative perspectives are equally valid for measuring intelligence, especially borderline intellectual functioning, because they provide a more nuanced understanding of an individual's capabilities. They recognize that intelligence is multifaceted and that adaptive behaviors are crucial for daily functioning and social integration.

Despite these theories gaining increasing recognition in the scientific community, the intelligence quotient (IQ) remains the commonly used tool for determining the classification of intelligence. The reasons for this can be attributed to historical, practical, and methodological factors. The simplicity of the test and the standardization of results make it practical in various settings. However, we must be aware that new theories on intelligence can complement diagnoses by promoting a more inclusive and equitable approach to the classification of intelligence.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) ([American Psychiatric Association 2013](#)), intellectual disability (ID) is a neurodevelopmental disorder that begins early in an individual's development, characterized by impairments in intellectual functioning and adaptive deficits in conceptual, social, or practical areas. These deficits in intellectual functions—such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, experiential learning, and practical understanding—must be confirmed through clinical assessment and individualized, standardized intelligence testing. Typically, scores on these intelligence tests are about 2 standard deviations below the population mean, indicating a score below 70–75. Different levels of cognitive impairment are defined, with mild intellectual disability (MID) indicated by IQ scores ranging from 50 to 55 to approximately 70, and scores between 70 and 85 referred to as borderline intellectual functioning (BIF). Deficits in adaptive functioning for both MID and BIF are characterized by a failure to meet developmental and cultural standards for personal independence and social responsibility.

Complementing this definition, the United Nations Convention on the Rights of Persons with Disabilities ([United Nations General Assembly 2006](#)) provides a broader perspective, defining a person with a disability as one who has long-term physical, mental, intellectual, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. From this perspective, disability is approached dynamically, recognizing that it does not solely reside in individual limitations but also in contextual barriers that restrict opportunities for individuals to navigate everyday life. This inclusive approach emphasizes the significance of societal and environmental factors in shaping the experiences and participation of individuals with disabilities.

When talking about the diagnosis of borderline intelligence, it is also important to mention what [Artigas-Pallarés et al. \(2007\)](#) say, since the characteristic that defines a person with BIF is that their intelligence quotient is between 70 and 85. Given that no additional conditions are specified nor any particular intelligence test mentioned, the diagnosis of BI can be unstable and imprecise. The same person could be diagnosed with BI or not, depending on the test used, and it could even vary if their performance on the test changes for temporary reasons. Therefore, if we wish to give a conceptual meaning to borderline intelligence, we could say that it is characterized by a tendency to experience difficulties in learning and social interaction, due to an underlying cause reflected in a slightly lower intellectual capacity than the population average. [Huete and Pallero \(2016\)](#) further highlight the challenge of limited administrative and public resources hindering early and accurate diagnosis. This lack of precision creates additional difficulties for families and professionals. Consequently, many individuals fail to receive

legal recognition as people with disabilities due to the undiagnosed condition (Luckasson et al. 2002). This ultimately brings difficulties when planning necessary support, and there is a risk that their special needs may be overlooked. There are different assessment or diagnostic tools for people with disabilities, such as the Wechsler Adult Intelligence Scale (Wechsler 2008), Stanford–Binet Intelligence Scales (Roid and Pomplun 2012), and Woodcock–Johnson Tests of Cognitive Abilities (Grizzle and Davis 2011), but in the case of borderline intelligence, there is no specific tool.

Inaccurate diagnoses, lack of early intervention, persisting challenges without adequate support throughout life, difficulties in accessing rights and resources due to failing to meet the established minimum disability threshold, and insufficient job opportunities are some of the factors preventing individuals with borderline intellectual functioning from achieving greater autonomy, independence, and social integration (Artigas-Pallarés 2003). Additionally, there are cases where social impact and learned roles are present, showing gender differences. To become autonomous adults, individuals with low intellectual functioning require a very specific type of support. These supports are primarily distinguished by their timely, strategic, and always revisable nature.

2.2. Characteristics and Distinctive Features

In an approach and delineation of the concept of borderline intelligence, it is mandatory to consider its most characteristic and distinctive features. Jurado (1993) highlights the difficulty in identifying individuals with BIF due to the lack of definitive biological markers. This necessitates a multidimensional approach to diagnosis, encompassing the core challenges faced by this population: learning difficulties, adaptability, social skills, behavior regulation, and intellectual functioning. There are some indicative signs about individuals with BIF by age (Fennell and Ek 2010):

- From 0 to 3 years old, the clearest symptoms are delays in psychomotor development and language. While the latter starts late, in the former, difficulties are complicated in walking, posture, and coordination.
- In the next stage (3–6), symbolic play is related to a lack of imagination, creativity, and imitation of others, language with a low level of expression and comprehension, as well as reading and writing (and handling for this), and limited psychomotricity is also perceived, in both senses of the word (psycho in terms of concentration, memory, etc., and motor for balance, etc.).
- In the group of 6 to 12 years old, complications can be seen both socially and academically, above all. Their behavior, mentality, attitude, and school abilities do not coincide with those of others.
- And finally, in the adolescent stage (12–18), cognitive obstacles will be seen in the form of lack of organization and/or greater academic problems as well as in thinking. And on the other hand, psychosocial obstacles such as insufficient order, whether for tasks, leisure, etc., relational and personal obstacles (solving conflicts, participating, . . .), and greater emotional vulnerability and mental health.

Individuals with BIF, from children to adults, face difficulties in various areas of their personal, family, social, educational, and other developmental aspects. Similarly, these difficulties affect their ability to adequately navigate their respective natural environments (Carulla et al. 2011). These individuals face daily the ignorance and incomprehension of a society that does not recognize their limitations or treat them as equals. In most cases, they do not complete compulsory education, experience serious difficulties accessing the job market, and have limited participation in society in general. Consequently, this is not solely a health or mental health problem, as the prevention and care of individuals with BI involve educational, social, occupational, etc., aspects and all those that enable them to become active and full-fledged citizens (Medina Gómez et al. 2015).

2.3. Family Support

The role of the family in decision-making, as highlighted by [Huete and Pallero \(2016\)](#), is fundamental, and their influence on the process of social inclusion is undeniable. The family serves as a primary reference group, significantly impacting the formation of identity and the decision-making processes of its members. The family's mindset plays a crucial role in this context. When the family fosters personal autonomy and supports the ability to make independent decisions, it positively contributes to individual development and social integration. Conversely, a more restrictive or protective mindset can limit individuals' autonomy and decision-making capacities. A prevalent myth regarding individuals with borderline intelligence (BI) is that they remain dependent on their parents and are unable to emancipate themselves ([Durán et al. 2015](#)). However, it is noteworthy that there is a growing trend towards less protective attitudes among families today. This shift indicates an evolution in the perception and support of individual autonomy. Such transformation may be attributed to cultural, social, and educational changes that emphasize the importance of individuals' capacity to make their own decisions and chart their own paths in society ([Sättilä et al. 2022](#)). This evolution in family dynamics reflects a society that increasingly values individual autonomy and recognizes the importance of enabling people to make decisions that shape their own lives.

[Molinero Rubio \(2010\)](#) proposes strategies for families to optimize skill development in individuals with BI. Firstly, it is crucial to overcome the stigma associated with the "borderline intelligence" label. Families must recognize individual learning styles and avoid imposing limitations. Secondly, acquiring knowledge about BI empowers families to understand the specific needs of the child, thereby providing more effective support.

Fostering the child's autonomy is also essential. Teaching daily skills such as dressing, eating independently, and using the bathroom not only promotes independence but also enhances self-esteem ([Abellán 2012](#)). Assigning tasks that are appropriate for the child's age and skill level, and breaking them down into manageable steps, is another effective strategy. This approach allows for the recognition and praise of their efforts, contributing positively to their development and fostering a sense of accomplishment. It is crucial to offer help when needed but to limit it to the essentials so that the child completes tasks independently, thereby fostering authenticity and a sense of usefulness.

2.4. Education and Academic Development

In most cases, the difficulties of these children have gone undetected in school because they go unnoticed, according to [Artigas-Pallarés et al. \(2007\)](#). The only thing that is known is that they do not function at the same pace as the others, and the most widespread mistake is to think that they are lazy, that they are unmotivated, or that it is the parents' fault because they do not care enough. The school should provide them with individualized treatment in these cases. Schools must have special educators who detect their needs and difficulties accurately, without confusing them with the needs of a poor student, in order to avoid discrimination and promote social inclusion ([Jankowska et al. 2012](#)). In the educational realm, individuals with BIF often experience a different learning pace compared to their peers, leading to significant frustrations. As they progress from one educational level to another, they begin to encounter difficulties in their learning process, especially during the secondary school stage. It is at these moments when intervention and support from teachers become essential to guide them and adapt the curriculum content according to their educational needs ([Huete and Pallero 2016](#)).

Similarly, it is essential to emphasize that many students facing "academic failure" are students with borderline intellectual functioning who have not yet been diagnosed. In some cases, they may complete the primary education stage without a diagnosis. However, upon reaching adolescence, differences in the acquisition of academic competencies compared to their peers become more evident, which can lead to behavioral adjustments and, in some cases, social exclusion due to difficulties in leisure activities, emotional relationships, work, and independent living. Thus, the lack of diagnosis deprives individuals of rights and

supports that could improve their present and future. Schools face the challenge of the early identification of BIF symptoms, since visible characteristics that allow early detection have not yet been conceived and studied. This perpetuates difficult access to services and the absence of interventions that prevent deterioration in the developmental trajectory of these children (Medina Gómez et al. 2015). After all, although individuals with BI may achieve minimal independence in appropriate environments relative to their developmental and cognitive levels, this requires access to supports and resources tailored to their needs and capabilities. In this sense, early detection plays a fundamental role in improving their academic and social performance by allowing for the modification of cognitive patterns. However, unfortunately, as previously mentioned, most schools lack the necessary resources to address this diversity, especially in the absence of a disability diagnosis. This results in many students with borderline intellectual functioning falling behind and being stigmatized, often leading to the discontinuation of their compulsory education and, in some cases, referral to centers for individuals with developmental disabilities. Wagner et al. (2005) point out that educational systems often fail to accommodate the unique needs of these individuals, leading to academic underachievement and increased dropout rates. This academic failure can have a profound impact on self-esteem and future employment prospects, further entrenching feelings of inadequacy and hopelessness.

Ultimately, those who receive adequate attention and necessary support can progress toward successful social inclusion, while others are at risk of social exclusion due to the lack of early detection and educational resources tailored to their corresponding capabilities and needs (Luque-Parra et al. 2016).

2.5. Mental, Emotional Health

People with BIF exhibit distinctive characteristics, although they may not manifest physically in an evident manner. From a physical standpoint, they do not display distinctive features that clearly differentiate them from an appearance considered average. This apparent normality from a physical perspective can be beneficial in avoiding drawing attention, but it can also pose a challenge in feeling misunderstood, especially by their relatives and, at times, by professionals (Artigas-Pallarés 2003). This lack of physical differentiation can make cognitive differences less visible and, therefore, hinder understanding and empathy from others in their social environment. As a result, the underachievement in school often experienced by these individuals often goes unnoticed. Regarding cognitive development, there is a perceived discrepancy between chronological age and mental age in individuals with borderline intellectual functioning, particularly evident during adolescence. This leads to notable disparities in interests and abilities compared to other individuals of the same age. They may display interests and abilities more in line with earlier developmental stages, which affects their adaptation to social, educational, and work contexts. Individuals with BIF are at a higher risk of experiencing mental health issues compared to the general population. Emerson et al. (2010) found that the prevalence of psychiatric disorders among individuals with BIF is significantly higher than among those with average intellectual abilities. Common conditions include anxiety, depression, and behavioral disorders, which can be linked to the ongoing struggles these individuals face in daily functioning and social interactions.

The overlap between cognitive limitations and mental health issues can create a compounded effect, where difficulties in understanding and processing emotions further exacerbate mental health conditions (Reiss 1994). This intersectionality necessitates a multifaceted approach to diagnosis and treatment, one that considers both cognitive and emotional dimensions.

Emotional health is a critical component of overall well-being, and individuals with BIF often struggle with self-esteem, emotional regulation, and social relationships. Schallock et al. (2002) emphasize that emotional health issues in this population are frequently rooted in social exclusion and stigmatization. These individuals often perceive themselves as different from their peers, which can lead to feelings of inferiority and social anxiety.

A longitudinal study by [Dekker and Koot \(2003\)](#) underscores the impact of social support on emotional well-being. They found that individuals with BIF who had strong, supportive relationships experienced fewer emotional problems. Conversely, those who faced social rejection or isolation were more likely to develop emotional disturbances. This highlights the importance of fostering inclusive environments that support social integration and emotional support. Effective support systems are crucial for improving the mental and emotional health of individuals with BIF. These systems include family support, community services, and professional mental health care. According to [Verdonschot et al. \(2009\)](#), integrated support that addresses both cognitive and emotional needs is essential for this population. They advocate for community-based programs that promote social inclusion and provide mental health resources. Therefore, healthcare tailored to the specific needs of individuals with borderline intellectual functioning is crucial. However, the healthcare system is often not adequately equipped to address these needs, where a lack of personalized attention can result in insufficient or inadequate care.

Moreover, mental health professionals need to be trained to recognize and address the unique challenges faced by individuals with BIF. This includes developing therapeutic approaches that are adapted to their cognitive levels and promoting resilience through skill-building and supportive interventions ([Lunsky et al. 2006](#)).

Furthermore, [Bonilla-Valencia et al. \(2021\)](#) said that care coordination also emerges as a challenge, especially when dealing with complex medical conditions that require the involvement of multiple healthcare providers. The lack of effective coordination can lead to gaps in care and negatively affect the overall health of these individuals. Therefore, to address these realities, it is essential to work on the awareness and training of healthcare professionals. Additionally, inclusive and adapted environments tailored to the needs of individuals with borderline intellectual functioning should be created in the healthcare system. This involves adopting person-centered intervention approaches, ensuring clear communication, and providing necessary support to ensure they receive comprehensive and adequate medical care.

2.6. Social and Relational Skills

Individuals with BIF are exposed to discrimination and social stigma, which often begins in the school years. The increase in attitudes of mockery, extortion, and aggressiveness by their peers in the school environment is concerning. Their vulnerability makes them targets of abuse ([Castro Duran et al. 2016](#)). This not only causes them suffering but also negatively affects their self-image. Furthermore, this situation can lead to a lack of sense of belonging or identification with a positive reference group, making them more vulnerable to engaging in disruptive and complex behaviors ([Mendes 2018](#)).

As indicated by [Huete and Pallero \(2016\)](#) in their study on the situation of borderline individuals in Spain, there are cases in which individuals find themselves alone and devoid of support for an extended period due to the lack of understanding in the school and social environment regarding disability. This lack of understanding denies them access to support resources that could have prevented them from becoming involved in abusive situations and social risk behaviors.

Considering the potential impact on social isolation, it is worth exploring strategies to improve the social environment's ability to foster interaction and engagement between individuals with BIF and their peers. In this regard, the leisure and free-time options offered by representative entities play a fundamental role in providing them with learning opportunities in a crucial dimension for these individuals: decision-making. Providing these opportunities is crucial for supporting the development of their self-determination skills ([Carulla et al. 2011](#)).

In summary, these people face difficulties in their social environment, but leisure opportunities and family support can play a fundamental role in their inclusion and social development. The family environment and dynamics, along with the lack of recognition and adequate detection of the disability, due to the insufficient relevant support, could

partly explain the risks of social exclusion faced by individuals with borderline intellectual functioning. This often leads to isolation and may exacerbate their vulnerability, exposing them to criminal or abusive situations (Guarnera et al. 2023). From here, it is crucial to raise awareness in society about the importance of reducing the discrimination and stigma faced by these individuals to ensure greater social inclusion and support in their daily lives.

When it comes to their capacity for social interaction and adaptation, individuals with borderline intellectual functioning face various challenges. They experience difficulties in establishing and maintaining emotional relationships. Interaction with others, forming friendships, seeking a partner, and building a family often pose significant challenges that require specific work in the development of social skills. Additionally, they encounter obstacles in assuming certain responsibilities that are considered typical of adults. For example, they find it difficult to navigate parental roles. There is a lack of initiative and ability to improvise outside of their usual routines. This suggests a preference for predictability and difficulty in adapting to novel situations. (Kok et al. 2016).

2.7. Employment and Job Opportunities

It is essential to implement support and training strategies for an inclusive work environment, thereby considering the potential and integration of these individuals into the professional sphere (Olmos Rueda 2009). Vocational training in schools has two important goals: economic and educational. The economic goal involves improving productivity and generating profits. The educational goal aims to instill positive attitudes toward work and teach the application of knowledge in real-life situations. Additionally, vocational training also aims to help overcome difficulties. Vocational education not only develops practical skills but also essential intellectual skills such as thinking and reasoning. Teachers play a key role in guiding students into working life, and practical work experience is essential for learning important job skills and socially adapting in preparation for working life.

Vocational education not only teaches practical skills but also involves mental skills such as thinking, reasoning, and logic. To teach students in these centers, teachers must understand the goals of vocational training at each stage and guide learning toward real-life situations. It is important for teachers to plan carefully and know their students well. Work preparation and practice are key moments for learning important job and social skills, as students interact with others in a work environment. These moments are crucial before students complete their preparation and integrate into working life. Teaching activities should be well planned and organized. Teachers need to understand the situation and comprehend students, their families, and communities. If everything is performed with this understanding and care, then the objective of preparing students to integrate well into work and society will be achieved (Rovirosa Portvent et al. 2020).

In the context of employment, individuals with BIF often face significant challenges due to their cognitive limitations and the high demands of the job market. Holwerda et al. (2015) found that unemployment rates are disproportionately high among this population, contributing to financial instability and social exclusion. Employment programs tailored to their abilities can significantly improve their mental and emotional health by providing a sense of purpose and achievement. Work-related stress significantly affects individuals with borderline intellectual functioning. It is a reaction that occurs in the mind and body when facing challenges at work or in daily life. These challenges are called stressors and can generate a positive (eustress) or negative (distress) response. In the case of distress, it can negatively impact health and the ability to manage these challenges for these individuals. This stress originates from the work environment, where different situations can elicit physical and emotional responses. The ability to adapt and perceive these situations influences the physical, behavioral, cognitive, and emotional response to work-related stress. If work conditions do not align with the individual's capacities and needs, it can cause symptoms of illness and burnout. In the modern world, work-related stress is common and can trigger various health problems depending on the individual's perception of work conditions (Buitrago Orjuela et al. 2021).

3. Materials and Methods

3.1. Epistemological Approach

This research is based on the hermeneutic paradigm, which provides a solid theoretical foundation for the deep understanding of social, cultural, and educational phenomena. Its interpretive and contextual approach allows for a rich and meaningful approach to research in various disciplines, promoting intercultural understanding, reflexive analysis, and the generation of enriching knowledge.

Ethnomethodological design is based on the fundamental principle of understanding social practices from the perspective of the actors involved (Garfinkel 1967). In this sense, ethnomethodologists focus on detailed analysis of social interaction in everyday contexts, seeking to uncover the meanings and underlying rules that guide people's behavior. This microsociological approach allows for an enriched understanding of how routines are performed and interpreted in daily life, as well as the diversity of practices and meanings that may arise in different cultural and social contexts.

Prominent authors in this field, such as Harold Garfinkel (Button et al. 2022), have advocated for the use of ethnomethodology to unravel how individuals construct meaning in their daily interactions. This perspective is based on the idea that people are active agents who employ practical methods and local resources to make sense of their social environment (Hammersley 2020).

As demonstrated by Harper (2008), ethnomethodology allows researchers to delve into individuals' culturally learned attitudes, resulting in a deeper understanding of how people interpret and act within their social contexts. Furthermore, authors like Thalib (2022), have demonstrated how this approach can be applied across various fields, such as faith-based accounting, underscoring the versatility and relevance of ethnomethodology in contemporary research.

In addition to its emphasis on contextualized understanding of social practices, ethnomethodological design is also characterized by its cultural and contextual sensitivity. Ethnomethodologists recognize that social practices are rooted in specific cultural contexts and, therefore, adopt a reflexive and critical approach to cultural diversity in their analysis. This cultural sensitivity enables researchers to capture the complexities and variations in human routines, thereby avoiding simplistic generalizations or ethnocentric biases. Ethnomethodological design, supported by authors like (Button et al. 2022), emerges as a valuable tool for studying routines, as it allows researchers to immerse themselves in the everyday processes of meaning construction. By adopting this perspective, a deeper and more contextualized understanding of human interactions can be attained, significantly contributing to the advancement of knowledge across various disciplines.

From an anthropological perspective, ethnomethodological design offers a valuable tool for researching routines, as it closely aligns with anthropological principles of holistic and contextualized understanding of social phenomena. By adopting an ethnomethodological approach, anthropologists can explore everyday practices from an actor-centered perspective, recognizing the importance of cultural meanings and social structures in shaping human routines. The significance of ethnomethodology lies in its ability to unveil the underlying processes of social reality construction, as discussed by authors such as Kosinska (2019). By adopting an ethnomethodological approach, researchers can grasp the dynamic and fluid nature of human interactions, resulting in a richer and more detailed understanding of routines and social practices.

3.2. Empirical Framework

Within the context of the "Qualitative Research Tools in Social Work" course (University of DEUSTO, Spain, academic year 2023–2024), a service-learning pedagogy was implemented. Thirteen students participated: third-year Social Work students and fourth-year students enrolled in the double degree program (Social Work Education and Social Work and Social Education). The experience involved collaboration with RTZDR Community-based organization supporting young people with BIF and their families.

Research Methodology: The ethnomethodological design was appropriate for the study of the routines and daily dynamics of these young people, which allowed the students to understand the experiences and meanings of the participants from their own perspective.

Context: The research was conducted within the RTZDR association, specifically focusing on their leisure and free-time programs for individuals with borderline intellectual functioning and their families. The RTZDR association is a third-sector association that offers various services aimed at raising awareness of and assisting this group, which include social support. They provide monitoring of individuals but also inform and guide regarding borderline intellectual functioning and the available supports, so that they are aware of the resources available to them. Not only that, but they also conduct diagnoses of borderline intellectual functioning and assist families throughout the process, since even though it is the individual who has borderline intellectual functioning, the family often needs support and guidance to provide the best environment and improve the person's quality of life. On the other hand, they provide a space for leisure and free time to work on social relationships, learning and improving skills, and preventing social isolation. This association understands leisure and free time as a right, which is the main reason for offering this service.

General Objective: Identify the psychosocial needs of individuals with borderline intellectual functioning and their families within the RTZDR association.

Specific Objectives:

1. Identify the main difficulties and challenges faced by individuals with borderline intellectual functioning in their daily lives.
2. Explore the experiences and perceptions of family members regarding the support and resources available.
3. Analyze social interactions and the environment within the leisure and free-time programs of the RTZDR association.
4. Propose recommendations to improve the programs and services offered by the association based on the identified needs.

Sample: The study was conducted with a sample of 30 young participants and their family members (mothers, fathers, siblings, aunts, uncles, grandparents, and other family members who accompanied them in the leisure activities of the RTZDR association):

1. **Participant Observation:** Students were embedded in the association's leisure activities to closely observe participants' daily interactions and dynamics. The technique of participant observation is characterized by carrying out the study of the subject or object being studied by participating with it. In this way, the aim is to understand processes, identify relevant facts, and gather expressions and emotions from the analyzed human environment, since if one were not actively participating with what is being studied, it would be observed in its natural state without the researcher being able to alter its nature simply by studying it (Coulon 1988). The students kept field diaries to record their observations, reflections, and findings throughout the research. The information derived from the conversations was collected by the students in a field diary but was not recorded, in order to elicit spontaneous responses in their natural context. The content of the diaries was analyzed using the Atlas.ti23 qualitative content analysis program.
2. **In-Depth Interviews:** A total of 30 interviews were conducted by the students with individuals with borderline intellectual functioning and/or their family members. The assistance of an association staff and the professor in charge ensured the families felt comfortable. A 32-item questionnaire, constructed in alignment with the Verdugo et al. Quality of Life Scale (Verdugo et al. 2009), was employed to conduct an ad hoc assessment of the following dimensions:
3. **Principio del formulario**
 - Education and Academic Development:
 - Mental, emotional health.

- Social and relational skills.
- Employment and job opportunities.
- Autonomy and independent living.
- Social participation and recreation.
- Family support and support networks.

Following data collection, all interviews were systematically recorded, codified, transcribed, and subjected to rigorous qualitative analysis using Atlas.ti 23 software:

1. Open Coding: Observation and field notes were transcribed, and open coding was performed to identify categories and emerging themes.
2. Dimensions Analysis: was used to organize and synthesize the information of the interviews into key themes related to psychosocial needs.
3. Triangulation: Data from different sources in the context of observations, interviews, and field diaries were compared to ensure the validity and reliability of the findings.

4. Results

Once the triangulation was completed, the results of this study offered a comprehensive overview of the reality faced by people with borderline intelligence. They shed light on the needs of these individuals in various spheres, including cohabitation, social and community life, personal development, healthcare, employment, finances, social and personal dynamics, and social services.

Throughout the research process, significant progress has been made in understanding the needs of people with BIF in these areas. This knowledge has important implications for both theory and practice. The key takeaways from this research will be explored in the following concluding section.

4.1. Family Support and Social-Relational Skills

Individuals with BIF confront considerable challenges within the familial and social relational sphere. These challenges emanate from the inherent cognitive and adaptive complexities associated with their condition, which can impede effective communication and understanding within familial dynamics and social interactions. Familial relationships may be strained by misunderstandings stemming from the individual's cognitive limitations, leading to difficulties in expressing needs and emotions and engaging in reciprocal communication. About familial misunderstandings and communication challenges, one participant's mother expressed,

"It's very hard for us because sometimes he can't explain what he needs or how he's feeling. We try our best to understand, but it often ends up in frustration for everyone involved."
(GR6MI4RSJ)

Furthermore, social relationships outside the familial sphere may also be impacted, as individuals with BIF may struggle with social cues, navigating complex social dynamics, and establishing meaningful connections. Consequently, these individuals may experience social isolation, rejection, and a lack of belonging, exacerbating feelings of loneliness and low self-esteem.

Another individual mentioned, *"I feel like people don't really want to get to know me because I'm different. They think I'm weird because I don't always get social cues. It makes me feel very lonely."* (GR1TMPUA)

Addressing these challenges necessitates fostering understanding, empathy, and support within familial and social networks, as well as promoting inclusive environments that accommodate diverse abilities and foster genuine connections. By cultivating supportive familial and social ecosystems, individuals with BIF can experience enhanced well-being and social integration, facilitating their overall development and quality of life. One parent highlighted the importance of empathy:

“We’ve learned that showing patience and trying to see things from his perspective makes a big difference. It’s about being empathetic and supportive, even when it’s challenging.”

(GR5SVSUPA)

The participants in the study live in their nuclear family units, which consist of parents and siblings. They have not yet become emancipated from their families. No specific patterns or characteristics of cohabitation have been observed. Different cohabitation styles and environments are formed depending on the individual’s personality and their respective family.

4.2. The Rejection of People with Borderline Intelligence

The rejection of people with BIF reveals a complex web of ingrained prejudices, lack of understanding, and stigmatization that intertwine to form an invisible but powerful barrier in society. While the reasons may vary depending on the context and individual perceptions, some common patterns explain this unfortunate phenomenon. First and foremost, one of the main drivers of rejection is the lack of knowledge about what it entails to have borderline intelligence. Society often lacks accurate information about this condition, which leads to misunderstandings and harmful stereotypes. Ignorance about the abilities and potential of these individuals contributes to the misperception that they are incapable or less valuable than their peers. The family members made assessments like the following attending to the difficulties in managing emotions in both family and peer relationships:

“It is quite difficult to understand these people. Not understanding them and being with them has many very bad risks, especially. You have to have a lot of patience with them, a lot of empathy, and put yourself in their place.” (GR5EN1FJPA)

4.3. Autonomy and Independent Living

Individuals with BIF face a series of significant challenges regarding autonomy and independent living. These challenges are intrinsically linked to the cognitive and functional limitations that characterize this condition, which can hinder the performance of daily tasks and decision-making autonomously. Managing basic activities of daily living, such as personal care, household management, and finances, can be particularly challenging for these individuals, who may require additional support and ongoing supervision to effectively carry out these tasks. This dependence on family support can be noticed in the explanation of one mother:

“We have to assist him with almost everything. From planning his day to making sure he attends his appointments, he relies heavily on us. It’s a full-time job.” (GR2EYCDMA)

Furthermore, the ability to navigate independently in social and work environments may be compromised, limiting opportunities for full participation in society and achieving a fully autonomous life. The lack of resources and adequate services to meet the specific needs of these individuals can also pose a significant obstacle to their autonomy and overall well-being. Consequently, the development of effective strategies and programs to address these challenges is crucial to promote the inclusion and empowerment of individuals with BIF in their pursuit of an independent and meaningful life. One parent voiced their concerns:

“There are very few programs that cater specifically to people with BIF. Most services are either for those with more severe disabilities or for the general population, which leaves a big gap in support.” (GR2CGIAMA)

Individuals exhibit a strong reliance on familial and social support networks. They frequently require assistance from family members and other social supports to complete daily activities

"It's just that every time I don't do what they tell me at home, I get into some trouble [. . .] I stayed home alone for a few days last summer, and even though I was signed up for activities in the morning, I couldn't get out of bed. Even though my alarm went off, I turned it off and went back to sleep!". (GR3EM2FJPA)

In the context of social services in the Basque Country, Spain, borderline intellectual functioning is not formally recognized as a disability, as individuals with this condition do not meet the minimum thresholds in the objective tests used to determine disability. This lack of official recognition translates into an absence of specific aids and benefits in the public social services catalog for this population group. Borderline intellectual functioning, characterized by an IQ ranging from 70 to 85, places individuals in a gray area where they are not considered to have an intellectual disability according to standardized criteria. This situation prevents them from accessing the resources and support designed for individuals with recognized disabilities. Consequently, a gap is created in meeting the essential needs of this group, negatively affecting their social integration, quality of life, and ability to achieve an optimal level of autonomy. One participant's mother, expressed her frustration:

"It feels like we're invisible. My son doesn't qualify for the support he needs because he's not 'disabled enough.' Yet, he struggles every day with things that others take for granted, like understanding simple instructions or managing his time." (GR5NGVMA)

Another parent noted the following:

"We have to fight so hard just to get the minimal help. When the social worker told us that my daughter's IQ was too high to get any support, I couldn't believe it. She's clearly struggling, and we feel so alone in this." (GR4JJGPA)

The lack of specific resources and institutional support has, on some occasions, led to the modification of social reports accompanying medical reports that determine the level of intelligence in order to justify a disability. This phenomenon occurs with the objective of allowing individuals with borderline intellectual functioning to access resources intended for those with recognized disabilities. This practice, although understandable from the perspective of need and the search for support, poses serious ethical and legal problems.

A social worker, (SW4), admitted that she *"Observations have been made of families who felt compelled to overstate the severity of their child's challenges in reports in order to secure access to essential services. This is a distressing situation as these families are not acting with malicious intent, but rather from a place of desperation for support."* (GR2DC25.11.SW4)

Social worker SW1 highlighted an ethical dilemma they face. They explained the tension between adhering to regulations and ensuring these families receive the critical support they require. In some instances, SW1 feels compelled to make slight accommodations to the truth to guarantee these families access to the essential services they genuinely need.

(GR4DC03.11.SW1)

On one hand, it distorts the true situation of the affected individuals and, on the other, it challenges the integrity of the evaluation and resource allocation system. Additionally, it highlights the urgent need for a review and adaptation of social service policies and criteria to recognize and address the specific needs of individuals with borderline intellectual functioning. Implementing specific programs and aids for this group would not only promote greater equity and social justice but also contribute to more effective and meaningful inclusion of these individuals in society.

4.4. Mental and Emotional Health

From childhood, individuals with BIF face situations and behaviors in family, school, and community settings that reject and marginalize them for being different. One of the most significant and painful experiences these individuals share is bullying or harassment at school. As observed and analyzed in the interviews, bullying is a common reality in their lives. It leaves an indelible mark, affecting not only their emotional well-being but also leaving lasting psychological scars.

Bullying has devastating consequences that go beyond the physical and temporal boundaries of school, extending into the personal and social spheres of these individuals. It is not a simple exchange of hurtful words or intimidating actions, but rather a direct attack on the self-esteem and identity of the person affected.

“Well, he’s used to being alone. . . because he’s had few friends (. . .) at school he preferred to stay in class drawing and not go to the playground because to be alone, he preferred to stay rather than go out, because neither the boys would let him play soccer with them nor did the girls pay much attention to him either. (. . .)” (GR2RDFIMA)

The analysis revealed that these individuals experience a significant decrease in self-confidence and self-worth, constantly feeling questioned as individuals. This negative impact on their self-image influences their decision-making and how they relate to others, where distrust and fear of judgment become key elements in their social interactions.

“They didn’t want to play with me because I’m bad at sports.” (GR1LFRUUA)

Daily social rejection towards these individuals manifests itself in subtle but omnipresent ways. Everyday interactions can become a minefield of misunderstandings and hasty judgments. Lack of patience and empathy from those around them often leaves them feeling misunderstood and alone in their struggles. A sibling described the emotional toll on their brother:

“He gets really down on himself when he can’t keep up with conversations or when people don’t include him. It’s heartbreaking to see him struggle with self-esteem issues because of his difficulties.” (GR4AVSOHE)

Friendships can be elusive, and loneliness becomes a constant companion, deepening the wounds of rejection. Social rejection inflicts a heavy burden on the lives of these individuals, creating a network of consequences that deeply affect their emotional well-being and their ability to establish meaningful relationships. Facing constant misunderstandings and stigmatization, they often develop actions and emotions that reflect the harsh reality of living on the margins of social acceptance.

4.5. Emotional Isolation

The lack of understanding and empathy from society creates an invisible wall that separates people with BIF from genuine emotional connections. This emotional isolation can manifest itself in the inability to share intimate experiences and the constant feeling of being excluded from the emotional understanding of others.

Repeated rejection fosters distrust in these individuals. Negative experiences in social interactions can lead to the belief that others will not be understanding or accepting of their quirks. This distrust can become an insurmountable barrier to establishing new connections, as fear of rejection prevails in their interactions.

“I usually invite all my classmates to my birthday party, but I am usually not invited to theirs” (GR6MSOUA)

Social isolation becomes a strategy and mechanism for self-protection. The need to avoid the emotional pain associated with rejection leads some people with BIF to withdraw and limit their social interactions. This self-proclaimed defense can result in the renunciation of opportunities for friendship and belonging, but it is perceived as a necessary measure to preserve emotional integrity. A participant shared their struggle with making friends:

“I want to be friends with people at school, but it’s hard for me to understand what they’re joking about or when they’re being serious. I often feel left out and don’t know how to join in.” (GR1IVGPO)

Fear of rejection can lead to a lack of social initiative, where people with may refrain from actively seeking friendships or participating in social events, fearing uncomfortable situations or feeling excluded again. Ultimately, it is understood that the underlying reason

for isolation and difficulty establishing friendships lies in the lack of understanding and acceptance from society. The stigma associated with BIF creates barriers that are difficult to overcome, and the resulting emotional exhaustion can lead these individuals to close themselves off even more, perpetuating the cycle of loneliness and rejection.

4.6. Academic Performance

Many challenges arise from the cognitive and adaptive complexities inherent in their condition, which may impede their ability to effectively comprehend and retain academic material, as well as hinder their capacity to engage in learning tasks at the same pace as their peers. Furthermore, the standardized nature of academic curricula often fails to accommodate the diverse learning needs of individuals with borderline intelligence, leading to feelings of frustration, inadequacy, and disengagement from the educational process. Additionally, negative perceptions and misconceptions surrounding intelligence can result in stigmatization and marginalization within the academic environment, further exacerbating the barriers to educational attainment. Consequently, individuals with BIF may experience academic underachievement, decreased self-esteem, and a sense of exclusion from the educational community. A mother says the following about her daughter:

“She can go to a class and not follow it, not remember what they are giving or get lost in what they are explaining. They may think she is not paying attention but it is simply that she is not following the class.” (GR1ERMA)

Additionally, society tends to value and judge people based on their academic performance. Those with BIF may face difficulties in this area, which often leads to them being perceived as less capable or even a burden on the educational system. This stigma can translate into negative attitudes and rejection from those who prioritize academic success as a fundamental measure of worth. Difficulties in following the standard pace set by the education system because the lack of support in schools and also of personalized extracurricular support.

“According to the school, I didn’t meet the standards for a curriculum adaptation no matter how much they requested a psychological report.” (GR3EUTA)

4.7. Employment and Job Opportunities

Individuals with BIF encounter notable challenges within the realm of employment and the labor market. These challenges stem from the cognitive and adaptive difficulties associated with their condition, which may impede their ability to perform certain tasks efficiently and adapt to dynamic workplace demands. Moreover, societal perceptions and misconceptions regarding intelligence may lead to stigmatization and discrimination in hiring practices, further limiting opportunities for employment. Additionally, maintaining employment can be challenging due to difficulties in understanding and adhering to workplace protocols and social dynamics. Consequently, individuals with BIF often face higher rates of unemployment, underemployment, and workplace marginalization, contributing to socioeconomic disparities and a diminished quality of life. They often face a number of challenges in their daily lives, such as a lack of educational and employment opportunities, discrimination, and stigma.

“No, it doesn’t cost me to find a job. I’ve worked as a product replenisher in a supermarket, as a saleswoman in a perfumery, and as a waitress in a cafe, but I pass a month of trial and they don’t renew my contract, so I have to keep looking for a living.” (GR4IOPA)

In the employment sphere, work experiences, although present in some cases, are often characterized by difficulties in finding employment and the need to adapt to more specific roles or sheltered environments. A participant reflected on their employment journey:

“I’ve been in and out of jobs. It’s hard to find something stable. When I do get a job, it’s usually something very basic and not well paid.” (GR2MOCUA)

Furthermore, fear of the unknown plays a significant role in the rejection of people with borderline intelligence. The lack of familiarity with their experiences and perspectives creates a vacuum that society often fills with assumptions and prejudices. This fear can lead to social exclusion, as people tend to shy away from what they do not fully understand. Social pressure and norms of conformity also contribute to rejection. Society, often guided by conventional standards of success and achievement, can marginalize those who do not fit these expectations. Another participant highlighted the following:

“There’s a lot of stigma. Even if you work hard, people don’t see past your diagnosis. It’s like they expect you to fail.” (GR1JSPUO)

People with borderline intelligence, by not meeting certain pre-established criteria, may find themselves excluded and facing social rejection.

5. Discussion and Conclusions

This qualitative research focused on the needs and challenges faced by individuals with borderline intellectual functioning (BIF). It highlighted a critical issue that permeates both the legislative and conceptual landscapes. Foremost, there exists a legislative gap that leaves these individuals in an ambiguous situation, caught between a normative vacuum and the conventional classification of disability. This legal void poses significant challenges, as people with BIF do not fully fit the traditional definition of disability.

The analysis also revealed that the daily routines of young people with BIF are influenced by their social environment. For example, those living with supportive and structured families tend to have more stable routines, whereas those in less supportive environments experience more variable routines (Sättilä et al. 2022).

During the research interviews, evidence emerged that some individuals with BIF seek recognition as people with disabilities to access necessary support and resources. However, this recognition is sometimes achieved through the amplification of reports and diagnoses. These reports may occasionally be amplified to secure favorable diagnoses, which grant the disability label and access to a wider range of resources (Artigas-Pallarés 2003).

This practice creates a significant discrepancy between the real needs of these individuals and how their demands are currently addressed. Beyond seeking recognition as people with disabilities, individuals with BIF express the desire to be specifically recognized for their condition and to receive support tailored to their specific needs. The research underscores the importance of distinguishing between these two terms and advocates for a more precise approach that respects the identity and specific needs of these individuals.

One of the main findings is the existence of a legislative gap that places individuals with BIF in an ambiguous situation. They do not fully fit into the conventional definition of disability, making it difficult for them to access adequate resources and support. This study underscores the urgent need to review and update legislation to recognize and support this group more accurately. Additionally, it emphasizes the need to promote a more inclusive approach that focuses on the identity of these individuals, ensuring that resources and support are available without resorting to practices that distort their reality. This call to action aims to ensure that people with BIF are appropriately recognized and supported without compromising their integrity and authenticity (Abellán 2012).

The key lies in the individualization of support. The diversity in daily dynamics and the specific needs of each individual with BIF call for adaptive and personalized strategies. The heterogeneity in emotional, cognitive, and social challenges emphasizes the urgent need to offer comprehensive support tailored to the strengths and weaknesses of each individual. This need is intertwined with the inherent complexity of social interactions and personal satisfaction. The diversity of perceptions about social acceptance and life satisfaction among people with BIF indicates the emotional and relational complexity they face (Castro Duran et al. 2016). The difficulty in establishing new relationships and the variability in the perception of life satisfaction highlight the urgency of understanding their emotional and social needs better, as well as the importance of promoting inclusive environments that foster acceptance and integration.

Limited knowledge and understanding of BIF create a challenging situation for these individuals. They often start their educational journey at a disadvantage that far outweighs their academic difficulties. The lack of an appropriate curriculum and special support puts children at a disadvantage from their early school days. Consequently, only a limited number of individuals with superior intelligence can complete their education. This fact not only affects their present but also significantly shapes their future. Without completing their studies, their opportunities and ability to enter the workforce are limited, as many job markets require a certain level of education. This scenario reflects systemic injustice, where individuals with BIF face challenges both in school and the workplace, highlighting the need for greater awareness and support to overcome these barriers and promote equitable inclusion in all aspects of life.

Given the challenges faced by individuals with BIF in educational and work environments, it is necessary to implement specific comprehensive measures and policies to address their difficulties and promote equality. Promoting public recognition and awareness of borderline intelligence, combating stigma, and fostering a more inclusive society are paramount. Education systems must adjust curricula and pedagogical strategies to meet the individual needs of these individuals, providing personalized educational support such as tutors and additional resources to overcome learning barriers. Additionally, preventing and addressing bullying is essential to ensure a safe and respectful learning environment.

In the employment sector, specialized career counseling and guidance services need to be created to help discover job opportunities that align with the skills and interests of individuals with borderline intelligence. It is crucial to promote technical and practical training programs offering viable alternatives to traditional educational paths. Employers must be aware of the skills and capabilities of these individuals, promoting an inclusive work environment and providing reasonable accommodations and necessary support to maximize employee productivity and well-being. Inter-institutional collaboration between education, government, and the private sector is essential to develop comprehensive strategies.

Similarly, it is necessary to support the families of those identified with BIF by providing them with resources and guidance to help to protect the rights and needs of their loved ones. Inclusive legislation also plays an important role in promoting policies that ensure equal opportunities in all areas. It is essential for individuals with BIF to actively participate in decisions affecting their lives, ensuring they are included in policy and program formulation. These collective actions aim to eliminate systemic barriers, promoting a comprehensive approach that recognizes and values the abilities of individuals with BIF, with the goal of building a more egalitarian and just society for all.

The diagnostic path of BIF reveals the complexity and diversity of experiences in this process. The journey often begins with difficulties in school, which families discover when their loved ones do not progress at the same pace as their peers. Families frequently seek detailed assessments from psychological services, often using intelligence quotient tests. These tests are crucial for better understanding their specific needs and, in many cases, obtaining a disability determination to ensure access to appropriate support. Despite actively seeking answers, many families encounter significant obstacles. Some express frustration over the lack of adequate support from schools, where they are often expected to take an active role in meeting the needs of their family members. Barriers in the school environment include a lack of understanding and cooperation from some professionals, as evidenced by comments about some teachers' attitudes towards students with BIF.

Addressing the complex challenges of diagnosing and supporting individuals with BIF requires a comprehensive and collaborative strategy. Raising awareness and understanding of BIF through information campaigns and training for education and health workers is crucial. Early identification is key, enabling timely intervention through programs in educational environments that identify signs of difficulty. Inter-institutional collaboration between education, health, and social services is necessary for a coordinated and interdisciplinary approach. Adapting the curriculum and providing specific learning resources are important

steps. Simplifying the diagnostic process, reducing bureaucratic barriers, and improving specialist training will accelerate the delivery of accurate diagnoses.

The results emphasize the importance of an inclusive and personalized approach that respects the identity and specific needs of individuals with borderline intellectual functioning. By implementing these recommendations, progress can be made towards a more equitable and just society that recognizes and values the capabilities of all its members.

Author Contributions: Conceptualization, M.S. and E.G.; methodology, M.S.; software, M.S.; formal analysis, M.S.; investigation, M.S.; resources, M.S.; data curation, M.S.; writing—original draft preparation, M.S.; writing—review and editing, M.S. and E.G. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The research is part of a collaboration agreement between the University and the non-profit entity, does not require an ethics review committee. In accordance with the specific policies of the University of Deusto and the ethical and legal regulations in force in Spain, where the research is being carried out, it is established that informed consent is sufficient to carry out this research, which is considered low-risk. Therefore, and in view of the characteristics detailed below, no review by an ethics committee is required to ensure the adequate protection of participants.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The decision not to publish the original research material stems from a commitment to the privacy, confidentiality, and well-being of the participants, in accordance with the ethical principles outlined in the informed consent. To allow reviewers to assess the quality and rigor of the study, they may be granted access to the interview recordings, ensuring that no confidential or sensitive participant information is disclosed.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Abellán, Hernández Elisa. 2012. Cuando la mirada y la palabra del otro exigen respuesta: Reflexiones Éticas en el abordaje psicosocial de un caso con funcionamiento intelectual límite (FIL) y trastorno límite de personalidad (TLP). Available online: <https://dugi-doc.udg.edu/handle/10256/8246> (accessed on 1 June 2024).
- American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. DSM-5. Washington, DC: American Psychiatric Association.
- Artigas-Pallarés, Josep. 2003. Perfiles cognitivos de la inteligencia límite. *Fronteras del retraso mental. Revue Neurologique* 36: 161–67. [CrossRef]
- Artigas-Pallarés, Josep, Eugenia Rigau-Ratera, and Carlos García-Nonell. 2007. Relación entre capacidad de inteligencia límite y trastornos del neurodesarrollo. *Revista de Neurología* 44: 739–44. Available online: <https://shorturl.at/sIOPR> (accessed on 1 June 2024).
- Binet, Alfred, and César Coll. 1983. La inteligencia: Su medida y educación. *Journal for the Study of Education and Development* 6: 115–20. [CrossRef]
- Bonilla-Valencia, David Stevens, Juliana Neira-Rendón, and Esteban Ocampo-Orozco. 2021. Memoria de trabajo y comprensión verbal en niños con inteligencia límite. Bachelor's thesis, Ciencias Sociales. Available online: <https://shre.ink/DRrY> (accessed on 1 June 2024).
- Buitrago Orjuela, Luz, Mayra Angela, Andrea Barrera Verdugo, Lina Yessenia Plazas Serrano, and Catalina Chaparro Penagos. 2021. Estrés laboral: Una revisión de las principales causas, consecuencias y estrategias de prevención. *Revista Investigación en Salud Universidad de Boyacá* 8: 131–46. Available online: <https://revistasdigitales.uniboyaca.edu.co/index.php/rs/article/view/553> (accessed on 1 June 2024). [CrossRef]
- Button, Graham, Michael Lynch, and Wes Sharrock. 2022. *Ethnomethodology, Conversation Analysis and Constructive Analysis: On Formal Structures of Practical Action*, 1st ed. London: Routledge. [CrossRef]
- Carulla, Luis Salvador, Geoffrey M. Reed, Leila M. Vaez-Azizi, Sally Ann Cooper, Rafael Martinez Leal, Marco Bertelli, Colleen Adnams, Shoumitro Cooray, SatishChandra Deb, Leyla Akoury Dirani, and et al. 2011. Intellectual developmental disorders: Towards a new name, definition and framework for “mental retardation/intellectual disability” in ICD-11. *World Psychiatry* 10: 175. [CrossRef] [PubMed]
- Castro Duran, Lilian, Gamal Cerda Etchepare, Viviana Vallejos Garcías, Daniela Zúñiga Vásquez, and Rufino Cano González. 2016. Calidad de vida de personas con discapacidad intelectual en centros de formación laboral. *Avances en Psicología Latinoamericana* 34: 175–86. [CrossRef]
- Cattell, James Mckeen, and Livingnston Farrand. 1896. Physical and mental measurements of the students of Columbia University. *Psychological Review* 3: 618. [CrossRef]
- Coulon, Alain. 1988. *La Etnometodología*. Madrid: Cátedra.

- Dekker, Marielle C., and Hans M. Koot. 2003. DSM-IV disorders in children with borderline to moderate intellectual disability. I: Prevalence and impact. *Journal of the American Academy of Child & Adolescent Psychiatry* 42: 915–22. [CrossRef] [PubMed]
- Durán, Fernando, Carlos Gómez, María Frontera, Remedios Bielsa, Margarida García, and Carmen Rodríguez. 2015. *Inteligencia Límite: Perfil, Necesidades, Recursos y Propuestas de Mejora*. (No. ART-2015-109280). Available online: <https://zaguan.unizar.es/record/77074> (accessed on 1 June 2024).
- Emerson, Eric, Stewart Einfeld, and Roger J. Stancliffe. 2010. The mental health of young children with intellectual disabilities or borderline intellectual functioning. *Social Psychiatry and Psychiatric Epidemiology* 45: 579–87. [CrossRef]
- Fernell, Elisabeth, and Ulla Ek. 2010. Borderline intellectual functioning in children and adolescents—insufficiently recognized difficulties. *Acta Paediatrica* 99: 748–53. [CrossRef]
- Gardner, Howard. 1993. *Multiple Intelligences: The Theory in Practice*. Basic Books/Hachette Book Group. Available online: <https://hdl.handle.net/11858/00-001M-0000-002B-2CC1-B> (accessed on 1 June 2024).
- Garfinkel, Harold. 1967. *Studies in Ethnomethodology*. New York: The Free Press.
- Grizzle, Renee, and Andrew S. Davis. 2011. Woodcock–Johnson Cognitive–Achievement Battery. In *Encyclopedia of Clinical Neuropsychology*. Edited by Jeffrey S. Kreutzer, John DeLuca and Bruce Caplan. New York: Springer. [CrossRef]
- Guarnera, Jade, Eva Yuen, and Helen Macpherson. 2023. The Impact of Loneliness and Social Isolation on Cognitive Aging: A Narrative Review. *Journal of Alzheimer's Disease Reports* 1–16, Preprint. [CrossRef]
- Hammersley, Martyn. 2020. From methodology to methodography? *Methodological Innovations* 13: 205979912097699. [CrossRef]
- Hardy, Thomas. 1992. *Historia de la Psicología*. Madrid: Debate. Available online: https://www.academia.edu/39095891/Historia_de_la_psicolog%C3%ADa_7ta_edici_Thomas_Hardy_Leahey (accessed on 6 June 2024).
- Harper, Phil. 2008. Ethnomethodological ethnography and its application in nursing. *Journal of Research in Nursing* 13: 311–23. [CrossRef]
- Holwerda, Anja, Sandra Brouwer, Michiel R. de Boer, Johan W. Groothoff, and Jack J. van der Klink. 2015. Expectations from Different Perspectives on Future Work Outcome of Young Adults with Intellectual and Developmental Disabilities. *Journal of Occupational Rehabilitation* 25: 96–104. [CrossRef] [PubMed]
- Huete, Agustín, and Pilar Pallero. 2016. La situación de las personas con capacidad intelectual límite en España. *Revista Española De Discapacidad* 4: 7–26. Available online: <https://dialnet.unirioja.es/servlet/articulo?codigo=5580235> (accessed on 1 June 2024). [CrossRef]
- Jankowska, Anna María, C. Bogdanowicz, and Steven Shaw. 2012. Borderline intellectual functioning. *Acta Neuropsychologica* 10: 271–90. Available online: <https://bit.ly/3WT7Hwa> (accessed on 6 June 2024).
- Jurado, P. 1993. *Integración Socio-Laboral y Educación Especial*. Barcelona: Ed. PPU.
- Kok, Lidwien, Anne van der Waa, Helen Klip, and Wouter Staal. 2016. The effectiveness of psychosocial interventions for children with a psychiatric disorder and mild intellectual disability to borderline intellectual functioning: A systematic literature review and meta-analysis. *Clinical Child Psychology and Psychiatry* 21: 156–71. [CrossRef] [PubMed]
- Kosinska, Anastasia. 2019. Constitution of social reality: From “lebenswelt” of husserl to garfinkel’s “practical thinking”. *Skhid* 3: 5–9. [CrossRef]
- Luckasson, Ruth, Sharon Borthwick-Duffy, Will Buntinx, David L. Coulter, Ellis M. Craig, Alya Reeve, Schalock Robert, Martha E. Snell, Devorah M. Spitalnik, Scoot Spreat, and et al. 2002. *Mental Retardation: Definition, Classification, and Systems of Supports*, 10th ed. AAMR. Available online: <https://idus.us.es/handle/11441/84819> (accessed on 1 June 2024).
- Lunsky, Yona, Elspeth Bradley, Janet Durbin, Cristopher Koegl, Maaike Canrinus, and Paula Goering. 2006. The clinical profile and service needs of hospitalized adults with mental retardation and a psychiatric diagnosis. *Psychiatric Services* 57: 77–83. [CrossRef] [PubMed]
- Luque-Parra, Diego Jesús, Eduardo Elósegui Bandera, and Dolores Casquero Arjona. 2016. Necesidades específicas de apoyo educativo en el alumnado con capacidad intelectual límite: Aspectos para su intervención psicopedagógica. *Summa Psicológica UST* 13: 33–44. Available online: <https://dialnet.unirioja.es/descarga/articulo/5763555.pdf> (accessed on 1 June 2024). [CrossRef]
- Medina Gómez, Begoña, Elvira Mercado Val, and Isabel García Alonso. 2015. La capacidad intelectual límite: La gran olvidada. *INFAD Revista de Psicología, International Journal of Developmental and Educational Psychology* 2: 365–72. [CrossRef]
- Mendes, Calista S. 2018. Capacidad Intelectual Límite. Master’s thesis, Universidad de Alcalá, Madrid, Spain.
- Molero Moreno, Carmen, Enrique Sáiz Vicente, and Cristina Esteban Martínez. 1998. Revisión histórica del concepto de inteligencia: Una aproximación a la inteligencia emocional. *Revista latinoamericana de Psicología* 30: 11–30. Available online: <https://riucv.ucv.es/handle/20.500.12466/1240> (accessed on 1 June 2024).
- Molinero Rubio, Raquel. 2010. Intervención psicoeducativa para el alumnado con inteligencia “borderline” en la etapa de primaria. *Revista Enfoques Educativos* 83–84. ISSN 1988-5830. Available online: <http://adahpo.org/wp-content/uploads/2013/07/PDF-Revista-Enfoques-Educativos-Mayo-2.010.pdf#page=76> (accessed on 1 June 2024).
- Olmos Rueda, Patricia. 2009. Empleabilidad y Adaptabilidad de los jóvenes con inteligencia límite y sus procesos de integración laboral: Hacia un modelo de formación y de orientación para su inserción en el mundo del trabajo. Dipòsit Digital de Documents de la UAB. Available online: <https://ddd.uab.cat/record/69857> (accessed on 1 June 2024).
- Reiss, Sthephen. 1994. *Handbook of Challenging Behavior: Mental Health Aspects of Mental Retardation*. Worthington: IDS Publishing.
- Roid, Gale H., and Mark Pomplun. 2012. *The Stanford-Binet Intelligence Scales*. New York: The Guilford Press, vol. 654. Available online: <https://bit.ly/3VimIpU> (accessed on 1 June 2024).

- Rovirosa Portvent, Luisbel, Eneida Palacio Griñán, and Zady Yanes Cutiño. 2020. La formación laboral en la educación especial: Su contribución a la integración sociolaboral de los escolares con discapacidad intelectual. *Revista Internacional de Apoyo a la Inclusión, Logopedia, Sociedad y Multiculturalidad* 6: 74–86. [CrossRef]
- Sätälä, Heli, Laura Mirjami Jolma, Mira Meriläinen-Nipuli, and Mikko Koivu-Jolma. 2022. Challenges and neuropsychological functioning in children and adolescents with borderline intellectual functioning. *Children* 9: 1847. [CrossRef] [PubMed]
- Schalock, Robert L., Gordon S. Bonham, and Miguel A. Verdugo. 2002. The conceptualization and measurement of quality of life: Implications for program planning and evaluation in the field of intellectual disabilities. *Evaluation and Program Planning* 25: 229–40. [CrossRef] [PubMed]
- Sternberg, Robert. J., ed. 2000. *Handbook of Intelligence*. Cambridge: Cambridge University Press. [CrossRef]
- Thalib, Mohamad Anwar. 2022. Portrait of debt accounting based on feeling and faith: A study of islamic ethnomethodology. *Maqrizi: Journal of Economics and Islamic Economics* 2: 100–13. [CrossRef]
- United Nations General Assembly. 2006. Convention on the Rights of Persons with Disabilities. A/RES/61/106, Annex I, 13 December 2006. Available online: <https://www.refworld.org/legal/agreements/unga/2006/en/90142> (accessed on 1 June 2024).
- Verdonschot, Manon M. L., L. P. de Witte, E. Reichrath, W. H. E. Buntinx, and L. M. G. Curfs. 2009. Impact of environmental factors on community participation of persons with an intellectual disability: A systematic review. *Journal of Intellectual Disability Research* 53: 54–64. [CrossRef]
- Verdugo, Miguel Angel, Benito Arias Martinez, B. Arias, Laura E. Gómez Sánchez, and Robert L. Sharlock. 2009. Escala de Calidad de Vida-GENCAT. Available online: https://gredos.usal.es/bitstream/handle/10366/113074/INICO_VerdugoAlonsoMA_GENCAT.pdf (accessed on 1 June 2024).
- Wagner, Mary, LynnNewman, Renee Cameto, and Phyllis Levine. 2005. Changes over time in the early postschool outcomes of youth with disabilities. A report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2 (NLTS2). Available online: <https://files.eric.ed.gov/fulltext/ED494920.pdf> (accessed on 1 June 2024).
- Wechsler, David. 2008. *Wechsler Adult Intelligence Scale-Fourth Edition (WAIS-IV)*. San Antonio: Pearson. [CrossRef]

Disclaimer/Publisher’s Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.