

Disability and sexuality: The sexual life of the person living with a disability, his affective life and his life as a couple

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Abstract

Sexuality with a disabling disease, or serious disabling or disability: a sensitive subject probably due to the association of the two words: sexuality and disability. The question of the emotional life, the life of a couple, the sexuality of a person living with a disability remains a real social and cultural problem. This necessarily impacts on the people concerned because they are victims of their states of disability. This is a subject that is difficult to address both by the couple, by society and by health professionals. In addition, it should be noted that regardless of their physical or psychological state, their visible or invisible disability, their chronic, serious, rare, disabling or disabling illness, or simply their difference, everyone has their own sexual identity. The feeling of love, the affective life, the sexual life of a person with a disability, their life as a couple, pleasure, do not disappear with the onset of illness or disability, it is accessible to all, disabled, sick, in a couple or single, married or not, all have the right to sexuality, to an emotional life regardless of their physical appearance, their mental handicap or other differences... However, for many people in a situation of disability, living one's sexuality remains a difficult aspect in their life as a couple, or not, or in their daily lives.

Disability, whatever its origin, can contribute to the alteration or changes in the sexual life of a lambda individual, thus affecting his sexuality, his sexual pleasure... Health professionals are often confronted with suffering, physical and/or psychological pain. However, even today the question of the fulfillment and sexual serenity of people with disabilities remains a silent subject, an unresolved issue, not popularized, not a priority if I can put it that way, but the question of pleasure sex is often overlooked. It would seem that social representations approach the subject of the affective relationship and the love life of sick or disabled people, their life as a couple, their intimacy as a couple, their affective and love life, as being abnormality in the face of what they consider "normal".

Keywords: Sexuality; People with disabilities; Cross-sectional life; Sexual pleasure; Affective life; Social representations

1. Introduction

We must include people with disabilities in social systems, knowing that they also experience what everyone experiences, have emotional and loving needs like everyone else in society. It is also important to include sexuality education, regardless of their condition, in the life course of a person with a disability, knowing that they too need it and, moreover, to communicate about it in order to achieve a change in the behavior of society vis-à-vis mixed couples, where one is disabled and not where the partner. See even couples where the partners are people with disabilities.

Such inclusive and equitable quality sexuality education would be an important and necessary step forward even in building a better and more equal world.

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Sexuality and affective life are fundamental dimensions of the physical and mental health of every human being. In France, the 2005 law recognizes that people with disabilities have the right to respect for their private life and to exercise their autonomy, including in the area of sexuality.

Living with a disability and having a sex life, an emotional life in a relationship for some still remains a taboo subject, they do not know how to approach the subject as a couple, and the medical professionals who nevertheless listen to them and treat them do not dare bring up the topic. Social representations, impacts and interpretations on the sexuality of the disabled person, his libido, his emotional life, his life as a couple

And generally, the patient is already frustrated by his handicap, so the problem of his sexuality also gnaws at him and should be part of the integrated care of the handicapped patient since he has the right like any able-bodied person to live as a couple. blooming, but sex is a fundamental and important element for the maintenance and the flame of love in a household or a home.

As a result, many sometimes decide to live alone, they tell themselves that they will not be able to have an intimate life or a life as a couple, some fear for their libido, their sexuality, in addition this depends on the type of disability, the degree of severity of the disability, the sequelae of the disability, the lifestyle of the disabled person and also especially the socio-cultural context

Disabled people rarely talk about it, it remains a taboo subject, even for those who live in institutions and who participate in workshops, or collective discussion groups, the subject remains rarely or hardly broached.

From a legal point of view, with regard to support for the emotional and sexual life of people with disabilities,

Law n° 2002-2 of January 2, 2002 renovating social and medico-social action affirmed the right to dignity, integrity, private life, intimacy of persons, respect are accompanied by a social or medico-social establishment or service. This same law encourages establishments to engage in support that promotes development and autonomy according to the person's abilities, needs and age.

These rights were reaffirmed by Law No. 2005-102 of February 11, 2005 for equal rights and opportunities, participation and citizenship of disabled people, which defines the principle of non-discrimination against these populations. .

More specifically in social and medico-social establishments and services (ESSMS), the law provides for the obligation to provide information and education on sexuality and contraception in any structure welcoming people with disabilities (article L.6121-6 3° of the Public Health Code and Article L.312-16 of the Education Code).

As early as 1996, the Ministry of Health recommended setting up AIDS prevention actions for mentally ill people and people with disabilities (1)

Furthermore, it is necessary not to forget those living in institutions where training on sexuality is addressed on a case-by-case basis for resident applicants. In the same way, people with disabilities living as a couple ask themselves a lot of questions about their libido, their intimacy... Their relationship with their partner.

Sexuality with a disabling disease, or serious disabling or disability: a sensitive subject probably due to the association of the two words: sexuality and disability. The question of the emotional life, the life of a couple, the sexuality of a person living with a disability remains a real social and cultural problem. This necessarily impacts on the people concerned because they are victims of their states of disability. This is a subject that is difficult to address both by the couple, by society and by health professionals.

In addition, it should be noted that regardless of their physical or psychological state, their visible or invisible disability, their chronic, serious, rare, disabling or disabling illness, or simply their difference, everyone has a sexual identity of their own. The feeling of love, the emotional life, the sexual life of a person with a disability, his life in his couple, the libido, the pleasure, do not fly away with the arrival of the disease, or the handicap. Sexuality, emotional life, life as a couple is within everyone's reach, disabled, sick, in a couple or single, married or not, everyone has the right to sexuality, to an emotional life regardless of their physical appearance, their disability psychic or other differences...However, for many people with disabilities, living their sexuality remains a difficult aspect in their life as a couple, or not, or in their daily life. Disability, whether acquired or from birth, or secondary to an illness, or disabling, chronic disabling pain, diminished living situations and conditions due to a delay, a deficit, as well as treatments long short or life accidents can

lead to disabling consequences, in x as in y, and contribute to the alteration or changes in the sexual life of an average individual thus affecting his sexuality, his libido, his sexual pleasure...

In France, sexual support for people with disabilities is still considered prostitution. Although the French Penal Code does not give a precise definition of the acts falling under the qualification of prostitution. The judges of the Court of Cassation in a judgment of the Criminal Chamber of March 27, 1996 consider that prostitution "consists in lending oneself, for remuneration, to physical contact of any kind whatsoever, in order to satisfy the sexual needs of others".

The legislation on the subject of sexuality with the disease or a disability is different according to the territories and even according to the countries of the European Union. (1)

In other countries, particularly African countries, sexuality alone is a taboo subject. Disability is a situation that generates a climate vis-à-vis the disabled person and his entourage, even more his or her spouse of prejudice, stigmatization, prejudice, criticism, hostility, devaluation or even denigration with very discriminatory qualifications.

According to society in this context, a disabled person would risk having sex giving birth to another disabled person, which for African society is part of its culture, its rites and disabled people are rarely accepted in society, they certainly live there, but in a social context of almost total exclusion and there is no organization specializing in disability, accompaniment, follow-up, or listening lines, call numbers dedicated to disability as in the West, specialized institutions, specialized professionals whose specialty is disability and their support, so consider talking about sexuality plus disability in these countries... for that there is still a long way to go...

What do health professionals say and do about the sexuality of people with disabilities?

Health professionals are often confronted with suffering, physical and or psychological pain, however even today the question of the fulfillment and sexual serenity of people with disabilities remains a silent subject, an unresolved problem, not popularized, not a priority if I can put it that way.

Sexuality, disabling disease or disability remains a sensitive subject in the population, professionals have their opinion, society too, and even those concerned sometimes find themselves in questions about their couple, especially in mixed couples where one is healthy and the other disabled. A priori, involving all the institutions, mobilizing projects on the subject and including professionals in the sexuality education of the subject with a disability and his sexual emotional life as well as the socio-cultural context given what emerges from the socio-cultural representations, of the legitimacy of this experience, would be why not to cross because it happens that on the socio-cultural level with the stigmatizations of which these are victims, they abstain most of the time from approaching the subject, because their emotions, their sensitivity on this subject remain marked reactions, often shocking, which come to underline the intensity of what is at stake in the evocation of a sexuality with the handicap.

2. Context and general view: the sexuality of the disabled person, his life as a couple

When you live with a disabling illness or a disability, in childhood you most often think only of the disability and the obstacles or incapacity that this entails. With age, from adolescence, sexuality problems arise for most people.

As a result, many sometimes decide to live alone, they tell themselves that they will not be able to have an intimate life or a life as a couple, some fear for their libido, their sexuality, in addition this depends on the type of disability, the degree of severity of the disability, the sequelae of the disability, the lifestyle of the disabled person and also especially the socio-cultural context.

Disabled people rarely talk about it, it remains a taboo subject, even for those who live in institutions and who participate in workshops, or collective discussion groups, the subject remains rarely or hardly broached. It is relatively certain that at a certain age, the disabled person has expectations related to puberty, sexuality, intimacy, couple relationships. There remain those living in institutions where training on sexuality is addressed on a case-by-case basis for resident applicants. In the same way, people with disabilities living as a couple ask themselves a lot of questions about their sexuality, their intimacy... Their relationship with their partner; but on the socio-cultural level with the stigmatization of which they are victims, they refrain most of the time from approaching the subject, because their emotions, their sensitivity to this subject remain marked reactions, often shocking, which come to underline the intensity of what is at stake in the evocation of a sexuality with the handicap.

In these couples the questions are of several orders and in both directions; while one asks the question of whether he or she will be able to satisfy his or her partner in mixed couples, the other (the partner) who is valid will wonder if he or she will be able to experience desire, will be able to be seduced or seduce, will want his or her disabled partner, as well as those who simply love without judging... In addition, there are also questions related to their own idea or ideation of sexuality vis-à-vis their situation, their relationship to sexuality and their identity.

2.1. Sexuality and disability: sensitive subject and health professionals dealing with the sexuality of people with disabilities

First of all, it must be said that the medical world is used to being confronted with physical and/or psychological suffering. To date, we see that the question of sexual fulfillment is not always a priority for caregivers... It would seem that few caregivers address the subject of the emotional relationship and the love life of people who are sick or in a difficult situation. of disability.

For humans, being able to be desired remains essential in building self-esteem and self-confidence. However, it is almost always obvious that people with disabilities assume that they cannot seduce, please or be desired, and especially when they experience a real stigma, hostile looks, criticism, discrimination, categorization, and sometimes even compassion, yet it is not pity that they need, but acceptance of their body as it appears at first sight . Disabled people faced with all these prejudices, all these questions about their ability to seduce, to please, to have an intimate life shared in a reciprocal way can create an identity crisis, a game with norms and scales of values that can only lead to questioning oneself on what really counts in an existence, what constitutes the power of a successful life as a couple, beyond the appearance and the dissimilarity of the body, beyond the confusion between oneself and a supposed “disabled identity” that the very possibility of pleasing abolishes.

On the legal level, with regard to support for the emotional and sexual life of people with disabilities, Law No. 2002-2 of January 2, 2002 renovating social and medico-social action affirmed the right to respect for the dignity, integrity, private life and intimacy of people accompanied by a social or medico-social establishment or service. This same law encourages establishments to engage in support that promotes development and autonomy according to the person's abilities, needs and age. These rights were reaffirmed by Law No. 2005-102 of February 11, 2005 for equal rights and opportunities, participation and citizenship of disabled people, which defines the principle of non-discrimination against these populations.

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As early as 1996, the Ministry of Health recommended setting up AIDS prevention actions for mentally ill people and people with disabilities.

2.2. Global Representations on sexuality, society's view of the sexuality of people with disabilities, their emotional life and their intimate life and their desire to flourish in the face of social gaze

Questioning the representations of the sexuality of people with disabilities, whether mental or physical disabilities, leads to asking real questions about the idea that loved ones, as well as society, have or apprehend on the subject. However, it is clear that all people living with disabilities see their sexuality in a complex way. Given that the ideas they have of sexuality are influenced by the most often negative socio-cultural representations, all this added to the hostile looks that society gives them, whether they are with their family or in an institution. They remain themes that are difficult to address and few professionals do so because they ask themselves questions about the legitimacy of investing in this intimate area, about their professional roles and the limits to be respected, about the right professional distance to have. For some cultures, disability is the result of immoral, even bestial mating. In some countries, this still remains an unconscious source of anxiety, thus putting the disabled person in the almost animal category. This being the case, this categorization, this discrimination and societal prejudices which will promote stigmatization in families, as well as in institutions; however, there is always a diversity of approaches thus inviting us to think about a conceptual difficulty of the objective, logical and concrete sexuality of the handicap, of his life as a couple, of his intimacy and of his affective life.

2.2.1. Society and the sexuality of the person living with a disability

The sexuality of people with disabilities remains a taboo subject in society, as it does for these same people with disabilities. The fact that they are marginalized, dehumanized, and seen as inferior beings, and above all unstable for

others, leads them to live generally on the margins of society, excluded from social norms. Moreover, it is common knowledge that talking about sexuality in general remains a taboo subject, and therefore as far as the disabled person is concerned, this is even worse and favors their eviction in sexual matters, intimate relationships, they are isolated, and excluded from social life, to the point of thinking of denying them their right to an intimate or sexual life, especially since they themselves do not believe in it, they tell themselves that they are not entitled to it so much society has set them up against themselves. The goal of society here is above all to prevent disabled people from reproducing, and therefore from being able to raise children, for society, the disabled person is an error of nature and in this sense it would therefore be aberrant to believe that a handicapped person could generate a normal child, they say to themselves that it is better to stop their expansion, to extinguish them instead of letting them procreate. The disabled person is gendered. It is therefore natural that she feels a need for sexuality. Among people with disabilities, the demand for the exercise of sexuality is very varied and depends in particular on the nature of the disability, its severity and possibly the disorders associated with it.

2.2.2. The need to love and be loved

Sexuality can be defined as a sexual excitation produced at the sight or in contact with another, excitation materialized or not by an act of penetration. It often relates more to the field of eroticism and pleasure than to the sexual act itself. Thus, people with disabilities may seek only eroticized contacts, that is to say the exchange, the kisses, the caresses. They express, here, a need to love and be loved and manifest it by looks or smiles. Flirtations between residents are very frequent, generally without going as far as complete sexual intercourse: "They say hello to each other, hug each other, talk for a long time together without wanting to separate, sit at the same table at breakfast time, lunch, lunch, dinner...". These flirtatious relationships restore their self-confidence to certain residents, restore their identity as well, and even reinforce their status in the institution. The fact of looking for a boyfriend or a girlfriend can also be motivated by a social phenomenon, by age and hormonal surges, at home, sometimes the other wants to identify with his elder who already has a sex life, a life in love. Social networks also have an impact in this direction on the subject.

According to the literature, Some disabled people with strong personalities who find themselves in residence keep their lives active in terms of intimacy, despite the fact that being in residence limits their sexual life, but these go on the contrary keep their sexual desire when visiting their partner. The others, on the other hand, project their sexual desire towards the staff of the institute, their caregivers.

However, under certain behaviors, there may be only a desire to create a relationship, a contact that is not as sexual as it seems. Like the desire to touch the lower parts, the breasts, to sometimes touch or brush against caregivers, or caregivers, because for many, this arouses and awakens pleasant sensations, even if it creates discomfort, embarrassment, too a concern for the relations then between them.

2.3. Sexuality and the socio-cultural context: Socio-cultural representations, legislation

Sexuality and affective life are fundamental dimensions of the physical and mental health of every human being. In France, the 2005 law recognizes that people with disabilities have the right to respect for their private life and to exercise their autonomy, including in the area of sexuality.

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In other countries, particularly African countries, sexuality alone is a taboo subject. Disability is a situation that generates a hostile climate towards the disabled person and his entourage, even more towards his or her spouse prejudice, stigmatization, prejudice, criticism, hostility, devaluation or even denigration with very discriminatory qualifications. According to society in this context, a disabled person would risk having sex giving birth to another disabled person, which for African society is part of its culture, its rites and disabled people are rarely accepted in society, they certainly live there. , but in a social context of almost total exclusion and there is no organization specializing in disability, accompaniment, follow-up, or listening lines, call numbers dedicated to disability as in the West , specialized institutions, specialized professionals whose specialty is disability and their support, so consider talking about sexuality plus disability in these countries... for that there is still a long way to go...

3. Issues and context

The expression of the sexuality of people with disabilities is an essential component of their life as citizens like all other people. The notion of sexuality encompasses several dimensions such as the strengthening of social ties, self-esteem, affectivity, relationship to the body, parenthood, self-confidence of the disabled person, self-confidence, love and self-esteem... It is an integral part of the life project and constitutes a fundamental right of the person with a disability. Sexuality represents a way of expressing one's sexual desire, one's sexual pleasure, whether one is suffering from a serious, incurable, chronic illness, a physical handicap or not, visible or invisible, permanent or not, one has everyone has the right to an emotional life, a life as a couple, an attraction and a sexuality, regardless of our difference. Living with a disability and having a sex life, an emotional life in a couple for some still remains a taboo subject, they do not know how to approach the subject as a couple, they are singled out by the population and above all judged as "crazy which, in the case of sexuality, could generate other "crazy people". Let's not forget the caregivers who listen to them yet do not dare to broach the subject. And generally, the patient is already frustrated by his handicap, so the problem of his sexuality also gnaws at him and should be part of the integrated care of the handicapped patient since he has the right, like any able-bodied person, to a fulfilling life as a couple. , but sex is a fundamental and important element for some because it characterizes their identity, for others it is the maintenance and the flame of love in a household or a home. The disabled person will then seek through sexuality his identity to which he will build a personality and tell himself that to be seen and taken into account by others, he must have sexual relations, but there must be the difference between the fact to have sex and have sex. Sexual intercourse is a relationship that involves at least two people, while sexuality can be experienced alone (eg masturbation); not having sex has no physical consequences. Seeing this personal, intimate, relational, sexual, identity approach, and this question about oneself when it comes to satisfaction, and the need to be desired, to please, to seduce... is a follow-up on sexuality that would bring into play all these questions on the affective and relational level, could solve the problem that arises? Is it in the direct approach, by professionals on the sexuality of the disabled person that we would end up with a better sexual experience identical to that of those called "valid"? Is it even possible to be objective and neutral in the case of intimate relationships or the sexuality of a person living with a disability, as well as in their life as a couple and their intimacy? Society says to itself, this is how it is that he or she is in a relationship with a disabled person? How can she or he fall in love with a disabled person? Some ask themselves these questions in several orders which refer to what is impossible, disjointed: "it is impossible to love such a man / such a woman", "I could not have such a desire, I do not understand it not", "it's not possible, it's repulsive" while putting people with disabilities as people who do not have the right to a normal life, a life as a couple, a life as a couple with a sexual intimacy, with plans to found a family, a life of love, a seductive life, of shared love with the reason that they have a disability.

For society, these couples will automatically suffer, because it will be impossible for them to get there, and this couple will absolutely destroy each other. Society thus generally invites the able-bodied person in the couple to tell themselves that he or she is better than being in a relationship with a person with a disability and that assuming this on a daily basis would be to devalue themselves. Society always strongly prefers to think that these couples will automatically fail and that success would be an affront to so-called "valid" or "normal" couples and therefore an insult. Others will say that they already foresee the failure of the mixed couple or, as a variant, adulate the able-bodied spouse like a lay saint: "I could never do what you do, what self-sacrifice, it's extraordinary! », a way of overvaluing which perhaps compensates for the more or less consciously felt aggressiveness that this couple's success arouses. The fact of being thus outside the norm can be a constraint, for those who feel the weight of these judgments, but also an advantage if one moves away from them: "concerning the able-bodied person, the confrontation with the handicap will force him to adapt or give up some of his needs, pleasures and desires, leading him to revisit his life his vision of existence, of freedom (...) Disability, the disabled body, can also be the vector of liberation, of a discovery of oneself, of one's own body, even of one's sensuality, for the able-bodied person" (I 'Identité de la personne "disabled", op. cit., p. 146). It will therefore be commonly said that a mixed couple where one of the partners is in a situation of a female or male disability cannot implement the masculine and feminine functions, or that a man without physical power cannot not embody the image of the father in a couple, virile strength, and that the woman could not embody gentleness, the role of woman in her couple, arouse desire, only the seduction of one by the other, cannot be done, the mere fact of loving and feeling loved either, even less giving birth to children, having a real and sustained intimate life, an accomplished sexuality, a sensuality felt by both spouses. The fear of stigmatization can lead the partners or the couple to mask their desires, their emotions, and sometimes to repress them, this with a real impact on their emotional life. Addressing these questions could very well lead to a defusing and a better fulfillment to be returned to these couples who already live in a discriminatory situation within society, and could at least allow them to have an internal life, an intimate life, a better quality of life.

4. Literature review- literature analysis

4.1. General: Sexuality and disability, couple life, intimacy and sex life

Sexuality is to this day a problem in terms of communication in society and even more so for the disabled society, an embarrassment and or discomfort which concerns at the same time disabled people, their loved ones, their families, even professionals. in charge of their care, their education, their socio-professional reintegration, generally, they much prefer to remain silent on this subject: sexuality and disability, however this denial does not prevent the sexual from existing in all forms, but this remains in silence because of prejudices, fears thus reinforcing isolation, exclusion and loneliness in the sharing of desires and needs of these. (Jean-Pierre Durif-Varembont in Handicap, sexual identity and sexual life (2010).

The subject of emotional and sexual life remains delicate in society as well as for couples between them, it remains a taboo subject, and sometimes. This also stems from fears of the gaze of each other, fears of the opinion or reaction of parents, those around them, fear of not knowing how to go about it, finding the right words.

Depending on the disability concerned, the issues related to sexuality to be taken into account will be different, life as a couple, the emotional bond between the two partners, their ease in dialogue, communication, mutual trust, the fact that the the valid partner is sometimes also the helper of his or her spouse, all these factors are to be taken into account in their daily life, as well as the intervention methods to be implemented, their adaptation to the situation, their emotions, their feelings about the way society looks at them, the prejudices, the obscene interpretations and inappropriate remarks, the criticisms, the judgments that some do not fail to tell them about their choice to be together, as a couple , and then even worse when they have children, fruit of their sexual life. However for some mixed couples where one of the partners has a disability, intimacy is sometimes little explored because of the fact of thinking that the subject is taboo, for these it will therefore be difficult to approach the topic and talk about their sex life as a couple. Sexuality then becomes a kind of additional illness, a secondary handicap to the handicap that the couple is already experiencing. The fact that the problem of the experience of the disabled person's sexuality in the couple and its intimacy remains to this day a theme that those concerned cannot easily address, sometimes an unharmonious climate is created in the couple. Why mention sexuality? can they not live without sexuality in their couple and in their affective life, it is a question whose answers always depend on the affective life of the concerned and their education, information, accompaniment and follow-up.

For a couple, it is normal to have intimate relations, sexual relations, children, however in a couple where one of the partners has a disability, the problem of sexuality, couple life, intimacy, seduction, to be loved and to love, to seduce or to be seduced or seduced, this is not always accepted in the eyes of society, which thinks and thinks that these couples go against all normality, and that their life as a couple, their choice to have a normal life as a couple is simply not normality as if they want to have a life as a couple, sexuality, intimacy, to procreate, disturb society's image of its reality made up of what it takes for a "normal couple" without a disability. Everything happens as if the mixed couple (where one of the spouses is able-bodied and the other disabled) came to deconstruct what is constructed, what is known, what is the norm, that is to say "couples valid". The different aspects of the sexuality of the life of the couple make it possible to identify the way in which these different variables which can be intertwined within the mixed couple in which one partner has a disability. The fact that this subject remains difficult, sensitive, complex, and taboo in a couple, has an impact on the emotional life of the couple, sometimes reinforcing the feeling of the disabled person to identify with his disability and sometimes also leads to forms anxiety, stress, reinforces the discomfort between the couple, the desire to please the other with his disability becomes an obsession because devaluing himself, and the other wondering if he or she will have pleasure during the act sex with partner...

It is also essential to take into account the fact that the disability, the associated illnesses, and the treatments taken by these can also promote certain problems related to sexuality, hence the need to properly inform the patient to consult in person.

Appearance of certain symptoms and signs while explaining to him that the treatments can cause these problems so that he feels comfortable and talks about it more easily with his doctor in the event of the appearance of problematic changes related to his sexuality.

Awareness of the risks that their audiences, who are more vulnerable, less informed on this subject, could take, the permanent search for the protection and interest of the disabled person assigns them a duty of responsibility to address the issue, in particular, to alleviate the difficulty parents have in doing so.

However, depending on the type of disability, sexual need and desire can be promoted, aroused and felt by a physically disabled body. Organic damage can thus lead to a desire to be caressed, to be touched by another person, by the partner. These are reactions to consider.

If only the subject were approached which would compensate for the fact that it is the lack of accessibility to information, to education, on the subject while emphasizing the need, the feeling, the recognition as being couples who can simply have an intimate and sexual life as a couple. All this while making an additional contribution to the building on the importance of individual support, or mixed couples with disabilities, while highlighting the fact that the way society also welcomes disabilities and couples living with a disabled partner has a huge impact on the experience of those concerned.

In structure, in couples, professionals are still struggling to address the subject, couples too, especially by fear of looks, criticism, hostility that exists about them and on the subject of sexuality, libido, emotional life, and sexual life. If today, they are not opposed to addressing this issue and share its importance, it is nonetheless a difficult subject that raises difficulties because it is subject to fears, fears of several kinds.

The follow-up, the accompaniment to sexuality and the openness to otherness would perhaps require an ethical practice, one of the models of which could be that of "responsibility for others" seen by Levinas or rather of "the communicational action" that demonstrates Habermas.

Negative representations associated with disability are often considered from the perspective of incapacity rather than that of skills that can lead to demotivation and a feeling of inferiority.

Moreover, it is all the more difficult and sensitive when in the couple, the disabled person is under the jurisdiction of the mental handicap, because they often experience pleasure in masturbation, of which they are not even aware that it is their sexuality, and what becomes of the couple? How does the partner feel? The emotional life of the couple? Especially when this practice of masturbating becomes regular? Conversely, masturbating is rather difficult or even impossible when it comes to a physical disability. For some, resolving to put aside the intimacy of their life as a couple to masturbation makes them even more questioning and they live it badly.

4.2. Sexuality in the disability seen as a quest for sexual pleasure in the couple

Sexuality in its aspect and general objective sexual pleasure. The main goal before anything else is the achievement of sexual pleasure. It is a search for pleasure, initiated by envy, the sexual desire of one for the other in the couple, despite the physical or psychological situation of one or the other, by the response to the libido, by the quest for pleasure.

At certain times, it can be a question of a transition or a change in the relationship to the other, by the desire that one arouses vis-à-vis the other, and vice versa, in a desire mutual, and reciprocal sharing of sexual pleasure, affection, love. It therefore goes from a feeling to lead to the realization of the sexual relationship, or the sexual act sign of the desire they have for each other and of their shared affection and feelings.

If sexuality is covered with a double layer of relationship to the other, with a pleasure that sometimes remains unsatisfied by the psychological state, or the context, according to a resident in an institution, for example, which for him defines sexuality masturbation and that for him is satisfying, maybe it's due to the context...

Only another resident in another institution will say and think this: "Sex is a disease. I masturbate, I hurt myself, I suffer from it. I have a girlfriend in the institution, but you have to think. I don't want to take a shot with a patient. If I have a kid, I can't raise him."

Two aspects which quite simply demonstrate that people with disabilities have a rather limited definition and approach to sexuality, to their right to a fulfilling sex life, to the normal outcome of the sexual act, to a life as a couple, to an emotional life facts of feeling and the construction of a fulfilled and fulfilled life with in response to their libido, their desire, their feeling, their desire, their need to love and to be loved, is it due to the lack of information, education on their sexuality and their life as a couple, their emotional life, even in an institute where professionals could approach the subject individually or collectively? Assuming that it is ignorance about their rights to pleasure and a stable life, by providing them with the necessary education, by multiplying the workshops on the subject, by lifting the taboo aspect of the subject and by carrying out a major awareness-raising and educational program on the subject for people with disabilities, this would lead to a change of opinion on the idea that they themselves have of their sexuality, their emotional life, their life torque?

Take the case of people who are in a relationship and who initially are not disabled, and who subsequently, secondary to an illness, an accident, or other causes of iatrogenic origin, or even unknown, find themselves in situation of disability, that is to say one of the partners in the couple, they had before the announcement or the arrival of the disability, an emotional life fulfilled until then, a love life, a sex life, a normal life as a couple and the children they are raising, and now one of the partners is in a situation of disability, will the fears and concerns be the same? The couple will have lived like any other couple until then, if we put aside the thoughts and topics about the children they have and are raising, perhaps depending on the type of disability, genetic disease and others, they will have fears, or otherwise review education in the face of the multiple dangers linked to perhaps sporting or accidental practices that have led to the disability of the spouse...basically, the adaptations differ according to and according to the disability, the type of disability, the level or severity of the disability, the information received and that not received on his disability and his adaptation to life in the face of his new situation of disability, or by monitoring and support. Sexually, others do better than some.

For this dissertation I put online a questionnaire on social networks addressing people with disabilities and their relationship to sexuality (see appendix 1).

Already several have preferred to answer in private messaging, others have chosen the email for them more reassuring, which already characterizes the taboo and sensitive side of the subject although the questions were questions on a completely general level.

It emerges from the multiple responses received that for those living in a couple, at the beginning sexuality was a delicate subject to broach but after having been able to do so, they discovered passions and facets of their sexuality as a couple that they have rather deepened their intimate life, it brings them even closer and they have a fulfilling life, a couple life, a sexual life, a normal and fulfilled sentimental and love life and that the handicap has only strengthened their attachment towards each other, the husband being the valid partner, would have seen himself as a perfect helper, always at his wife's side by adapting his schedule in order to take care of their three minor children and his wife without complaining, while spending more of his free time with his disabled wife, this allowed them to talk about a lot of topics, to discuss TV programs, children, to talk about multiple subjects and to feel more in addition to attachment, affection, love for each other, accompanied by desire, envy of one vice versa, and to share rather intense moments driven by their feelings and their sensuality, their desire to belong to each other, or to give themselves to each other completely...

Others, on the other hand, have lost the complicity of their life as a couple, no longer feel desire, have rather developed a negative approach to their situation of disability and in their fall have taken with them their life as a couple which has not survived. . Some in this situation have separated but others have continued to live as a couple only harmony, the sexual desire for the spouse is blocked by the fact that (the woman with a disability here and the able-bodied husband), the partner feeling less attractive, less attractive, preferred not to have an intimate relationship with her partner who, on the other hand, continued to try, because the feelings had not gone away with the handicap of his partner, this one kept hope that by trying a couple therapy, by consulting professionals, he will be able to find intimacy, sexual pleasure with his partner.

A few rare returns said they preferred to end their relationship with their girlfriend and boyfriend, and to prefer to appeal to sex vendors or prostitutes with whom they found satisfaction, and for them their sex life was not to be pitied. , they felt fulfilled in their way of filling the absence of their partner and however regretted their complicity, their presence and the harmony that there was between them, which prevented them from being alone, but for them, it was their way of expressing their love for their partner by granting them the possibility and the freedom to live with a person capable of satisfying them on all levels, they no longer felt they deserved to be with their partner and felt therefore that they or they deserved better... This group with whom I spoke for a long time in private lacked a lot of self-esteem and self-esteem, lacked confidence and only saw themselves as handicapped people that society generally rejects , that society criticizes, looks with hostility, stigmatizes, and said they did not want to inflict this on their ex partner for love. The reasons of the others who constantly came back were "I did not want his compassion but his love, but in my state I no longer feel like a person worthy of being loved, so I preferred to remain without sentimental ties, nor in love, nor emotional, when I need sex, I can either masturbate while watching porn or call on prostitutes with whom I would have no form of responsibility, nor fear of reading pity in their eyes and that would hurt me, it was a simple contract, sex for money and then there it is like that"...

Some people with disabilities have a poorly developed approach and understanding of sexuality. Their sexual practices can then shock, appear brutal. Thus, some residents can force other residents to masturbate them, in order to know if the pleasure is of the same intensity when this act is performed by others. Their sexual urges can also be directed towards children and non-consenting women.

Imaginary sexual relations, masturbation, have been reported to us in particular. Faced with behaviors of the sexual fantasies type, especially sometimes about the caregiver, the accompanying person, very frequent in institutions (whether female or male), we are also led to question ourselves. Should we talk about sexuality or the default access to pleasure? The dimension of pleasure in the sexual relations of the physically handicapped person can be difficult to achieve.

Talking about sex, sexuality with the handicap, desire, desire and one's sexuality when one is in a situation of handicap remains difficult already because of the definition that the handicapped person will make of his sexuality, he recognizes himself, and if he identifies himself as a man from the sexual act and if this is what defines his personality.

A person who has become physically disabled following an accident finds it difficult to think of himself as a sexual being and to see himself in a relationship of pleasure with another. A sexologist will thus suggest to people with physical disabilities to start with uro-genital intercourse and eroticized contacts in order to reconcile with their sexuality, a romantic relationship, the desire and the pleasure felt during the sexual act.

In addition, some relationships between residents may be incompatible, particularly in the event of additional pathologies, as they may lead to violence. Furthermore, medical procedures such as digital rectal examination and toileting, while they may appear to some residents to be intrusive and violent, are for others a real source of sexual pleasure.

In an institution, we see residents who experience pleasure when eggs are introduced into their vagina, and even more so when the caregiver is of the opposite sex, this very often makes the caregiver uncomfortable, of course, which will accelerate their care, moreover, to limit the gene. This is to say that the handicap does not abolish the sexual desire, nor the libido, nor the sexual pleasure, it is a fact, for those who do not make their handicap a psycho-social blockade, a fatality and other ideas of this gender.

Finally, some, by renouncing an impossible love, prefer to be sexual objects rather than depriving themselves of all sexuality, with the manifestation of a difficulty in mourning an idealized couple relationship on the inaccessible model of two valid people.

4.2.1. Social representations and their legitimacy on the sexuality of the couple with a disability of one of the spouses

The impacts of the disability experienced by couples with a spouse with a disability (mixed couples)

A couple with a spouse with a disability experience limits, difficulties, especially those who decide to continue to live their life as a couple, so they suffer hostilities and criticism from the society around them, their loved ones, their families, society by social categorization. Those who therefore live as a couple or who have emotional feelings, given that some people with disabilities have never known a relationship, life as a couple, romantic relationship, sexuality in general.

Couples where one of the partners has a disability and therefore where one is able-bodied, the other disabled, the disability of one of the spouses is generally what will trigger the problems in the couple, and when faced with the society which will each time want to criticize them and wonder why the able-bodied stays with the disabled spouse...

Society generally does not manage to get used to the idea that a couple relationship, an intimate life, a sexual life, love, could exist with a disabled person, however sometimes the problem can also be internal, because the the valid partner is at the same time a companion. In the literature it is described obvious imitations for a person who being for example according to attractive society, it would be unlikely that this attractive person is in a relationship with a disabled person especially when it is a question of a visible handicap, or of a deformity, handicap, invalidity; society, family, loved ones, those around you keep asking indecent questions, saying things like: "Is that possible? What does she find in him or what does he find in him? These thus show visibly their hostility, their disapproving glances, their refusal of this couple which is for them a horrible abomination.

Thus society will see that the disabled person is not entitled to have a life as a couple, a sexuality, a love life, even less a family, it is out of the ordinary because the disabled partner is abnormal, and is not valid.

This direct and obvious way that will arouse hostile, negative looks will still raise questions within the couple, and even without realizing it, each of the partners will have their own vision of the couple, of their situation, of the looks that their loved ones throw at them, as well as society in general, which completely and suddenly disapproves of their relationship.

During moments of tension, sometimes the couple will see themselves going out and exchanging harsh words in relation to everything they hear, sometimes making relationships more complex in the couple on an intimate level, so in these moments of problems, they see themselves rethinking the words and prejudices heard, with the risk of questioning their intimacy, their life as a couple, their love life, their project to start a family too and ask themselves questions, each according to their situation: why? not having chosen a “valid” spouse or spouse, a life as a couple with a partner who does not attract negative attention from others, their families, their loved ones, society, their environment and not have to put up with each other's hostility?

This raises a question about the validation by society of the couple life of people with disabilities, of their sexuality in the couple, of their offspring, only here it is not only society that finds this situation problematic, often it is obviously the people concerned themselves who cannot bear the heaviness and the negative remarks of each other around them... It therefore follows a test of the physical capacity and psychic of the two protagonists.

The able-bodied partner of the couple may also want to give up, or dream of a life with their partner but able-bodied, not disabled, thus highlighting the difficulty that partners often have in making the difference between being loved and his disability which is one of the protagonists of the household, therefore, the couple plus the disability, which thus involves several algorithms in the home which should be taken into account and with which it will be necessary to live from day to day.

Disability is a member of the couple that must be taken into account, it is present at all times, however, we would like to be able to part with it sometimes. However, the significant physical handicap is not absent in the evenings and on weekends. We must therefore build the life of a couple with the third party, which is the disability, and therefore a loss of autonomy which will mean that the couple will have to adapt to their usual practice of the sexual act. The loss of autonomy means that nothing is the same as well as the constraints linked to the situation whether it is permanent or not. Faced with its difficulties, both social and linked to the direct autonomy of the disabled person, the able-bodied spouse will sometimes be assigned more the role of accompanying than companion or companion, and this will disrupt daily life, the intimacy of the couple, their experience, their sexuality, and also in the case where there is the permanent presence of a carer, or a carer, the couple will rarely be alone, and for good reason the reduction in their time of intimacy, time to give to their couple, to their love life, to their sexual relationship. The partner will sometimes perform the tasks relating to the comfort of the other so much that very often fatigue, physical and psychological exhaustion will set in, faced with the daily repetition of all the domestic and family tasks, added to all the constraints associated with the disability, thus putting the couple in a trying situation, and then, the exhaustion brings back the words, the remarks, the societal criticisms will then join all this exhaustion and also contribute to the calling into question the life of a chosen couple with a disabled person. It is then the effect on the couple of the social handicap. There is a particular alchemy of the couple in a situation of disability, which transforms the relationship between these two people.

For Philippe Caillé, in a couple, there is one and one which make three, the handicap being the third partisan. The couple revealed to itself (Paris, ESF, 2004, introduction), we must speak of the couple "as of a human being who constructs his own experience, an experience that can be positive, please or displeasure and be the subject criticism, denial, lack of acceptability of each other, loved ones, as well as society and sometimes questioning within the couple also difficulties, tensions, which would threaten the balance of the couple, his life as a couple, his intimacy...

A story that can delight or, on the contrary, despair those who play a role in it. Seen from this angle, the couple that is created quickly becomes aware of its own existence, with its requirements. Therefore, for each: $1 + 1 = 3$ Following the idea of Philippe Caillé, Marcel Nuss and Véronique Cohier-Rahban specify in an article written with four hands: "Thus, in this article, the couple will be approached as a three-way entity heads. The relationship built by the two actors of the couple will be considered as a living entity, a “living system” (...) what should have been a two-way relationship quickly turns into a three-way relationship" (The identity of the “disabled” person, Paris, Dunod, 2011, p. 136) he creates himself as an unexpected third character who is neither one nor the other. Sometimes both are going well, both have plans, but they are no longer necessarily going in the same direction, which upsets this third character, the couple itself, and can make him sick. With disability,

$1 + 1 = 4$, because there is not only the couple, but another cumbersome character, which is the disability itself, both in its organic sense, in the constraints linked to the inaccessibility of the places where the couple would have liked to go together sometimes to places they love, in order to share moments of their own, but the brake on the social relationship that this will create wherever the couple wants to go: to the terrace of a café, to the restaurant, etc. puts a brake on their life as a couple. Disability is everywhere, and you have to adapt to it. Concerning this character, "we must distinguish two aspects of the experience of the handicap: the psychic experience (its integration and its unconscious consequences), and the reality of the physical and objective consequences of the said handicap" (Ibid., p. 139).

undesirable intruder affects couple relationships, and of course also complicates the forms of sexuality that one can have (one can be prevented from having certain physical relationships because of muscular retractions for example): "how not to be crushed (e) little by little by the handicap, its pejorative image and representation, when it becomes a permanent intruder? Those who venture into this relationship will feel the weight of the disability all the more as it takes on the role of intruder. (Ibid. p. 140)

Moreover, this character rarely comes alone: among the social consequences, we must not forget the presence of carers, companions who are most often present permanently and even prevent the couple from enjoying certain moments of intimacy, and also on the contrary also attend disputes which can arise as in all the couples elsewhere, and would however like to find their place without being cumbersome, as long as they are practically aware of the intimacy of the couple, gold accompanying it would like to find the right place to not be involved, taken to give his opinion, to be there and at the same time to be discreetly there, but this is once again another character in the life of the couple, who in addition to the spouses, the couple itself, the disability, caregivers, companions, etc. All are involved in the functioning of the couple's life of the disabled person who therefore finds himself with several factors, necessary of course, but does this not wouldn't put an additional brake on their intimacy? their sexuality, in the practice of the sexual act? Accompaniment requires very fine adaptability, complicity and positioning, as Marcel Nuss points out in *Daring to accompany with empathy* (Paris, Dunod, 2016, p. 113).

Marcel Nuss, himself suffering from a major physical handicap (infantile spinal muscular atrophy) which has left him completely paralyzed since the age of 20, recounts the difficulties encountered when his new companion arrives: the accompanying persons who had become accustomed to domestic chores at home felt devalued, exploited, like domestic workers, because their presence was no longer self-evident within a couple (Ibid. p. 118). Apart from the accompanying persons, there is in the social field associated with the disability the family, the relatives, and those there who judge, criticize, point fingers, stigmatize according to their definition of "normal" couple life, according to their own regard, of their own experiences which can be failures when they call themselves "normal" and therefore with all the qualifications required to have a good life as a couple, or also a success which according to them is due to the fact that they embody "the valid and normal human, with what it takes, without failure, without imperfection and are therefore complete beings". Given that these hostile looks and these prejudices, these criticisms, these difficult relationships with the outside world and human and social interactions can sometimes be so heavy for the couple, especially in times of crisis, these can often be tempted or outright question their life as a couple, their choice to live for the able-bodied person with a disabled person and vice versa....

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It emerges from the multiple responses received that for those living in a couple, at the beginning sexuality was a delicate subject to broach but after having been able to do so, they discovered passions and facets of their sexuality as a couple that they have rather deepened their intimate life, it brings them even closer and they have a fulfilling life, a couple life, a sexual life, a normal and fulfilled sentimental and love life and that the handicap has only strengthened their attachment towards each other, the husband being the valid partner, would have seen himself as a perfect helper, always at his wife's side by adapting his schedule in order to take care of their three minor children and his wife without complaining, while spending more of his free time with his disabled wife, this allowed them to talk about a lot of topics, to discuss TV programs, children, to talk about multiple subjects and to feel more in addition to attachment, affection, love for each other, accompanied by desire, envy of one vice versa, and to share rather intense moments driven by their feelings and their sensuality, their desire to belong to each other, or to give themselves to each other completely...

Others, on the other hand, have lost the complicity of their life as a couple, no longer feel desire, have rather developed a negative approach to their situation of disability and in their fall have taken with them their life as a couple which has not survived. . Some in this situation have separated but others have continued to live as a couple only harmony, the sexual desire for the spouse is blocked by the fact that (the woman with a disability here and the able-bodied husband), the partner feeling less attractive, less attractive, preferred not to have an intimate relationship with her partner who, on the other hand, continued to try, because the feelings had not gone away with the handicap of his partner, this one kept hope that by trying couple therapy, by consulting professionals, he will be able to find intimacy, sexual pleasure with his partner.

A few rare returns said they preferred to end their relationship with their girlfriend and boyfriend, and to prefer to appeal to sex vendors or prostitutes with whom they found satisfaction, and for them their sex life was not to be pitied. , they felt fulfilled in their way of filling the absence of their partner and however regretted their complicity, their presence and the harmony that there was between them, which prevented them from being alone, but for them, it was their way of expressing their love for their partner by granting them the possibility and the freedom to live with a person capable of satisfying them on all levels, they no longer felt they deserved to be with their partner and felt therefore that they or they deserved better... This group with whom I spoke for a long time in private lacked a lot of self-esteem and self-esteem, lacked confidence and only saw themselves as handicapped people that society generally rejects , that society criticizes, looks with hostility, stigmatizes, and said they did not want to inflict this on their ex partner for love. The reasons of the others who constantly came back were "I did not want his compassion but his love, but in my state I no longer feel like a person worthy of being loved, so I preferred to remain without sentimental ties, nor in love, nor emotional, when I need sex, I can either masturbate while watching porn or call on prostitutes with whom I would have no form of responsibility, nor fear of reading pity in their eyes and that would hurt me, it was a simple contract, sex for money and then there it is like that" ...

Some people with disabilities have a poorly developed approach and understanding of sexuality. Their sexual practices can then shock, appear brutal. Thus, some residents can force other residents to masturbate them, in order to know if the pleasure is of the same intensity when this act is performed by others. Their sexual urges can also be directed towards children and non-consenting women.

Imaginary sexual relations, masturbation, have been reported to us in particular. Faced with behaviors of the sexual fantasies type, especially sometimes about the caregiver, the accompanying person, very frequent in institutions (whether female or male), we are also led to question ourselves. Should we talk about sexuality or the default access to pleasure? The dimension of pleasure in the sexual relations of the physically handicapped person can be difficult to achieve

From colloquial sexual language we move on to a technical language (urogenital-sexual), for desire we substitute prescription, for spontaneity programming, for ENSP - Module interprofessionnel de santé publique - 2002 17 "bandage" the erection reflex.

A person who has become physically disabled following an accident finds it difficult to think of himself as a sexual being and to see himself in a relationship of pleasure with another. A sexologist advises people with physical disabilities to start with oral-genital intercourse and eroticized contacts to reconnect with this dimension of pleasure.

In addition, some relationships between residents may be incompatible, particularly in the event of additional pathologies, as they may lead to violence. Furthermore, medical procedures such as digital rectal examination and toileting, while they may appear to some residents to be intrusive and violent, are for others a real source of sexual pleasure.

In an institution, we see residents who feel pleasure when eggs are introduced into their vagina, and even more so when the caregiver is of the opposite sex, this very often makes the caregiver uncomfortable, of course, who will accelerate their care, moreover, to limit the gene. This is to say that the handicap does not abolish the sexual desire, nor the libido, nor the sexual pleasure, it is a fact, for those who do not make their handicap a psycho-social blockade, a fatality and other ideas of this gender.

Finally, some, by renouncing an impossible love, prefer to be sexual objects rather than depriving themselves of all sexuality. London also offers examples of fetish clubs where people with disabilities find their place and can access sexual pleasure with able-bodied fetish people. Within an institution, we have been told of behaviors of specialization and complementarity: the residents thus satisfy the pleasures of others according to their abilities. One of the residents, for example, specialized in oral sex with cigarettes. In institutions, behaviors of collecting, flirting or even infidelity are relatively widespread. Are they more so than in able-bodied people? Nothing is less certain but some see it, in fact, as the manifestation of a difficulty in mourning an idealized couple relationship on the inaccessible model of two able-bodied people.

The choice to live as a couple

In the community, in society and in an institution, each person with a disability feels the need to love, to be loved, everyone would like to live their sexuality in their disability, the hardest part is often self-confidence, prejudices, social representations, the gaze of each other, the fact that it is for non-conformist society. However, some get into a couple,

decide to ask to live their sexuality, their attraction, this sometimes either in institutions, or prefer to see each other only one day in the week or on the weekend. Generally, life as a couple is not prevented by the institution provided that the partners show the stability of their feelings. This is due in particular to the substantial changes in support that this may entail. There are those who marry beyond the discrimination experienced. There are, however, when it is within the institute, certain standards to be respected, such as for example a long period of "engagement" so that those concerned know exactly what they are embarking on and thus be able to know the impacts of a such a commitment, that of living as a couple. This shows that we can have people with disabilities who are looking for a stable and lasting relationship. Vincent and Brigitte express themselves thus: "Why not us? We have a disability but it doesn't matter, we love each other. However, the acceptance of the couple within the establishment could also be a source of problems vis-à-vis the other residents, and if they are external, in the community, vis-à-vis society. The image of the standardized affective relationship can cause tension, jealousy, rivalry. In the literature concerning couples in an institute, it appears that given these more or less real, or even potential, demands and desires for sexuality, the institution must provide options to solve this.

5. Discussion

5.1. Social representations and sexuality in a mixed couple with a disability

For this work, I put online a questionnaire on social networks addressing people with disabilities and their relationship to sexuality (see appendix 1).

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It emerges from the multiple responses received that for those living in a couple, at the beginning sexuality was a delicate subject to broach but after having been able to do so, they discovered passions and facets of their sexuality as a couple that they have rather deepened their intimate life, it brings them even closer and they have a fulfilling life, a couple life, a sexual life, a normal and fulfilled sentimental and love life and that the handicap has only strengthened their attachment towards each other, the husband being the valid partner, would have seen himself as a perfect helper, always at his wife's side by adapting his schedule in order to take care of their three minor children and his wife without complaining, while spending more of his free time with his disabled wife, this allowed them to talk about a lot of topics, to discuss TV programs, children, to talk about multiple subjects and to feel more in addition to attachment, affection, love for each other, accompanied by desire, envy of one vice versa, and to share rather intense moments driven by their feelings and their sensuality, their desire to belong to each other, or to give themselves to each other completely...

Others, on the other hand, have lost the complicity of their life as a couple, no longer feel desire, have rather developed a negative approach to their situation of disability and in their fall have taken with them their life as a couple which has not survived. . Some in this situation have separated but others have continued to live as a couple only harmony, the sexual desire for the spouse is blocked by the fact that (the woman with a disability here and the able-bodied husband), the partner feeling less attractive, less attractive, preferred not to have an intimate relationship with her partner who, on the other hand, continued to try, because the feelings had not gone away with the handicap of his partner, this one kept hope that by trying couple therapy, by consulting professionals, he will be able to find intimacy, sexual pleasure with his partner.

A few rare returns said they preferred to end their relationship with their girlfriend and boyfriend, and to prefer to appeal to sex vendors or prostitutes with whom they found satisfaction, and for them their sex life was not to be pitied. , they felt fulfilled in their way of filling the absence of their partner and however regretted their complicity, their presence and the harmony that there was between them, which prevented them from being alone, but for them, it was their way of expressing their love for their partner by granting them the possibility and the freedom to live with a person capable of satisfying them on all levels, they no longer felt they deserved to be with their partner and felt therefore that they or they deserved better... This group with whom I spoke for a long time in private lacked a lot of self-esteem and self-esteem, lacked confidence and only saw themselves as handicapped people that society generally rejects , that society criticizes, looks with hostility, stigmatizes, and said they did not want to inflict this on their ex partner for love. The reasons of the others who constantly came back were "I did not want his compassion but his love, but in my state I no longer feel like a person worthy of being loved, so I preferred to remain without sentimental ties, nor in love, nor emotional, when I need sex, I can either masturbate while watching porn or call on prostitutes with whom I would have no form of responsibility, nor fear of reading pity in their eyes and that would hurt me, it was a simple contract, sex for money and then there it is like that" ...

Constraints of disability on the couple While it will be a question here of people living as a couple or having romantic relationships, it should be remembered that many people with disabilities live alone and have sometimes never experienced a romantic relationship or sexuality. I will insist on examples of couples where the disability is clearly visible (a physical disability in particular) and especially on so-called “mixed” couples, where one of the two members of the couple is able-bodied. The couple is often made up of dissimilar people (especially in heterosexuality) about whom it is said that they are made to get along, as if dissimilarity were a vector of possible complementarity. But there is a degree beyond which this dissimilarity is no longer tolerated: when the appearance of one of the members of the couple shocks the public to the point that one does not even imagine that a romantic relationship and sexual relationship with him or her is possible, so much so that the spouse is confused with an accompanying person. This degree of dissimilarity beyond which discomfort sets in is not precise in our collective representations. But this limit manifests itself, for example, when an able-bodied person considered attractive according to our beauty standards chooses to live in a relationship with a person whose organic damage is very significant, very visible and disabling. We then hear remarks like: “How is this possible? What does she find in him? which show confusion, disapproval, at best incomprehension. The negative experience of this dissimilarity calls on norms, understood here as implicit rules, both external (the set of explicit judgments and gazes) and internal (the fact of taking them up on one's own account, more or less consciously). The impossibility of distinguishing the norms suffered and the norms accepted without knowing it often complicates the couple's relationship, especially in moments of tension. We then think back to everything that has been said, we run the risk of having more doubts about our own choice: why did you not choose a more “normal” spouse, a life that poses no problem for anyone (assuming, moreover, that is actually possible)? Let us keep this aspect in mind when considering the question of the social acceptability of such a couple: if it really only concerned society, the problem would not arise in the same terms. But very often it also complicates the relationship itself, which disability in its functional dimension does not spare, any more than the social situation of disability on a daily basis. Constraints test the physical and psychological resistance of each member of the couple. The valid member of the couple can sometimes come to want to live without the other, or more exactly without the handicap of the other. It is often difficult to distinguish between the person you love and the disability with which you have learned to live. Disability is a characteristic that belongs to him, but that we would like to be able to remove from time to time. However, the significant physical disability is not absent in the evenings and weekends, nor are the vital risks that are sometimes associated with it. It is therefore necessary to clearly distinguish here a social condemnation about a physical particularity which does not affect the functions (for example living with a very small person and for a woman having a husband who is 50 cm shorter than oneself). ...) and on the other hand what comes from an impairment affecting the functions, for example placing the body in complete immobility, with an artificial respirator: physical independence is no longer the same, and the constraints associated with the disability are much more important. In the first case, the constraints are essentially social, in the second they are social and functional. When the physical disability is functionally significant, there is no complete rest at home, no holidays, no privacy often due to the presence of companions, or a great deal of physical pain if the spouse who must play the role of companion, at the risk of a certain confusion of genders... Physical and psychological exhaustion faced with the daily repetition of all the domestic and family tasks, added to all the constraints associated with the disability often puts the couple to the test (repetition wears out and exhausts the strongest characters) and it is in these circumstances that derogatory social judgments come to mind. It is then the effect on the couple of the social handicap. There is a particular alchemy of the couple in a situation of disability, which transforms the relationship between these two people. But we have not yet specified how a couple relationship should be considered: Spontaneously, we could think that a couple is a very simple addition: $1 + 1 = 2$

Philippe Caillé will say in *Un et un font trois*. The couple revealed to itself (Paris, ESF, 2004, introduction), we must speak of the couple “as a living being that weaves its own story. A story that can delight or, on the contrary, despair those who play a role in it. Seen from this angle, the couple that is created becomes, like a child who awakens to life, quickly aware of its own existence. He has his requirements and does not hesitate to come into conflict with the personal needs of those who gave him life” (Ibid. p. 11) So, for each: $1 + 1 = 3$ Following the idea of Philippe Caillé, Marcel Nuss and Véronique Cohier-Rahban go as far as they are concerned to say in an article written with four hands: “Thus, in this article, the couple will be approached as a three-headed entity. The relationship built by the two actors of the couple will be considered as a living entity, a “living system” (...) what should have been a two-way relationship quickly turns into a three-way relationship”.

For Dunod, 2011, in (The identity of the “handicapped” person, Paris, Dunod, 2011, p. 136), there will exist another or a third unexpected character being neither the first nor the second; he explains it in the sense that at times, everything goes well, but no longer goes in one direction, thus causing an annoyance of this third character who is none other than the couple making him sick. Within the framework of the handicap, there is a fourth intervening party which is the handicap, which causes changes in the habits of the couple, rearrangements in the life of the couple because of the invalidity, the incapacity of the handicapped partner to be able to have now access to certain places where, for example, they used to meet, go for walks, outings, or even even share moments of intimacy...to this end, the handicap which is an

element now to be considered in priority in the life of a couple will therefore necessarily lead to adjustments that will be either passive or a little annoying for one or the other.

Everything is played out on this other character who is the disability with his presence at all times, at all times which must be thought about and taken into consideration, which makes us have the psychic disability on the experience and the consequences. The handicap, the one whose presence we did not want, which has settled in to be everywhere without our being able to escape it, will affect the couple in their relationship to life and also in the intimate or sexual relations of Apart from the consequences generated by the disability, its impacts as a whole.

It is then that Ibid will add: "how not to be crushed little by little by the handicap, its pejorative image and representation, when it becomes a permanent intruder? Those who venture into this relationship will feel the weight of the disability all the more as it takes on the role of intruder. (Ibid. p. 140), especially this fourth character which is the disability will always be accompanied by other problems, other concerns, such as social representations, the arrival in the daily life of the couple of other actors for the accompaniment of the disabled partner, in loss of autonomy, and the presence of his other speakers in their daily life will not facilitate things in terms of the intimate relationship that they could have, and sometimes without realizing it we involve these other actors in the differences with our couple, up to the level of the existing sexual relationship or not ... here we find ourselves with another intruder who is this other actor or accompanying, or helping, the couple who at the start lived a life of love, a quiet intimate life for two, find themselves with one, the other, the couple, the handicap, and another disturbing element who will be like a fifth character in their life, the latter will also have difficulties in knowing what his place is, how to manage to be discreet, because of course he does not want to be intrusive in the life of the couple already disturbed and disturbed by the handicap. Marcel Nuss in Daring to accompany with empathy will say that the caregiver or the fifth character who is therefore the companion will seek a very fine adaptation, complicity and positioning (Dunod, 2016, p. 113). Marcel Nuss, himself suffering from a major physical handicap (infantile spinal muscular atrophy) which left him completely paralyzed at the age of 20, and who was to encounter worries and difficulties when his new partner: the companions who had become accustomed to domestic chores at home felt devalued, exploited, like domestic workers, because their presence was no longer self-evident within a couple (Ibid. p. 118). While they found themselves with less work due to the presence of his companion, who was involved in domestic tasks, the others no longer found their place there, were they or did they feel they had become useless? or was the fact of seeing Marcel Nuss happy in love causing them a problem and that they themselves were unhappy in love? in the questioning of love rivalry, the questioning of desire, seduction, virility, and femininity that such a couple represents would pose a problem for others?

It does not stop there because in addition to the intruding factor as an accompanying person, there is society, the social side para port of disability in the couple, the entourage, the relatives, those who judge from afar with hostile, critical looks sometimes perhaps simply jealous of your happiness with the handicap, or perhaps with regard to their own life.

Moreover, when in the couple, the handicap factor is an obstacle to the development of the couple, the social factors have a great impact in the couple's life of these and do not facilitate their life, not motivating them to maintaining their sexual and intimate relationship.

In general, when you are in a relationship, this implies having a sexuality accepted by both partners, and therefore it would be normal for a couple to have sexual relations, children who are the fruit of it, or in the case of 'a couple where one of the spouses is disabled, things do not always happen according to the norms, that is to say the fact of being a couple, of having sexual relations normally, and of making children, in the case of the couple with a disability, it is a generally disturbing problem, everything happens as if they were not a normal family, rather a strange and even worrying situation...

The couple will be the prey of several types of predators, judgments, criticisms, amazement, bad faith, negative remarks, rarely supported, rarely encouraged, rarely positive, it will be above all, words such as "it's impossible to live and love a disabled person", "I cannot live with a disabled person", or "I cannot be comfortable making love with a disabled person", or "I could never love this handicapped person", "I can't desire a handicapped person", "why inflict a life on oneself with a handicapped person, I couldn't...", "it's disgusting nothing to imagine them to have sexual relations", "especially if they do not have children, how the poor would survive in this world with a handicapped parent, it would be a plague for children who did not ask to be born by a couple who do not understand that the simple fact of having relations in this situation is repulsive"... Society thus sees an abominable, paranormal thing that stands out from the lot, from the normal world in which they evolve, and would like to banish the other because he or she is disabled, for them, they have inferior beings, they have shortcomings, deficits, flaws, bad beings who should not mate, even less have children. Others will say "they will suffer, they will not succeed, they will fail! », by considering that the valid person of

the mixed couple serves as a mirror object by allowing and making the other dreamer as if it is his presence which makes him or her sure of him or her, or would confer value on the other.

Some will say: "it will inevitably fail". A success would be such an insult to who I am that I prefer to foresee the failure of this couple or else, as a variant, adulate the able-bodied spouse like a lay saint: "I could never do what you do, what abnegation, it's extraordinary! », a way of overvaluing which perhaps compensates for the more or less consciously felt aggressiveness that this couple's success arouses.

If the couple is the type to take societal judgments into consideration, then they suffer from it and so does their couple, if on the other hand the couple who departs from the norms according to those who believe that they are out of the ordinary move away from all these prejudices, this social discrimination, then the advantage would be more impressive: "concerning the able-bodied person, the confrontation with the handicap will oblige him to adapt or give up some of his needs, pleasures and desires, leading him to revisit his life his vision of existence, of freedom (...) Disability, the disabled body, can also be the vector of liberation, of self-discovery, of one's own body, even of one's sensuality, for the able-bodied person" (I Identity of the "disabled" person, op. cit., p. 146). A liberation that rubs against all the negative representations, with this long-considered discrimination and impacting lives, wasting lives, couples who could have lived their happiness but only by social pressure, one or the other failed and could not continue the adventure of his couple, this also marks the negative of the human in its pure form towards the other quite simply because this one does not meet the criteria that the same being is defined as "normal" or "valid" showing forms of disrespect for individuals.

Beyond living together, there is the question of reproduction and the descendants of this "poorly paired" couple. If one becomes aware of the possibility of the reproduction of imperfection, another form of fear arises, as reported by this short man married to a woman of ordinary size about the remarks he had heard by announcing that he was going to be a father: "this dwarf is going to have babies!". One more happens, but let it happen again, and it will be too much... With this idea of the transmission of the hereditary "tare", we find hints of eugenics.

A eugenics that was fully accepted by the most eminent politicians and scientists at the beginning of the 20th century (and even until the beginning of the 21st century in the case of James Watson, the one who worked and contributed to the discovery of DNA, known for his extremely shocking remarks). A single excerpt, from a pacifist author, very little linked to the bellicose ideas of the extreme right will suffice to convince oneself of this: "a family of degenerates has been formed (...) they will shed deformities in the blood of generations to come, punyness, ugliness, which, gaining by relatives, will determine in the race that they dishonor deformity, punyness, and ugliness" (Charles Richet, Nobel Prize in Medicine 1913, Human Selection, Paris, Alcan, 1919, p. 49).

These remarks aim to prevent the handicap from becoming the "hook" to which all the difficulties of life are related (the very telling expression is from Goffman in *Stigmaté. Les usages sociaux du handicap*, Paris, Minuit, 1975). There are also other forms of discrimination based on the development according to society of two flaws when we hear: "not only is he or she disabled, and also homosexual", as if in addition to the disability, another disease was grafted onto his disability making him or her a person who has no place among those who call themselves "normal" or "valid".

This is about what such situations can be for oneself and one's identity, who one is, by what one defines oneself: why not "one's handicap poses a problem for me", The history of sexuality and that of disability are scourges arising from what others call norms and the reactions that follow.

There is a similarity, a proximity between the prejudices about disability and about the sexuality of people with disabilities, the disabled "by nature cannot have normal children, and even could not raise them", "by nature a man like him could not survive, so he must not become a father, he could not have authority over his children" (same shift from descriptive to prescriptive, in an authentic expression, Marcel Nuss having often heard such remarks despite the fact that he was a father, assuming his parental responsibilities.

6. Conclusion

Love, affective life, sexual attraction, sexual desire, sexual pleasure, the desire to love and to be loved is not something insignificant which suffices to say that it should not not be resented by either that he or she is ill, or disabled, or different.

Disability, sexuality, affective life, desire, seduction, the desire to love, to be loved, to live as a couple with one's disability, to live with sensations, emotions, pleasure of affective origin, relational, consent, shared, reciprocal, mutual remains a major problem for people with disabilities.

For those who live their sexuality, their life as a couple in an accomplished way, they will be confronted with social representations, prejudices, and sometimes, if the couple feels influenced by hostility as well as criticism from society, family, loved ones, especially towards the valid partner who would be with the disabled spouse, the couple can be really affected and this could create a real imbalance which is added to the disability already present and intruding or present as another partner of the couple, their experience vis-à-vis this intruder who is the disability...

There are also many people who feel fulfilled in their life as a couple with their disabled partner and whose experience brings them balance on an emotional and sexual level.

Only here is what the couples live and what they have to undergo, endure coming from the society which will qualify the fact of seeing these couples living their idyll, their intimate life, having sexuality as a risk for them who have prejudices, and these grow further when they completely reject the idea that a couple with a disability could see themselves building a family life, having children, this population finds that this would add or increase the number of people with deficiencies, "tares" as they say in society and therefore it would be an abomination, something unacceptable.

From an ethical point of view, the accompaniment of people with disabilities on their sexuality, the professionals in what concerns them should be of an approach with objective neutrality.

Perspectives of accompaniment, information, education, communication for the change of behavior vis-à-vis people with disabilities and their sex life, their sexuality, their intimate life, their life as a couple, their children, the fruit of their intimacy, of their love in their couple should be a theme addressed in society by the authorities concerned, associations, health professionals, companions, carers, politicians too because more and more pathologies chronic, genetic, acquired or not, accidents of life, and other causes of disability are becoming known and multiplying the number of people living with a disability, and therefore they should be able to live and have an emotional, sexual life, a life of couple, family life, children, because love with a disabled person is not disabled love, it's love, it's attraction, it's feelings, desire, pleasure, affection, and despite the necessary adaptations in the face of or according to the disability of the spouse, as long as they do not feel scrutinized, criticized by society, who believe that they cannot, must not have a sex life, sexuality, even less start a family on the pretext that they will not be able to educate their children, or worse for people even more hostile to disabled couples, that they will create "abnormal" children to invade society... This problem has an important and primordial place for people with disabilities who have the right to their affective life, their intimacy, their sexuality and their desire to procreate.

Disabled people, like everyone, have at one time or another affects, desires, impulses and obviously have to face prohibitions according to social representations. Accompaniment to sexuality and openness to otherness with professional ethical practice, one of the models of which could prove to be "responsibility for others" of Levinas or that of "communicational action" developed by Habermas.

Education, information, support, the "normality" of sexuality in the disabled person regardless of age as soon as the need arises in young adolescents with hormonal surges as in adults who are going through identity disturbances in the face of sexuality and its disability must increasingly challenge loved ones, as well as professionals, since the situation goes beyond sexuality. Sexuality in itself being more than just sex, it would therefore be a question for these bodies concerned, these associations, these professionals, without forgetting the impact that societal prejudices have of going beyond the sexual level. and to see the disabled person as a whole is humanism also in several dimensions, social, intimate, anthropological, beyond care, care, therapy. This therefore places the accompaniment of sexuality, emotional life, desire, the desire to seduce, to be seduced, to love and be loved, sexual pleasure, attraction, desires, sexual drives at the very heart of the intersubjective relationship and shared intimacy in the perspective of what Habermas calls "communicational action": the goal is the independence and freedom of the other at the heart even of his physical or psychological dependence.

Compliance with ethical standards

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