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Body image of the disabled person, sports practice and reorganization Identity

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Abstract:

This article deals with the problem of the body image of the physically disabled athlete, and the link of this practice with identity reconstruction. The psychoanalytic current remains the appropriate model to understand this relationship, because a body image scale is used in order to understand the important role of the place occupied by sport for the physically disabled in the process of reconstruction of identity. These results prove that there is a real change in the physical image due to the practice of competitive sport for people with reduced mobility.

Keywords: Body image; Reduced mobility; Reconstruction of identity; sport

Résumé :

Cet article traite du problème de l'image corporelle de l'athlète handicapé physique, et du lieu de cette pratique avec la reconstruction identitaire. Le courant psychanalytique reste le modèle approprié pour comprendre cette relation, car une échelle d'image corporelle est utilisée dans le but de comprendre le rôle important de la place qu'occupe le sport pour les handicapés physiques dans le processus de reconstruction de l'identité. Ces résultats prouvent qu'il y a un réel changement dans l'image physique du fait de la pratique du sport de compétition pour les personnes à mobilité réduite.

Mots clés: Image corporelle ; Mobilité réduite ; Reconstruction de l'identité ; Sport



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1. INTRODUCTION

The body is the place where nature and culture are articulated, from birth it takes on a meaning in relation to the norms and representations in a given society. The concept of the body seems so obvious. The man has a body, the animal is this body, and if the man has

A body, it is about the fact is the only one of the animal kingdom to speak. Man has a body because it is awarded to him by the language and it is this one introduces this disjunction between the being and the having.

The physical body appears as an extremely complex organic device extremely complex, a system more or less in balance of organs linked to each other in this equilibrium itself, which is both balance specific to each organ, and system of balances with the other organs. These balances are more or less.

These balances are more or less self-regulating, but just as precarious, subject to dysfunctions, due to external aggressions to the system, but also to internal but also to internal disturbances. For the man, there is the body that he has, that he sees, that he shows, but there is also the body that speaks with its symptoms manifesting his desires, but beyond that remains the body

That he is as he is alive, experiencing pleasures and pains.

(LACAN, J, 1975) affirms: "what there is under the dress and that we call the body, it is called the body, it is perhaps only this remainder that calls it the object further, he continues that "the bodily substance it is what we enjoy". In the case of a bodily attack. The subject lives a situation of disorder in the psychological sense, i.e. that the of a part of the body and perceived as a loss of the identity, of that results in a bad acceptance of the new body image

Followed by a devaluation of oneself, in other words the handicapped is in a situation where his self-esteem is affected. The subjects with motor deficiencies sometimes reinvest in various sectors of activity, they see these as places where they can rehabilitate themselves socially, they look for strategies to reshape their affected identity in order to rebuild their new identity and this by integrating sports clubs for the disabled. In the case of our research we will try to answer questions related to the situation of disability and the role of disability, and the role



that can play the competitive sports practice in the reorganization and reconstruction of identity. To answer this question we assume:

- The practice of sports by the disabled builds their identity.
- The practice of sports for the disabled promotes their integration into society.

2- General objective of the study:

The objective of our work was to highlight the representation that the disabled subject makes of his own body.

3- Procedural definition of the concepts mentioned in the research:

3.1 Disability:

The term disability comes from the English "hands in the cap", literally translated as "hand in a hat", which referred to a game of a game of chance. The term was then associated with sports, in particular horse racing, where horse racing, where the best horses were handicapped with weights to with weights to ensure a level playing field with the other horses.
other horses.

The World Health Organization (WHO) gives us one of the most recent most recent definitions: The International Classification of The International Classification of Functioning, Disability and Health defines disability as a generic term for impairments, activity limitations and participation participation.

3.2 Motor disability:

Covers all disorders that can lead to partial or total partial or total impairment of motor skills, in particular of the upper and/or lower limbs and/or lower limbs (difficulties in moving around, maintaining or changing a position, taking and maintain or change a position, pick up and manipulate, perform certain gestures). certain gestures).

3.3 The visual handicap:

Concerns blind people, but also, in the majority of cases, visually impaired people.

3.4 Hearing impairment:

Total hearing loss is rare, most hearing impaired people Most hearing impaired people have "hearing remains" in which hearing aids provide hearing aids provide a real amplification. Depending on Depending on the case, this handicap is accompanied or not by a difficulty in speaking.

3.5 Psychic disability:

No exhaustive definition is possible, especially possible, especially since the psychiatric terminology (neurosis, psychosis...) is only mastered by psychiatrists.



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3.6 Intellectual disability:

It is a difficulty to understand and a limitation in the limitation in the speed of mental functions on the level of understanding, knowledge understanding, knowledge and cognition.

3.7Disabling diseases:

All respiratory diseases, digestive, parasitic, infectious (diabetes, hemophilia, AIDS, cancer, hyperthyroidism...). They can be temporary, permanent or evolutionary.

3.8 Body image and body schema :

The concepts of body image and body schema are often equated with each other. assimilated one to the other. For (Shilder, 1950) the image of the body is the image of our body, in other words, the way in which our body appears to us to ourselves.

The image of the body would be the general feeling of the presence and the existence of the body (Chabot, 1950).

The image of the body would be the general feeling of the presence and the existence of the body (Chabert, 1983); (Sami-Ali, 1990), the latter being in some way the result of the phase of development called by) (Winnicott D, 1969) (personalization) during which is constitutes a kind of ideal model which is used as frame of reference to the subject subject helping him to be able to maintain his unity and his originality. As underlines it (DOLTO, 1984), if in principle for us the individuals, the body diagram is of the same kind, the image of the body, on the other hand, is on the other hand, is specific to each one: it is related to the subject and its history.

3.9 Disabilities, schooling and identity construction :

The construction of identity is a complex process because it involves of at least three dimensions: psychic, social, cultural. The

The psychic dimension emerges from the individual's relationship with himself; the social dimension of its relations with the others, but also of its place in the society governed by the economy and the relations to the work. As far as "able-bodied" children and adolescents are concerned the human sciences have taught us a lot about the psychic construction, that is to say the elaboration of the self through the evolution of the body consciousness and the complexity of relationships with parents, brothers and sisters. The social dimension or the

relations with the peers are perhaps less studied, except when they become problematic in adolescence problematic in adolescence, with the phenomena of gang and delinquency.

4- Methodological procedures used in the study:

4-1 Method and tools: the following are mentioned:

In the case of a physical injury. The subject lives a situation of psychological sense, that is to say that the loss of a part of the body is perceived as a body and perceived as a loss of identity, from this results a bad acceptance of the new of this results in a bad acceptance of the new body image followed by a devaluation of oneself, in other words the disabled person is in a situation where his situation where his self-esteem is affected. The subjects with motor deficiencies sometimes reinvest various sectors of activities, they see in them places where they can they can rehabilitate themselves socially, they look for strategies to they look for strategies to reshape their affected identity in order to rebuild their to reconstruct their new identity and this by integrating sports clubs sports clubs for the disabled. In the case of our research we will try to answer the try to answer the questions related to the situation of of disability, and the role that can play the competitive sports practice in the in the reorganization and reconstruction of identity.

The study population:

Our study population is composed of three subjects, affected by a motor impairment motor deficiency in the lower limbs of the body, the cause of the cause of the disability is different from one subject to another (disease or (disease or accident), their level of education is average, with an average of 30 years old and their physical and sport activity is basketball on wheelchair, practiced on wheelchair, practiced since five years together. The confidentiality of the data collected with each athlete was after a free and informed consent by committing to give the subjects all the information to give the subjects all the information they would like to know before committing themselves.

The Body Image Questionnaire:

Some evaluations carried out in this field show how much the image of the body that is to say the global configuration that forms the whole of the representations, perception, feelings, attitudes that the individual can elaborate towards his body during his existences through various experiences is questioned when the person is disabled.

is handicapped We will use the questionnaire of the image of the body (Q.I.C) of (BRUCHON.SCHWEITZER, 1990), this questionnaire was elaborated in the aim



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to appreciate the index of body satisfaction, to know the image that individuals have of their body; that is to say the global configuration that forms the whole of the representations,

perceptions, feelings, attitudes that the individual elaborated towards his body during his existence and through various experiences in other words to know the positive or negative body experience of an individual.

The C.I.Q. consists of 19 items describing the perceptions, feelings, emotions,...that the individual has his own body and on which he must answer must answer by ticking on a scale of 1 to 5, on (1): a lot or often, (2): rather or fairly often, (3): in between or neither the other, (4) : rather often or on (5) : a lot or often.

Example : you consider your body as ...the individual can answer by checking on 3.

answer by ticking on 3.

Table N°1: the scale from 1 to 5

Body	1	2	3	4	5	Body
Poor health	1	2	3	4	5	Good health

(1) : a lot or often

(2) : rather or quite often,

(3) : between the two or neither,

(4) : rather often

(5): very much or often.

4-2 Presentation and analysis of results

Results of the C.I.Q.

In our C.I.Q. results, we find a characteristic of a position of between two at the level of the projection of the images of the body and of oneself on the scales of the questionnaire.

The majority are the subjects, in spite of the instruction and the solicitations were unable to position themselves on the levels of the scale other than in the neutral in the neutral position.

Thus, we have observed a disinvestment of the image of the body of the body by who would be unable to inscribe themselves in a defined image. This ambiguous status, this existential distance from the normality of to the normality of a structured image of the body and the self refers rather to a defensive mechanism.

- (1) A lot or often
- (2) Rather or quite often
- (3) Between the two or neither
- (4) More or less often
- (5) A lot or often

The neutralization of the images was used to avoid the emergence of a representation of the body and the self too anxiogenic for the self and/or would testify of a failure of the adaptation of the self.

We notice that this phenomenon of disinvestment of the image of the body image of this scale by neutralization is in correlation with a strong anxiety.

This anxiety was noticed in all our subjects and several recent studies show that recent studies show that people suffering from a physical deficiency anxiety disorders. However, we still know very little about However, very little is known about the elements that play a key role in the development of anxiety symptoms in this population.

On the other hand, we note that the consequences of the handicap are reflected in a negative way have a negative impact on some subjects, especially on the items of hygiene, body of hygiene, body desirability, decrease of body expressiveness and body expressiveness and a feeling of loss of masculinity not always explicitly stated.

The accentuation of the loss in terms of body experience in these subjects refers us to the importance of the dimension of the active and functional body functional, it is a symbol of virility of the sexual identity.

Body damage and its consequences on sexuality fundamentally challenge their body image and the image they have of their bodies and the cultural values attached to it, virility cultural values attached to it, virility, strength, activity vigor, courage

The real handicap is not only the loss of mobility it is especially the feeling of impurity, of dirtiness which for some is the consequence of the loss of the sphincter control, this impossible control is extremely difficult to assume in a society that values the perfect the perfect body, intact, clean and which thus



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involves a feeling of feeling of impurity The loss of sensitivity and the questioning of the sexual function which are mainly put forward.

A subject site: "there is an important thing that must be understood and take into consideration, it is not the fact of losing one's legs that is the hardest but the fact of not having any sensitivity anymore.

losing your legs, it's annoying to do everyday things of everyday life, but the most important thing is the loss of sensitivity of sensitivity, because we don't exist anymore without it, everything that relies on sensations is impossible, it's very hard psychologically...))

The loss of control and mastery leads to a narcissistic injury.

A real humiliation for the disabled leading to a questioning and of identity and loss of self-esteem.

MURPHY writes that of all the psychological symptoms associated with disability, the most pervasive is the most destructive, it is the loss of the esteem that one has for oneself. This feeling of lesion of the self or what we call an inhabited identity neutralization of the items and which signs a position almost liminal position of these subjects .

First case Zahir :

Table N°2: Q.I.C describing the perceptions, the feelings, the emotions

Body	1	2	3	4	5	Body
fun	1	2	3	4	5	Good health
Attractive	1	2	3	4	5	Not attractive
Pleasure	1	2	3	4	5	Displeasure
Feminine	1	2	3	4	5	male
Pure	1	2	3	4	5	Impure
Fear	1	2	3	4	5	Audacity
Empty	1	2	3	4	5	Full
Hit	1	2	3	4	5	Not touched
Cold	1	2	3	4	5	Tender
Anger	1	2	3	4	5	appeased
Expressive	1	2	3	4	5	Expressionless
Hidden	1	2	3	4	5	Show
Calm	1	2	3	4	5	Nervous
Old	1	2	3	4	5	Young
Erotic	1	2	3	4	5	Erotic
Weak	1	2	3	4	5	Strong
Joyful	1	2	3	4	5	Sad
Nnwatched	1	2	3	4	5	Look at
Energetic	1	2	3	4	5	Nergic

Kamel, is a spontaneous subject, he responds to the first item with an answer positive of his physical health, which allows us to say that this subject has mourned his disability and the situation of being disabled in which it is located; Is characterized as attractive in the second

Item, for him his body remains a source of pleasure despite the handicap, he has kept a continuity in his sexual identity, we see this has the answer he gave to the item “feminine/masculinity”.



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In the item of purity X2, leans towards the impure side, we understand by this that he hides a certain resentment vis-à-vis his situation and disability. He feels a sense of dread sometimes

about what else could happen to his body.

Is characterized as a tender and rather calm individual despite a environment not always easy to live in his state. It remains neutral in the “expressive/non-expressive” items, “shown/hidden”, “nervous/Calame”, the question of eroticism, and also the “watched/not watched” item.

Zahir, a very dynamic subject, seeing himself in good health, as he was mentioned in the first item of the QIC, this means that this subject has passed the stage of disability and that the situation of mourning has been overworked .X1 has kept his sense of masculinity intact, which proves that his gender identity has been preserved. he feels complete and fulfilling

when we look at what he checked as an answer to the item " full empty ". He is like a happy, strong and very energetic which determines and demonstrates a certain inner well-being.

As for the rest of the items, the subject remained in a position of neutrality, due to a certain anxiety that we consider as a defensive mechanism with respect to the test, it justifies this neutrality by the ambivalence of the situations+ in which he might find himself.

Second case Kamel

(1) A lot or often

(2) Rather or quite often

(3) Between the two or neither

(4) Rather or quite often

(5) A lot or often

Table N°3: Q.I.C describing the perceptions, feelings, emotions

Body	1	2	3	4	5	Body
fun	1	2	3	4	5	Good health
Attractive	1	2	3	4	5	Not attractive
Pleasure	1	2	3	4	5	Displeasure
Feminine	1	2	3	4	5	male
Pure	1	2	3	4	5	Impure
Fear	1	2	3	4	5	Audacity
Empty	1	2	3	4	5	Full
Hit	1	2	3	4	5	Not touched
Cold	1	2	3	4	5	Tender
Anger	1	2	3	4	5	appeased
Expressive	1	2	3	4	5	Expressionless
Hidden	1	2	3	4	5	Show
Calm	1	2	3	4	5	Nervous
Old	1	2	3	4	5	Young
Erotic	1	2	3	4	5	Erotic
Weak	1	2	3	4	5	Strong
Joyful	1	2	3	4	5	Sad
Nnwatched	1	2	3	4	5	Look at
Energetic	1	2	3	4	5	Nergic

Neutrality in these items demonstrates some resistance in the relationships he enters into with non-disabled subjects because it is sound items directly with the gaze of others.

He has an image of his body, young, which he is. All this shows us that despite his handicap, he feels good and in harmony with his body.

(1) A lot or often

(2) Rather or quite often

(3) Between the two or neither

(4) Rather or quite often

(5) A lot or often

Third Massinissa case:

Table N°4: Q.I.C describing the perceptions, feelings, emotions

Body	1	2	3	4	5	Body
fun	1	2	3	4	5	Good health
Attractive	1	2	3	4	5	Not attractive
Pleasure	1	2	3	4	5	Displeasure
Feminine	1	2	3	4	5	male
Pure	1	2	3	4	5	Impure
Fear	1	2	3	4	5	Audacity
Empty	1	2	3	4	5	Full
Hit	1	2	3	4	5	Not touched
Cold	1	2	3	4	5	Tender
Anger	1	2	3	4	5	appeased
Expressive	1	2	3	4	5	Expressionless
Hidden	1	2	3	4	5	Show
Calm	1	2	3	4	5	Nervous
Old	1	2	3	4	5	Young
Erotic	1	2	3	4	5	Erotic
Weak	1	2	3	4	5	Strong
Joyful	1	2	3	4	5	Sad
Nnwatched	1	2	3	4	5	Look at
Energetic	1	2	3	4	5	Nergic

Massinissa, just like the presiding subjects, the latter sees himself in perfect health, but also attractive, which tells us that the gaze of others with him, does not bother him at all and influence him even less, everything this is reinforced by the answer he gives further down in the item “watched/not watched” with the response “watched”. His body him looked pretty pure.

He considers himself a tender and young person, therefore able to be in relation to others, whether they are disabled or not, and more precisely with the opposite sex.



It remains neutral in many more items than the two previous subjects, (07) in all, this proves his anxiety revealed to us what he thinks really of his body, and that he has developed mechanisms defensive about the test; despite this defensive attitude, the X3 has an overall good and decent body image.

4-3 Discussion and interpretation of results:

Motor disability and identity dynamics:

Clinical psychologists working daily with disabilities underline the importance of emotional disturbances among recently affected subjects and the need to recognize their suffering. For (BON, 1992) disability generates an identity crisis, this episode takes on an apocalyptic character in an existence, so much does it upset life in its totality: the body image of self is irreparably altered by the physical sequelae; the attack on the integrity of the self-image is experienced as an attack on the dignity of the individual; the identity crisis which forces a great deal of introspection and questioning relationships with others. Everything changes, we become someone else and we have to rebuild ourselves.

Sport and identity building:

The ethos of sport, and not only of bodies at risk, offers incomparable situations in which the gaze, the distances of bodies, investment of space, rhythms, balance, breathing, gesture, hypersensitivity to the body, elation, depression, collapse, physical distress, resistance to the other, the intoxication of omnipotence, anguish, fear ... this is what allows (ESCANDE, 1992) to say that sport (the true) is ethics before being performance.

This is why, capable of mobilizing all fantasies, it is despite what we can say about it elsewhere, a formidable melting pot identity which in our civilization always passes through the body. But however, it should be emphasized that this is not the sport itself who acts: all situations that succeed are situations that refer to and challenge the narcissistic function or scaffolding individual in the positioning to the sacred, to his own experience vital generator of the phenomenon of crisis.

Sport and disability: The motor handicapped person is constantly confronted with situations

to which he must adapt: obstacles to be overcome, problems of movements, learning new gestures, acquiring a rhythm of life for his future life. The practice of sports has

therefore an important role.



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Thanks to sport, the disabled person fights against a sedentary lifestyle imposed by his condition learns or relearns to speak with his body, regains and maintains a certain autonomy, opens up to others, experiences simple but intense joys, becomes more resistant and more enterprising.

Allow access to sports practices for people with disabilities is a way to promote their integration into society.

support for better psychosocial integration of these people, because of a more positive perception of their own value and self-image.

Sport as a whole must provide the disabled individual with a better physical and moral autonomy, better socialization and integration.

Identity reconstruction and the role of sport:

Identity change:

From the dynamic perspective of identity, adaptation to disability requires an identity reconstruction for (SIMON, 1989) this one goes through somatic regression leading to regression psychological, with loss of bodily identity, social identity and groupal alteration of the psychic limits, desinking of the pulsions.

Identity reconstruction will be based on the childhood history of each and the stages of its development.

(EYSSETTE & BOISSON, 1987) attempt to establish benchmarks as to the psychological evolution of the injured. They distinguish a phase initial shock dominated by anxiety or by manifestations of denial favored by the first motor recoveries. The sentence secondary is that of depression or the work of mourning which leads to the psychic integration of deficiencies and the irreversibility of motor impairment. Finally, the adaptation phase which corresponds to a reinvestment in new objects, in new identifications, on a new ideal of the self.

For (DOURMAP & al, 1992), all rehabilitation takes place in the internalization of the patient of his losses, that is to say in his work mourning his old body. the theorization on the work of mourning that (FREUD, 1915) defined as the painful spot which consists in remove all the libido from the bonds that hold it to the loved object in reality check shows it no longer exists, was taken over by (KUBLER-ROSS.E, 1986) and (BOUCAN, 1989) who describe 05 successive phases of the work of mourning in the injured paralipsis.



This confrontation with reality is often anxiety-provoking, the subject is confronted with a body that does not correspond to the image he has kept psychically. There is a gap between reality and fantasy corporeal, he must gradually initiate himself to a new reality

corporeal and articulate with new representations of the body and self. The work of mourning is therefore activated by sports practice.

which confronts the subject with his losses, but which at the same time facilitates the work of reappropriation of the body. This work of mourning must be done gradually respecting the rate of metabolism of the subject.

(PAICHLER & SADOON-LAUTIER, 1994) as (TAP, 1986) emphasize that identification takes place in a dialectical game between personal and social identity, between maintaining the permanence of self in change. All disabled people talk about the discontinuity introduced into their lives by the trauma. Their story is no longer linear, it is marked by a line of fractures. It exists two times, that of anat. And after the accident. For athletes whose

the bodily self is often confused with the psychic self, the identity individual with social identity (BILARD, J; LOLLINI, M F, 1992) sudden paralysis can cause a total breakdown of meaning of life and lead to an identity crisis with a feeling of devaluation .the self-image of athletes, which is often based on a heroic identification incompatible with bodily reality.

This is denied in particular on the occasion of the first recoveries, the subject verbalizing that the doctors know nothing about the confrontation with the loss of skills. The defensive strategy is denial, the subject declares that he is going to practice the sports of the past and waits his recovery to rebuild his life as before.

In a recent survey by (BILARD & al, 1994) we find that subjects who practice sport in a rehabilitation center and continue after their release are overwhelmingly former athletes, even if their trauma is linked to the practice of a sport. One can think, faced with this surprising observation, that in resuming practice from the rehabilitation phase, athletes

are part of the temporal continuity of their way of being. This self-permanence will come into conflict with the change in the image of oneself in sporting activities. We see through stories

of life that this conflict can be overcome if the subject invests in the sports never practiced and in which he cannot make a comparison himself before and after the accident. The investment in new sporting activities is then possible, and the continuity of being is assured in change.



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The image that subjects have of their bodies is fundamental in the process of differentiation, and in the elaboration of the psyche. I am above all corporeal, which brings to the individual the feeling to be unique. Disabled subjects hate their bodies because they are afraid that the others do not consider them deformed.

Body and identity:

The body is the basis and the privileged support of identity. In the development of the subjects the body plays a fundamental role in the process of self/non-self differentiation and in the elaboration of the psyche. The self is above all a corporeal self as the first Freud pointed out. The Skin-ego ensuring, according to (ANZIEU, 1985) a function of individuation of the self which brings who brings to the subject the feeling of being unique. the mirror image, as we know, plays a role fundamental in the construction of identity, both for geneticists than for psycho analysts. for (LACAN J., 1966) the me is linked to the image of the body and takes birth in the mirror.

The other is the mirror and because of the narcissistic identification with this other, the individual finds himself fascinated by this ideal image of himself (ideal me) but at the same time he must free himself from it because he cannot to find .it is the ideal of the symbolic ego implied by the language, the society, the laws (therefore in relation to the super-ego) which will be able to regulate the relationship between me and ideal me. The ego ideal is a symbolic introjection (as opposed to the ideal self assimilated to an imaginary projection) and is constructed with the signifier of the father as a third party in the dual relationship with the mother.

Personal identity is articulated from the psychoanalytical point of view in this relationship between ideal self, ideal self and body image.

accident or illness the image of the body of the injured person often becomes incompatible with the ideal self-image and at the same time there is no identification with other handicapped people.

(JODELET, 1976), in his study of the evolution of the representation society of the body, has shown how nowadays corporeity serves as a more and more support for identity: individuals form a unity with all the parts of their body and all the resources of their organism to the point of feeling like an attack on their integrity



personal the slightest failure or deterioration of one of them. It highlights the archaic anxieties of castration and loss of attributes or use of the bodily faculties which assail the human imagination. We can see here how much bodily harm reaches the other in his defense against the anxieties of fragmentation and of destruction of one's own body and how much causes defensively is reinforced by the glorification of the young, beautiful body, healthy, athletic in our modern society, which accentuates the exclusion of deficient body, deformity which contravenes all these values.

self-images reflected by others as a mirror are negative, then an individual may be led to internalize this image devalued. Personal identity is challenged by social identity that becomes stigma. It is in this perspective that we can say with (WOOD, 1980) that disability is the social consequence of the impairment and that it is society that creates the disability.

Body and society:

The body object takes on another meaning in the social sense of the term, the representation theory holds that an object does not exist in itself, it exists for an individual or a group and in relation to them.

"A representation is always a representation of something for someone, therefore, it is the subject/object relationship that determines the object himself". (ABRIC, 1994).

As the individual develops, he integrates the expectations and representations of their social group and of society with regard to his body, it is a social construction of the body, which will be grafted onto the physiological transformations of this last.

Like other social objects, the representation of the body is subject to the pressures of prevailing social norms, these are internalized by the subject, during the socialization process.

What we call disability in our societies are all the abnormal or ambiguous phenomena present in an individual or group and that society has to face.

The handicapped label plays today the function of identification, identification, control and therefore mastery of all those who present a significant difference and perceived as potentially problematic for the balance of the social whole. It could be both physical differences and intellectual differences or cultural.



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But when we see the extreme diversity of groups and people to which this label can be attributed today, we can think that sensitivity to difference has increased, or that the aspiration to the same is reinforced.

Today, we have come to a period, where the label of handicapped brings together very diverse categories whose difference is marked by the notion of lack, of negative: all those to whom it

lack of intelligence, reason, health, pieces of body, professional abilities, dynamics, etc. In this logic, the place of the body is major.

In societies the human body establishes the border of identity personal: if man exists only through bodily forms who give birth to it, any modification of its form involves another definition of his identity.

Body image:

The concept of body image on psychoanalytical foundations.

In his book "the image of the body", (SCHILDER, 1968) wanted to articulate the biological reality of the body with its erogenous reality and fantastical. He gives this definition: "the image of the body human, it is the image of our own body that we form in our mind, in other words the way our body appears to us (SCHILDER, P, 1968).

According to him, the image of the body develops under the influence of the libido, which shapes the plastic aggregate of sensory data, according to its own laws. Finally, the image of the body as a unit, as gestalt, is built by strata. These being the synthesis of a model posture of the body, of a libidinal structure and finally of an image social (sum of images of the body of the community according to the various relationships established there). What unifies these three components of the body image is their unconscious dimension common.

It is its analysis activity with children with a pathology marked by disorders of psychic involution, which incited (Dolto, 1984), to develop his theory of the unconscious image of the body. To Dolto, the image of the subject's body is made of superimpositions of past images of his body and the current image. This image is the place of integration of the zones of this body invested by exchanges structuring and creative. In this perspective, the body becomes a place of archaic, non-verbal language, a dynamically structured form of a system of meanings, it proposes the characteristics of body image: Body image is unique to everyone, it is linked about it and its history. She is eminently unconscious. She can become



partly preconscious when it associates with language aware. Body image is also the living synthesis of our emotional experiences. It can be considered as the unconscious symbolic incarnation of the desiring subject. (PANKOW, 1976), Proposes an original definition of body image inspired by of his clinical practice. By introducing this notion, Pankow wanted body image to become a benchmark for the different pathologies .it affirms the singularity of its concept of image of the body. What matters to him is to take the body as a model of a spatial structure, a structure that interests him only in its dialectical aspect between the parts and the totality of the body. It is this correlation, between the parts and the totality of the body that interests him. This is therefore by working around the image of the body that Pankow seeks to reconstruct a symbolic function destroyed in the sick. For Pankow, the image of the body has a double symbolic function. The first concerns its spatial structure as form or gestalt, that is to say, insofar as this structure expresses a dynamic link between the whole and the whole. The second function of body image is more about structure as form, but as content and meaning.

Also, the areas of destruction in the body image correspond to areas of destruction in the family structure and environment of patients.

Conclusion

Allow access to sports practices for people with disabilities is a way to promote their integration into society.

Support for better psychosocial integration of these people, because of a more positive perception of their own value and self-image.

Sport in the rehabilitation establishment is one of the first reality tests which confront the patient with his mirror image. To the body image of other people with disabilities. In the eyes of others.

Has unfamiliar sensations. At its bodily limits (loss of body diagram). Has its functional limits (loss of skills). Sport develops physical and physiological abilities, while being a complement to motor rehabilitation, it also allows personality development (mastery, self-confidence, valuation). Sport as a whole must bring to the individual disabled a better physical and moral autonomy, a better socialization and integration.

The subjects then fall on the other side of the mirror where there is no more of identification and his body is excluded from the system of exchanges with other humans.



Title : Body image of the disabled person, sports practice and reorganization Identity

The image of the body is the support of narcissism. In the image of the body time intersects with space, the unconscious past resounds in the present relationship. It is structured by communication between subjects and the trace, memorized day by day, of frustrated, repressed or forbidden enjoyment (castration of desire, in the psychoanalytical sense). Body image refers to the subjects of desire to its enjoyment, mediated by the memorized language of communication between subjects. She's still unconscious, made up of the dynamic articulation of a basic image, an image function and an image of the erogenous zones where the voltage.

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