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CULTURAL SIGNIFIERS, FEELING OF APPROPRIATION OF "PRIVATE SPACE" IN A FAMILY SETTING IN ADOLESCENTS LIVING WITH AUTISM SPECTRUM DISORDER IN AN AFRICAN ENVIRONMENT

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Abstract: **Rationale: Autism Spectrum Disorder (ASD) in adolescents affects their ability to communicate, interact socially and behave. In a cultural context marked by prejudice and a lack of awareness of the symptoms by family and relatives, there is a need to consider the transformation of the adolescent towards adulthood through all the changes likely to have an impact on the life of the family in a holistic manner. Given the complexity of African family structures, the aim is to understand the cultural signifiers likely to explain the appropriation of private space capable of preserving the intimacy and stability of adolescents with ASD.**

Methodology: The study was conducted at the Functional Literacy Centre (CAF) in Yaoundé, Cameroon. Using a comprehensive logic, the clinical method was used. Data was collected using an interview guide with three parents of adolescents living with ASD, which was then analysed using Phenomenological Interpretative Analysis (PIA).

Results: The experience of an ASD restricts the adolescent's ability to dream and to have a "place of one's own" because of the consideration given to cultural signifiers in such a context. The conditions of social life, the factor linked to vulnerability and the strong dependence on others, maintain the adolescent in a liminal posture and limit access to a setting of expression and intimacy likely to contribute to his or her development and autonomy.

Keywords: **cultural signifiers, adolescent, Autistic Spectrum Disorder, private space, sense of appropriation.**

1. INTRODUCTION

Autism spectrum disorder (ASD) is a collection of symptoms with several forms, such as Kanner's autism, Rett syndrome, and Asperger's syndrome. It is therefore a condition and should not be considered an illness or a psychological problem. ASD is a neurodevelopmental disorder that impairs communication, social interaction, and behavior in affected individuals ([1]; [2]). These symptoms are likely to evolve throughout a person's development. The different forms of autism necessitate consideration of the differences between autistic individuals due to the specific nature of each disorder.

In general, the characteristics of autism are variable. Manifestations can range from partial or total mutism to hyperactivity or hypoactivity, from aggression to self-harm, or even insensitivity to pain. These syndromes can also be associated with

stereotyped movements, metabolic problems, and difficulties adapting to changes in the environment. When a child or adolescent is diagnosed with Autism Spectrum Disorder, it is important to consider their lifestyle, their relationships with others, particularly family members, and their socialization skills, along with the impact this has on those around them. It is also essential to consider their psycho-socio-emotional development and its effects on their body and mind.

This study focuses on adolescents with Autism Spectrum Disorder within a cultural context marked by prejudice and a certain lack of understanding of the symptoms among their peers, close friends, and extended family members. Recognizing that adolescents with Autism Spectrum Disorder are first and foremost adolescents, it is essential to consider their transition to adulthood through adjustments and physical changes that can have a holistic impact on family life. As [3] state, adolescence is primarily a process that marks the transition from childhood dependence to adult autonomy; this is what they call a "developmental storm," characterized by a strong desire to explore and experiment with different roles.

This means that adolescents experience changes from a physical, physiological, and psychological perspective. Adolescents with Autism Spectrum Disorder also experience these same challenges, which are sometimes difficult to express due to the predominance of autistic symptoms, whether they are Kanner's, Asperger's, or another type. According to the work of [4], an adolescent with Autism Spectrum Disorder may have difficulties with social interaction, such as an inability to hold a reciprocal conversation, difficulty using eye contact, or difficulty expressing appropriate facial expressions to convey emotions.

It is difficult for adolescents living with ASD to put themselves in someone else's shoes or to play a specific role. Their restricted behaviors and interests are expressed through two manifestations, namely: stereotyped sounds or motor movements with or without an object; resistance to change or even an inflexible adherence to routines and ritualized verbal or non-verbal behaviors; abnormal interests due to the nature of their frequency and hyper- or hypo-sensory reactivity.

Difficulties with social interaction, communication, and stereotypical behaviors require family members to develop additional skills to better understand the adolescent and improve their living environment. According to the work of [5], the daily challenges faced by children with ASD force families to cope with the suffering caused by this disorder.

Several studies have focused on the suffering of families facing the challenges of raising a child with Autism Spectrum Disorder (ASD). According to [6], parents of children with ASD generally experience stress and psychological distress, and certain factors, such as financial difficulties, exacerbate this psychological distress. Marital breakdowns and the fragility of social networks can also generate additional psychological difficulties observed in these parents.

The authors demonstrate that the stress level of parents facing their child's ASD is high and strongly dependent on social and intrafamilial pressures ([7]; [8]). As a result, the basic and daily care to be administered to children living with Autism Spectrum Disorder takes up a prominent place, occupies a considerable amount of time and requires a lot of energy from family caregivers.

The dependency imposed by Autism Spectrum Disorder necessitates a review of family organization and development plans, leading to fatigue and reducing the availability of parents or caregivers to perform other daily tasks.

In addition to the difficulties children with ASD face in solving everyday problems such as personal hygiene and social interaction, parents must also act as mediators between the child and their environment ([9]; [10]). Furthermore, the behaviors of children or adolescents with Autism Spectrum Disorder, including stereotyped behaviors, aggression, and self-harm, can generate stress for parents and increase their vulnerability and social marginalization ([11]).

Given the physical and psychological changes experienced by adolescents living with Autism Spectrum Disorder, and considering their limited choice of living environment and privacy, this study examines how Cameroonian families strive to provide such a suitable living space. This living space should be considered a "place of intimacy and personal space" that can contribute to the development of a sense of identity and security, while also fostering stronger bonds with loved ones.

2. METHODOLOGY

- Choice and justification of the study design

This study follows a phenomenological interpretive analysis (PIA) ([12]), based on a clinical method grounded in a comprehensive approach ([13]). This clinical approach focuses on encountering the concrete and unique human being and takes into account the search for meaning ([14]; [15]). It involves an in-depth study of the human subject considered in their singularity, personal history, and lived experience.

This study aims to understand the sense of ownership of "private space" among adolescents living with Autism Spectrum Disorder, particularly within a context where cultural markers shape the family structure in an African setting. The knowledge production process is facilitated through the sharing of lived experiences by participants (parents of adolescents living with Autism Spectrum Disorder), while simultaneously stimulating reflective practice among those involved in the interviews ([16])

-Study Participants and Ethical Considerations

Three adolescents and their families are the study participants. These adolescents were referred to the Functional Literacy Center (CAF K-Smile) for support in developing autonomy and functional literacy. Having observed difficulties in their journey toward independence, researchers focused on their living conditions and daily experiences. The Center (CAF K-Smile) aims to raise awareness about the importance of maintaining good mental health and to support children and adolescents with special needs in general, and those with autism in particular.

It should be noted that, due to their disability and the limitations imposed by this situation, namely : their inability to connect with others and maintain coherent communication, the study focused on caregivers or their family members. Participants were selected based on the following inclusion criteria: being of developmental age within adolescence, living with an Autism Spectrum Disorder diagnosed by a specialist or child psychiatrist, living with a relative or close friend, and being registered at a functional literacy center.

To respect ethical considerations, pseudonyms were assigned to the study participants, who are the family members of the adolescents we will name (Johan, Glorieuse, and Deborah). Strict confidentiality and anonymity were emphasized to the participants to obtain their consent before signing the informed consent form.

-Data Collection and Analysis Tool

The clinical interview guide was used as a data collection tool with three (3) parents (one mother and two grandparents). The interviews were conducted according to their availability. The interview framework was explained to the participants, along with the study objectives and the interview process, which used an open-ended questioning approach. As required by qualitative research, the researcher used minimal language to facilitate, through their interventions, the sharing of experiences as lived by the participants and to stimulate reflective practice among all involved (researcher and participants) ([16]).

The data were recorded using a dictaphone and transcribed in full, then analyzed using the Interpretive Phenomenological Analysis (IPA) technique ([12]). This analytical technique allows the researcher to explore the participants' experience, the meaning they ascribe to their experience, and the underlying psychological mechanisms. Therefore, the IPA model analysis cycle was rigorously implemented. After transcribing the data, a first reading of each interview was performed, sentence by sentence. The second stage of the analysis involves identifying and annotating key points, thereby enabling the identification of major themes and sub-themes related to the underlying content and mechanisms. An interpretation is then offered to guide the writing of the results, indicating the meaning attributed to them by the participants, the researcher's understanding of them, and how they interpret them ([16]).

3. RESULTS

After the presentation of the participants and their families, the main themes and sub-themes that emerged were identified. Three main themes emerged: parental exhaustion in the face of adolescent addiction, the family space as a psychological space and a place for learning autonomy, and the role of cultural representations in the deprivation of personal space.Présentation idiographique des participants et observations cliniques

3.1. Idiographic presentation of participants

-*Participant Johan and his grandmother*

Participant Johan is an adolescent of 14 years old. He is the only child of his mother, who lives in France. He has Kanner autism, characterized by significant impairments in social interaction, restricted, stereotyped, and repetitive activities, language and communication difficulties, and cognitive developmental delays. He lives with his grandparents in a neighborhood of Yaoundé, Cameroon**.**

When he enrolled at the center, he was accompanied by his 65-year-old grandmother and his 30-year-old maternal uncle, whose role was to manage his behavioral issues and his inability to tolerate public transportation (taxi). Johan was born when his mother was 25 years old. It should be noted that Johan's father abandoned him at the age of two when he was diagnosed with autism.

As [17] pointed out, the announcement of an ASD diagnosis within a family forces members to make necessary adjustments and adaptations to maintain the daily family routine, and the risk of dysfunction remains high, sometimes leading to parental separation. Johan's grandmother told us, "I've lived with Johan since he was two years old. His mother never married, and Johan's father abandoned him when he learned Johan was ill. His mother also wanted to start a new life, as she was only 25, and she left for France when Johan was five. The plan was for her to find a way to bring Johan to France so he could receive care […]."

Through this verbatim account, we see that the participant Johan experienced emotional deprivation from his father. The experience of this deprivation and rejection recalls the effects of an uncanny strangeness perceived by the paternal figure. The hypothesis of a lack of affection and an insecure attachment style can be established in Johan's case, with detrimental effects on his future and development. Johan's grandmother's account suggests that the adolescent Johan benefited very little from maternal care, understood as the exercise, experience, and practice of parenting by his biological mother.

- *Participant Glorieuse and her mother*

Participant Glorieuse is a 15-year-old female, the youngest of five siblings. She has Asperger's syndrome and, despite limited activities, demonstrates some social interaction but no language impairment. Glorieuse lives with her parents in a neighborhood of Yaoundé. She was accompanied by her 52-year-old mother when she registered at the center. Glorieuse was diagnosed with autism spectrum disorder when she was three years old. Her mother says she faced persecutory stares from neighbors and others. The distress experienced by the parents led them to seek the cause of their child's condition.

She describes a therapeutic journey through both modern and traditional medicine. She says: “I gave birth to all my other children, who are all healthy except for the youngest. I discovered from her childhood that she was different from the others, and I went to hospitals and consulted traditional healers to understand what was happening to my child. Everyone in the neighborhood made fun of me because my child was sick. Since the age of three, my child had been diagnosed with autism. I tried to put her in school, but it didn't work out. So I decided that she would stay with me at home to avoid people's stares!”

Through this speech, the painful experience of the birth of a child with a disability remains visible and difficult to describe. The discovery of the participant's disability plunged the parents into a state of distress and an imposed grieving process, hence the mention of the health status of the participant's siblings. The anxiety and trauma experienced through their child's disability compel the parents to mobilize coping strategies and defense mechanisms to protect themselves from unpleasant emotions and regain a degree of psychological stability. These coping strategies, as conscious strategies, are evident in their search for a solution for their child and in the therapeutic approaches they pursue.

The participant's parent specifies in their account the figures of care consulted in this context, such as the "marabout" (traditional healer); this reflects the importance of cultural references in explaining the onset of the disability and the search for a cure. This indicates that the anthropological dimension, aimed at understanding and explaining an event or illness, is taken into account in the participant's family's understanding and gives meaning to the phenomenon, which until then had been incomprehensible.

-*Participant Deborah and her uncle*

Participant Deborah is female and 16 years old. She is the third of four siblings and has Asperger's syndrome. She has a moderate intellectual disability without communication difficulties. When she registered at the center, she was accompanied by her 44-year-old maternal uncle, an engineer by training, married and father of four. He told us that "Deborah lives with her grandparents because her mother was mentally ill and had four children in the street. Each time, the family would go and get the children, and we had to organize ourselves so that everyone could look after the children […]."

The uncle explains in his statement that the participant experienced emotional neglect and abuse during her childhood. Due to her mental illness (schizophrenia), she did not benefit from parental guidance and practices from her biological mother. This led to her being placed in the care of her aunt, who subjected her to physical abuse, especially when she displayed cognitive difficulties related to her intellectual disability. The uncle says, “Deborah being the third child, we entrusted her

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to her aunt who lives in the village. The other children are healthy and live with their grandmother here in Yaoundé. […] Deborah suffered severe abuse at her aunt's home in the village, who didn't understand that she had a mental disability, especially given her enormous difficulties succeeding in school, because she attended a primary school there. So we brought her back to her grandmother."

The mistreatment experienced by the participant could be explained by the difficulty in understanding the manifestations of an intellectual disability or mental illness. The uncle recounts in this regard that "the aunt thought that Deborah had an evil spirit, and that she had been sent to harm the family [...]. The aunt said that she had a demon inside her that prevented her from doing things properly. She said that a devil had possessed her." This account sheds light on the participant's quest to understand her disability. The predominance of cultural representations with negative and destructive connotations is evident in the belief in terms such as "evil spirit, demon, devil."

It should be noted that the participants were referred to the center by their psychiatrist (for some) and their physician (for others), and the diagnosis was made by these specialists. The requirement to consult their medical records before enrolling at the center allowed for a better understanding of the adolescents' behavior in order to tailor psychoeducation to their level and specific difficulties. The participants' idiographic considerations are summarized in the table below.

Table 1: Idiographic considerations of study participants

Participants	Type of autisme	Family Situation	Hypotheses about psychological impact	Cultural perception of disability
Johan (14 years old),	Kanner	only child, lives with his grandparents. - Father abandoned at age 2, absent mother	- Emotional deprivation, hypothesis of insecure attachment - Lack of maternal care	- Malevolent spirit
Glorieuse (15 years old)	Asperger	Lives with her biological parents	- effective parenting	Disability perceived as a misfortune - importance of cultural reference
Deborah (16 years old)	Asperger	- lives with her grandparents - mother, schizophrenic, deceased - father's abandonment	- lack of parental guidance - emotional deprivation, childhood abuse	- posses by a devil evil and demonic spirit

3.2. Feeling of parental exhaustion in the face of adolescent dependency

During the interview with the parents, it became clear that they had very little ability to tqke cqre of their children, and they all felt overwhelmed by the situation of their child becoming a teenager. This overwhelm was particularly noticeable when they described the stress they experienced and their difficulty in caring for their teenagers. As suggested by the authors ([18]; [19]), parents with a child living with Autism Spectrum Disorder have a more negative perception of their parenting skills and experience anxiety. In addition to the functional literacy training we provide based on their cognitive, emotional, and motor skills, the concepts of healthy living and aspects related to independence were addressed during the daily psychoeducation sessions.

From these sessions, it emerged that Johan had difficulty brushing his teeth and was unable to perform basic personal hygiene tasks. His grandmother told us that he had never been to school and had never received support from a specialist other than his psychiatrist. In this case, it is the grandmother who takes on the task of helping him brush his teeth and take care of his body through daily bathing. She also tells us that these tasks are hugely exhausting for her given her age and that she is no longer able to perform her role with the energy she had when Johan was five years old.

Participants Glorieuse and Déborah showed effort in the initiatives they took during psychomotor and cognitive activities, but always with a strong dependence on others. This led us to focus on the issue of autonomy, which involves a transformation of daily life, including ways of viewing one's relationship with oneself, one's own body, one's erogenous body, self-esteem, relationships with others, and the quest for an intimate life that is strongly linked to the need to appropriate private space as a privileged place of expression.

Faced with the serious difficulties observed in these adolescents concerning their lack of initiative and strong dependence on others, we sought to understand their daily experiences within their family environment, as well as the cultural factors that might help explain these experiences.

3.3. The family space as a psychological space and a place for learning independence

The family space is objectified by the home, which reveals a certain complexity in social, individual, and collective terms. The dimensions related to intimacy and private space, which contrast with public space, must be considered in order to better study the behavior of family members living in this same socio-emotional environment. This means that the family living space is primarily invested as a psychological space with subjective meanings for each actor living in this setting. These are manifestations of emotional, physical, and conative states. Values are expressed with a predominance of issues related to privacy and a sense of ownership of private space as indicators of psychological well-being. As a result, family size and socioeconomic conditions are indicators of an individual's ability to manage their own pace of life, private occupation or sharing of private space, and personal arrangement of space. This gives individuals greater freedom and could stimulate their desire for autonomy.

However, among the subjects of the study, it can be observed that the socioeconomic conditions of the adolescents' families do not promote adequate care for them. Deborah and Johan live with their grandparents, along with their cousins and other family members. It should be noted that the living space is very limited in size, consisting of a two-bedroom apartment with a living room at Johan's grandparents' house and a small, outdated studio apartment at Deborah's grandparents' house.

Among the study participants, we note the impact of cultural elements (cultural signifiers) on the appropriation of private space among adolescents living with autism spectrum disorder. Parents emphasized the low standard of living of their families and the fragility and difficulties of their adolescents to support the impossibility of providing a safe and private space for adolescents living with Autism Spectrum Disorder in the context of this study. As Deborah's uncle points out, “We don't have enough space to give her her own room! But she finds ways to do her own things.”

This statement highlights the financial difficulties that prevent the family from living in a space that is suitable for all its members. The lack of privacy is a reality, and issues of intimacy are particularly acute for Deborah, a teenager with autism spectrum disorder.

The behaviors of adolescents living with autism spectrum disorder are often used to explain why it is impossible for adolescents to have a place of their own. Johan's grandmother explains that “even though he's growing up, there are things he does unconsciously, like banging his head and getting up in the night to turn on the taps, so I can't let him have his own space!”

Given the impossibility for these adolescents to have a private living space due to their disability, we realize that these explanations and meanings are based on the person's condition and disability. In these discussions, there is no mention of viewing adolescents as individuals in the midst of development who need their own living space. Nor is there any consideration of the fact that having their own living space can provide a safe and private environment for adolescents with autism spectrum disorder. Nor is there any mention of creating such a space, let alone transforming or adapting an environment to suit the situation of each adolescent living with an autism spectrum disorder. We can therefore understand how the relationship with oneself, the world, and spaces can be structured in adolescents caught up in such a context. However, such a living space for this subject should be an adequate framework for expressing the relationships that the subject would maintain with oneself and with the environment.

3.4. Role of cultural representations in the deprivation of personal space

It appears that the intention to deprive adolescents of a space for self-expression and a space of their own is colored by cultural beliefs related to the situation of adolescents as people living with autism spectrum disorder. The beliefs, actions, and judgments that are held about these individuals in Cameroon are mostly negative and contribute to their stigmatization. The cultural representations that communities have of this population (belief in witchcraft, rituals and customs, search for the guilty party, etc.) [20] sometimes disrupt family balance and force families to adopt attitudes that are not conducive to the well-being of adolescents living with Autism Spectrum Disorder. The fact that they are victims of cultural representations with negative connotations prevents their parents from taking an interest in their development, the possible manifestations of puberty, and their experience of identity.

As [21] argues, this situation is reminiscent of the concept of stigma, reflecting the fact that the individual has something that disqualifies them and prevents them from being accepted by society. It is therefore a stigmatizing cultural representation of ASD that has an amplifying effect, in the sense that the way others (parents, family members, friends) perceive adolescents living with Autism Spectrum Disorder has an impact on whether or not they are able to claim a safe space for

themselves. The failure of these adolescents to appropriate their living space and privacy should be understood as "the result of a process of interaction between health conditions and contextual factors." ([22], p. 41).

These contextual factors are environmental factors related to social attitudes and structures, architectural constraints, space, and living conditions. This leads us to observe that it is impossible to consider preserving privacy for adolescents living with autism spectrum disorder in such a context. Johan's grandmother explains that "he can't have his own room, he sleeps on the floor next to his grandfather's bed, he sleeps with his little brother, so that his grandfather can keep an eye on him and watch over him too!".

As for Deborah's uncle, he says, "At her grandmother's house, they live in a studio apartment. She (Deborah) can't have her own space. We manage to get by, and she also manages to do her things as best she can..."

Liminal situations are perceived in these considerations when parents and grandparents express their views on the conditions of their teenagers. These liminal situations stipulate that the person with a disability is neither sick nor well, neither fully included in society nor completely excluded from it; they are neither dead nor fully alive. It is a situation that plunges subjects into liminality, as defined by [23].

In this position, the sense of ownership of a private space among adolescents living with Autism Spectrum Disorder depends on each family's understanding of Autism Spectrum Disorder, their ability to offer a "private space" to the adolescent, and the socio-economic conditions that may account for the existence of a space that respects the adolescent's privacy, depending on the severity of the disability.

It is in this sense that Glorieuse's mother points out that "she is our last daughter. I don't want her to suffer, especially not in her situation. She (Glorieuse) likes to have her own things, and I respect that even though I always want to keep an eye on her. She likes to stay in her room and won't let me in to tidy it up!"

Unlike in the cases of Johan and Deborah, we see here that Glorieuse's family is mobilizing psycho-socio-emotional resources not only to avoid sinking themselves, but above all to provide a supportive environment for their offspring and thus contribute to her sense of ownership of her own space.

4. DISCUSSION

When Autism Spectrum Disorder is diagnosed in childhood, families struggle to understand the symptoms they observe and experience psychological distress that forces them to "consider multiple therapeutic approaches with a view to restoring the psychological balance disrupted by the onset of the disorder " ([24, p. 369). When a child with ASD develops and reaches the genital stage, the manifestations of puberty and changes on all levels (physical, intellectual, psychological, and social) must be taken into account by parents and family members. Unfortunately, the latter remain stuck in their misunderstanding of their adolescent child's autism spectrum disorder. This reinforces their inability to exercise, experience, and practice their parenting skills when dealing with an adolescent living with Autism Spectrum Disorder.

This perceived incompetence in various parenting tasks revolves around the difficulty some parents have in fulfilling their duties toward adolescents with autism spectrum disorder in a way that facilitates the development of their personality. This could be due to financial insecurity or difficult living conditions (participants Deborah and Johan). As [25] believed, insecurity in all its forms makes the tasks of parents or family caregivers more difficult and unpredictable. Furthermore, the experience of parenting is rarely perceived among the guardians of participants Johan and Deborah. One might think of the difficulty these guardians have in implementing psychological transformation mechanisms aimed at strengthening the bond with adolescents with autism spectrum disorder. Precarious living conditions may once again raise questions about this difficulty, which also impacts parenting practices in terms of the care to be provided to adolescents in such a context.

Given that the care system for this category of people in Cameroon is not yet well organized, and that there are few professionals trained in providing care and psycho-socio-educational support, it is understandable that these families find it difficult to work towards the independence of these adolescents and to acquire the skills needed to improve their quality of life. Quality of life here refers to improving the living environment, taking into account the living space and respecting privacy.

Given that the family space is primarily a psychological space and a place for learning independence, socio-economic difficulties and a lack of parental and family skills prevent us from imagining a place of one's own where adolescents living with autism spectrum disorder can live harmoniously while respecting their privacy (the cases of Deborah and Johan).

Cultural representations amplify the impossibility of "individual and group thinking" about improving and/or adapting a "space of one's own" that could promote a harmonious expression of relationships with oneself and with those around them. This is therefore an opportunity to focus on one's own space (in its symbolic or real aspects), especially when this space encounters collective habitats with the influence of cultural representations and practices that do not promote the subject's development (as in the cases of Deborah and Johan). These results also raise the question of how to identify a sense of ownership and intimacy with one's surroundings in adolescents living with autism spectrum disorder when their bodies and psyches struggle to express themselves (the case of Glorieuse). Is the bedroom still a safe space? Since disability seems to impose this dependence on others, this vulnerability to others, and this liminality evoked by [21]. These questions could be the subject of further study

5. CONCLUSION

The objective of the study was to identify cultural signifiers that could explain the appropriation of private space capable of preserving intimacy and stability in adolescents living with autism spectrum disorder in an African family setting. The results revealed that throughout the subject's development, parents and family members lack the skills to understand the manifestations of their adolescent's autism spectrum disorder and, as a result, do not consider the importance of providing the subject with a private space that would offer protection. Parenting experience and practice can help to understand this fact. On the one hand, in two participants in the study (Déborah and Johan), parenting experience and practice are difficult to express effectively. This is due in part to the absence of parents, emotional deprivation, or parental separation marked by abandonment, but also to the socioeconomic difficulties perceived in their family environment. The practice of parenting is carried out with great difficulty under the weight of the same sociocultural living conditions.

Faced with these difficulties, the developmental age of the participants does not allow parents (real and substitute) to care for them effectively and, on the one hand, to preserve their privacy. On the other hand, this fact imposes a restriction on dreaming and having a "place of one's own" for the adolescent due to the consideration of his or her situation in a liminal position. This liminal position shows that the subject is neither sick nor healthy, neither fully included in society nor completely excluded from it; they are not dead, but neither are they fully alive. They are therefore a subject in the midst of transition, in a "threshold" position, because adolescents are in a state of liminality.

The results also demonstrate the existence of a strong consideration for cultural signifiers implemented by the community and families. This consideration, tinged with cultural representations with negative connotations, does not value the preservation of the adolescent's privacy in a collective space. It would therefore be difficult to achieve an effective sense of ownership of "private space" among adolescents living with ASD, especially in a family context marked by cultural representations with negative connotations. As social, economic, and care conditions sometimes do not favor such a possibility, the factor of vulnerability and strong dependence on others forces adolescents to remain in this liminal position, thus preventing the development of a framework for expression and privacy that could contribute to the development of autonomy in this category of individuals.

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