

11 - 13 JUNE 2011 ICC DURBAN, SOUTH AFRICA WWW.IAOHSS.ORG

OBSESSION OF THE BODY IN PEOPLE LIVING WITH HIV (PLWHIV)?

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INTRODUCTION

Introduction

The focus on *Physical Activity and Sport* (PAS) is rare. The first investigations dated from 1990s mainly beneath a physiological angle and/or beneath a medical angle (Berglund, 1989; Sutliff & Freeland, 1995; Volkwein et al. 1999)

The quality of life of PLWHIV in and by the PAS is not analyzed in most cases. Emphasis is put on the precautions and the recommendations to manage the HIV body by the PAS



Introduction

In scientific literature, the PAS appear at a functional, managerial angle rather than shared pleasure, social emulation or friendly relations, even less about building identity process.

Here, the entry by the PAS can address this diverse population in terms of leisure, pleasure, etc.



Methodology

Introduction

Méthodologie

In France nowhere it has been easy to get in touch with them.

- face to face's interviews (N = 30, in progress).
- questionnaire responses (N = 337, Modalisa®, Sphinx®)

are used to specify how their identity is directly impacted by HIV.



The Sport, an element of normality... difficult to achieve for the PVHIV

Their bodily assumption appears at once:

- personal / autonomic: by food hygiene, exercise daily, etc.
- medicalized/heteronomous: depends on the relationship with the specialist(s)

This ambivalence is, we hypothesize it, minimized by those who play sports

Are the PLWHIV more actresses of their physical and social life?!



Sport as a disinfectant force

With the treatment against HIV infection sports can become a **cleaner's activity** which can:

- destroy "the adverse effects of treatment"
- enhance muscular force



Tiredness as important obstacle

"I was doing my little quarter of an hour of cardio I was completely flat with hard to breathe, the heart... You have the impression of being truly disabled. Then later when you start on a machine you want to do one quarter of an hour twenty minutes and then it's over. The series you do not succeed at the end. No, that was really horrible. "(Sebastian)



Obsession with the body?

Talking about oneself and of one's relationship to the other through the body

The PLWHIV who declare they cannot continue the PAS because of their serological status (8%) have a particular vision of their damaged bodies: too skinny, unattractive and deformed... and isolated



A personal panoptic or a new chapter of civilisation process?

"I always tend to look at my body! I.e. to look at, if I've no stain, if I have no new moles, if I have no buttons. If... I have not a leg that swells... if you see ... I am afraid to see my body change.(Daniel)

Self government as guide (Foucault, 1975; Elias, 1973)



To cope with Serious collateral damages

"I was seized with diarrhoea dramatically. In the street. So... I had no diapers and I ran into a cafe... Well I'll spare you the details, I had cleaned myself as best I could ... That was very, very annoying (then) I was still trying to find cafes, with toilets, etc." Christophe

The face work is important (Goffman, 1973)



A weight problem to resolve... to seduce

"As part of the meeting is it friendly, sexual, loving and very quickly the revelation of HIV status is made at the outset. Either by revelation, or because it shows! Some HIV positive persons are very marked."

Sebastian



The positive effects of treatment

"And she also took Kaletra. Yet it was the same treatment and all. We had to change his treatment compared to this ... her she was glad to have such a chest, there are no worries, she said "before we made fun of me" because she had no chest (laughter) today ... So it depends."

Charlotte



A medicalized ataraxia

"Already in fact, the KALETRA at the time, early in my treatment, I am a big milk drinker at the base and very quickly I didn't like it. It's too awful to swallow, to taste. So I substituted by soy milk and I drank a lot ... So I gave more attention to my diet qualitatively " Sebastian



Others Physical and Psychological Techniques to recover

- intimacy (Vigarello, 1982),
- body sustain as alter ego (Le Breton, 1990),
- To increase the private sphere of self respect by the work on breathing, relaxing postures (Héas, 2004)

But this body is not idiosyncratic, it is largely determine by a social incentive to pleasure the senses, to "doing good" to oneself.



Conclusion

Outside the minority and the extreme populations who have overact their body or neglect their body, the PLWHV does not defy the medical orders, and appear quite reasonable.

PAS can provide means to better live with HIV (from sport competition to most soft physical practices)



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