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## Editorial

Ève Gardien

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## Editorial

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**S**exualities in Western societies have changed considerably throughout history. Initially issued from religious values (Cf.: Church Fathers era, 4<sup>th</sup> century AD, sociosexual interactions have emerged within a more secular framework. Scientific advances, development of individualism, medicalization and psychologization of our societies, and political and militant struggles for sexual liberation or recognition of sexual minorities have all helped shape our perception of contemporary sexualities.

Nowadays, sociosexual interactions are much more accepted than when the religious ideal of abstinence was privileged. However, all do not practice this openness to sexual liberty equally. In fact, it is safe to say that there exists a discrepancy in the expression of sexuality depending on the population who practices it. Although it is difficult to obtain data that accurately reflects the sex life of people with disabilities, available studies (Shakespeare, 2006; Reinders, 2007; Colomby & Giami, 2008) show that: 1) people with disabilities who live in their home have less sociosexual interactions (according to other members of society), 2) people with disabilities who live in institutions rarely have any sociosexual interactions. How do we begin to understand this gap?

The biomedical model of disability offers an explanation in terms of deficiency and incapacity. While we cannot neglect the existence of physical differences, can we rely solely on these facts to explain the situation? Absolutely not. In an earlier publication, Shakespeare (1996) establishes that the sexuality of people with disabilities is in fact less limited by their physical state than by their social environment.

Research in the field of humanities and social sciences have put forth dim social representations regarding the sexuality of people with disabilities. These representations mostly reflect the preconceived notions that people with disabilities are abnormal or asexual (Giami, Humbert, & Laval, 1983; Lang, 1992; Lavigne,

1996; Dupras, 1998). Yet, these findings alone cannot explain the significant difference found between the frequency of sociosexual interactions in a person's home versus the ones being performed in an institution. Therefore, a thorough analysis must be conducted in order to have a more complex understanding of the situation.

With this in mind, what day-to-day difficulties do men and women living with disabilities encounter in the attempt of having a fulfilled sex life? What are the causes, obstacles, challenges and contradictions limiting the exercise of their sexuality?

An article by Joelle Berrewaerts leads to an understanding of a complex biological causality between factors relating to the pathology (i.e. cerebral palsy), factors relating to the individual's characteristics and factors relating to both the social and physical environment. This understanding surpasses all the existing assumptions about social representations. In like manner, Jennifer Fournier suggests a more in depth look at the living conditions in the institution in order to get a better understanding of the possible sociosexual interactions. With the help of a questionnaire, she found that some material and physical obstacles are often seen in specialized institutions. As for Adolfe Yemtim, his work with disabled women in Western Africa allows him to discuss the cultural aspects of their situations. This author shed light on social defeminization and hypersexuality as well as on the risk of sexual assault resulting therefrom. At last, Ève Gardien's work shows that although there are no legal inequalities, people with disabilities generally dispose of less sexual liberty due to various environmental factors. She insists that the physical aspects, which include more than biological issues, are all related to socialisation and social conditioning of the body.

Many other variables also deserve to be observed. Some of which are investigated in the "Feedback from the community" publications, for example: the role played by the media (Marie-Ève Veilleux) or the socially constructed possibility of self-belonging (Mireille Stickel).

Granted all the known causes, obstacles and difficulties explaining the lesser frequency of sociosexual interactions for people with disabilities, more attention must be focused on finding better ways to overcome the situation. What needs to be done in order to help people with disabilities experience a positive and enriched sex life? Are there specific techniques, whether they be architectural, institutional or organisational that could be put in place?

With the help of many researchers (Sylvain Ferez, Isabelle Wallach, Charles Gaucher, Stéphane Héas, Sébastien Ruffié, Julie Thomas, Laurent Gaissad, Mélanie Perez, Estelle Duval, Melaine Cervera, Jacqueline Fabre, Isabelle Rouanet, Albert Sott & Patrick Fougeyrollas), an article suggests a new analysis of the experience of the human immunodeficiency virus (HIV) thanks to an adaptation of the Disability Creation Process (DCP). This first hand understanding of the experiences of people with disabilities allows a better understanding of the environmental effects on daily habits and on the quality of their social life. This shall help find ways to intervene that are appropriate to the situation at hand.

Others in this field are interested in finding new techniques, new devices and new tools. Working with Alzheimer's patients living in an institution whose sexual activity has reduced, André Dupras suggests thinking about sexuality as a factor in the elaboration of institutional plans and personal plans. Drina Candilis-Huisman, on the other hand, documents ways to support people with disabilities in parenthood. She demonstrates how parents with disabilities find suitable ways to parent and how the children adapt to their parent's specificities. Furthermore, the approach used by Sabine Chatrousat is oriented towards a psychic process at the heart of parenthood. She focused on the importance of an upstream evaluation of the impeding and helping aspects of each individual's parenting skills in order to establish personal parenting and family plans that are respectful of each individual and of the couple.

Above all available explanations and means to help remedy situations of disability, many ethical questions regarding these specific experiences must be acknowledged. Some of these questions are also examined in the "Feedback from my community" publications, such as: philosophical issues on the right to intimacy (Noémie Aulombard), the right to dignity (Maudy Piot), the right to sex and its anthropological issues (Bertrand Quentin), sexual counseling and access to prostitution as a resource for emotional, relational and sexual balance (Michel Mercier & Marie-Aude Moreau) and the issue of rights and freedoms (Marcel Nuss). At last, Sébastien Serre contextualises many of these questions in his analysis of the journey of a disabled homosexual and feminist activist. He reminds us that in Europe, many battles for and by people with disabilities have been brewing over the last few years. These onsets in particular are related to sexual assistance. Legitimately, we can expect experimental knowledge to be produced as well as innovative solutions to rise in the near future. The debate shall then be renewed.

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