

fil JUST WANT AFFECTION: WOMEN AND SEXUAL DESIRE IN A LONG-TERM RELATIONSHIP

Gerli Araújo^{1 2}, Orcid: <https://orcid.org/0000-0002-3673-9486>
Valeska Zanello³, Orcid: <https://orcid.org/0000-0002-2531-5581>

ABSTRACT. Low sex drive is the most recurring sexual complaint of Brazilian women and has been investigated through a predominantly biological perspective. This work aimed to analyze the speech of cis and heterosexual women with low libido from the gender studies perspective. To this end, we selected eleven women aged 34-62 who are patients in three gynecological offices, from different social classes, education levels, and races, and who have been in long-term relationships. We found three categories from semi-structured interviews and content analysis: 1) Sexist Education/Formation, 2) Asymmetrical Relationships, and 3) Motherhood Dilemmas. The respondents showed negative values about the exercise of sexuality by women, differences in expectations regarding the sexual act between couples, and a strong negative impact of motherhood on women's sex drive. The sexist culture, with sexual roles strongly marked by gender, proved to be a major negative influencer on the sex drive among women.

Keywords: Sexual desire; gender; women.

SÓ QUERO CARINHO: MULHERES E DESEJO SEXUAL EM RELACIONAMENTOS PROLONGADOS

RESUMO. A diminuição do desejo é a queixa sexual mais frequente entre as mulheres brasileiras e tem sido objeto de estudos a partir de uma perspectiva predominantemente biológica. O presente trabalho teve como objetivo analisar a narrativa de mulheres cis e heterossexuais com queixa de diminuição de libido, sob a perspectiva dos estudos de gênero. Para tanto, foram selecionadas onze 11 mulheres, oriundas de três consultórios de ginecologia, de diferentes classes sociais, escolaridades e raças, com faixa etária variando de 34 a 62 anos, em relacionamentos prolongados. A partir da realização de entrevistas semiestruturadas e análise de conteúdo, foram encontradas três categorias: 1) Criação/Educação sexista; 2) Relacionamentos amorosos marcados por assimetria; 3) Dilemas da maternidade. Evidenciou-se a incorporação de valores negativos em relação ao exercício da sexualidade pelas mulheres, diferenças de expectativas sobre o ato sexual entre os casais e forte impacto negativo da maternidade sobre a libido feminina. A cultura sexista, com os papéis sexuais bem marcados pelo gênero, se mostrou um importante influenciador negativo do desejo sexual entre as mulheres.

Palavras-chave: Desejo sexual; gênero; mulheres.

¹ Universidade de Brasília (UnB), Brasília-DF, Brazil

² E-mail: gerli.coelho@gmail.com

³ E-mail: valeskazanello@gmail.com



SOLO QUIERO CARIÑO: MUJERES Y DESEO SEXUAL EN RELACIONAMIENTOS LARGOS

RESUMEN. La disminución del deseo es la queja sexual más frecuente entre las mujeres brasileñas y ha sido objeto de estudios desde una perspectiva predominantemente biológica. El presente trabajo tuvo como objetivo analizar la narrativa de mujeres cis y heterosexuales con quejas de disminución de libido, bajo la perspectiva de los estudios de género. Por lo tanto, fueron seleccionadas once mujeres, provenientes de tres consultorios de ginecología, de diferentes clases sociales, niveles educativos y razas, con rango de edades variando entre 34 y 62 años, en relacionamientos largos. A partir de la realización de entrevistas semiestructuradas y análisis de contenido, fueron encontradas 3 categorías: 1) Creación/Educación sexista; 2) Relacionamientos amorosos marcados por asimetría; 3) Dilemas de la maternidad. Se evidenció la incorporación de valores negativos en relación al ejercicio de la sexualidad por las mujeres, diferenciales de expectativas sobre el acto sexual entre las parejas y fuerte impacto negativo de maternidad sobre libido femenino. La cultura sexista, con los papeles sexuales fuertemente marcados por el género, se mostró un importante factor de influencia negativa del deseo sexual entre las mujeres.

Palabras clave: Deseo sexual; género; mujeres.

Introduction

Low libido among women is the most frequent sexual complaint in gynecology offices, as evidenced in international scientific literature (Cacchioni, 2015; Leiblum, 2012; McCool-Myers, Theurich, Zuelke, Knuettel, & Apfelbacher, 2018; Thomas & Thurston, 2016) and national (Abdo, Valadares, Júnior, Scanavino, & Affif-Abdo, 2010; Lara, 2017; Wolpe, Zomkowski, Silva, Queiroz, & Sperandio, 2017). This complaint is four times more frequent in Brazilian women than in men, resulting in discrepancies in sexual interest and frequency, bringing suffering, anguish, and conflict between couples (Abdo, 2004). In Brazil, some studies have been carried out on this topic; however, most have a biological bias in choosing the sample and/or interpreting the data, studying women who have a certain disease or are in a certain hormonal status (Araújo & Zanello, 2022).

The most recent change in the human sexual cycle model, defined by Master and Johnson in the 70s, was produced with the contribution of Rosemary Basson in 2000. She demonstrated that in long-term relationships, as those who have more than one year, around 90% of women do not spontaneously return to the desire phase and remain in what she called 'neutrality'. They return to the sexual cycle motivated by their partner's desire, depending on factors linked to the rewards of emotional closeness: increased commitment, bonding, and tolerance to imperfections in the relationship, together with an appreciation of the partner's subsequent well-being. From there, the other phases of the cycle follow, which are excitement, orgasm, and resolution (Basson, 2000). What determines this difference between men and women about the return to the phase of spontaneous sexual desire after a certain period in the relationship remains a question to be answered.

Women's sexual desire is often considered to be determined by the interaction of several factors: biological, a consequence of neuroendocrine mechanisms that stimulate sexual interest; psychological, such as mood swings and critical self-monitoring during sexual intercourse; sociocultural, beliefs and values that are the result of the social

component that promotes expectations and idealizations about sexual activity and, finally, interpersonal factors, the woman's satisfaction with her relationship, the quality of communication between her and her partner, resulting in motivation for sex. All of these conditions can affect female desire and interact with each other all the time in a dynamic way (Abdo et al., 2010; Thomas & Thurston, 2016).

According to Gagnon (2006), sexual behavior can be a cultural and differentiated learning process according to gender, not determined by instinctual and physiological drives but inserted into complex social scripts specific to cultural and historical contexts. These scripts are performed by social actors interpreting society's norms and cultural myths. The relationship between genders interferes with the vision of what is considered appropriate for sexual conduct, how pleasure is dealt with, who deserves it, at what price, and at what point in the life cycle it should be practiced, determining a sexual script to be followed differently according to gender.

In this sense, from the 19th century onwards, modesty emerged as an ideal for women in the West, and sexual continence, moderation, and the absence of desire then became qualities considered inherent to them. As objects to be possessed, they should be attentive to the desire they may arouse. Men, on the other hand, were established as subjects who desire and whose sexual performance would confirm their own masculinity (Bozon, 2004).

In the Brazilian society, traditionally influenced by Christian values, characterized by rigid codes of conduct related to gender, the expression of sexual desire can vary according to the degree of reflexivity and internalization of these concepts by women (Heilborn & Cabral, 2013), resulting in low libido and low sexual satisfaction compared to men, and also to women in countries where there is less gender inequality (McCool-Myers et al., 2018).

In Brazil, virginity as a value and marriage as a prerequisite for the exercise of sexual activity are still conditions considered in the qualifications attributed to women, depending on age group, region, belonging to religious groups, and family conceptions. Regardless of these circumstances, there is an expectation that women's sexual practice is associated with feeling, with romantic love. In order to be legitimized, their sexuality distances itself from pleasure and enters the field of affectivity. In this way, even though the relationships are not restricted to religious and marriage limits, they still do not fall within the erotic field (Castro, 2009).

Furthermore, for women, being chosen by a man to experience romantic love is an identity factor. Zanello (2018) calls this privileged path a 'love dispositif' in which women subjectify themselves mediated by the gaze of others. The author uses the metaphor of the 'love shelf' to exemplify how they seek to fit into an aesthetic ideal and demonstrate some characteristics valued by the male world to be chosen and endorsed in their 'womanhood'.

The ideal model of love in our culture, therefore, is that carried out within marriage, in which women are expected to be monogamous, intensely dedicated to this relationship that validates them as subjects, and to desire male desire. They often marry into marriage, ignoring their satisfaction with their partner and the relationship. Men are responsible for 'consensual polygamy' (Lagarde, 2011) and low investment in the relationship. Sexual efficacy, including number of partners, frequency, and performance, is one of the factors of male identity (Zanello, 2018).

The maternal dispositif is the other pillar of identity for Brazilian women, culturally naturalized as those who care, sacrifice themselves, are always available, and are focused on the well-being of others; and is often associated with an asexual mother model (Zanello, 2018). For many couples, the moment when children arrive represents a gendered situation

that produces inequality, impacting sexual life and relegating women's sexual desire to the background (Bozon, 2004).

Taking this into consideration, and the almost non-existence of Brazilian, qualitative, and non-biological research on low female desire, the present study aimed to carry out a psychodynamic, gendered analysis of speeches from women in long-term relationships complaining of decreased sexual drive.

Method

This was a qualitative study using semi-structured interviews with 11 women from a Brazilian capital. The participants were selected at three outpatient gynecology services, two public and one private (one of the researchers works as a gynecologist in 02 of them), from February to June 2019. Questionnaires were distributed to all 379 women who came for consultation during this period, which included questions about sociodemographic data and questions related to the frequency and quality of their sexual lives. From a survey of 204 completed questionnaires, participants who met the following criteria were selected: being a woman from a biological point of view; having a heterosexual relationship lasting more than one year; reporting a decrease in sexual desire for more than a year; have interest and availability to give the interview; and agree to the Informed Consent.

With the help of gynecologists, women whose complaints of low libido were oldest and persistent over time were chosen. The 11 interviewees ranged in age from 34 to 62 years old, with an average of 47 years old. The relationship length ranged from six to 40 years, with an average of 27 years. One participant was in a stable relationship, living in separate houses, and had no children, while the other ten were married, with one to three children. As for religious belief, one had no religion, two were Catholic, two were spiritualists, and six were Protestant. The predominance of the profession was judicial technicians and analysts, in eight of them, while one was a firefighter, and two were housewives. Family income ranged from four to 20 or more minimum wages.

The interviews were conducted in the patients' respective gynecology services and lasted approximately 1 hour. The interview began with the trigger question, 'Tell me about your sexual desire', and throughout it, additional questions were asked according to the women's narrative, such as aspects related to sexual education, beliefs, conjugality, characteristics, and meaning of sexual intercourse for each interviewee.

All interviews were recorded in audio, and later fully transcribed for content analysis. Initially, two researchers analyzed the material and raised the themes separately. In a second moment, they deliberated together and listed three categories (Bardin, 2016). The results were interpreted based on feminist theories in psychology and the sociological approach to sexuality (Bozon, 2004; Gagnon, 2006; Heilborn, 2006; Zanello, 2018). Excerpts from the speeches that exemplify the themes are in quotation marks or in a separate block of text; the participants are identified by fictitious names.

This research was approved by the Research Ethics Committee in Human and Social Sciences of the University of Brasília (IH/UnB) with the number 2.994.810/2018.

Results and discussion

From the content analysis, three categories were listed, namely 1) sexist education/formation, 2) asymmetrical romantic relationships, and 3) motherhood dilemmas. They will be described below, with excerpts from the interviews that exemplify them.

The first category, 'Sexist education/formation', points to the role that family, religion, and the cultural environment of women played in their emotional and subjective formation,

and in their relationship with their sexuality. It encompassed the following themes: 'Sex as a taboo', 'Religiosity', and 'Value of virginity'. All of these themes were combined with very traditional representations of gender roles, evidenced in the narratives of the women interviewed.

The first theme, 'Sex as taboo', was recurrent in all the speeches analyzed, regardless of the women's region of origin, whether they were from the northeast, center-west, southeast, or the Federal District. Sometimes it appeared as an implicit prohibition on talking about the topic, which led women to understand that this was a subject to be avoided, delicate, and even bad. *Olívia*, 49 years old, tells what it was like at home. "We had a taboo, that talking about sex was a terrible taboo". What is left unsaid, in this context, implies a whole set of values associated with sex as something forbidden, dirty, or wrong. *Telma*, 52 years old, confirms the implication of this silence. "My father is a military; my mother is completely prudish. Sex was something that wasn't talked about, something ugly, something [...] you know?"

When the subject of sex was exceptionally approached, it was always associated with negative meanings, prohibition, and sin, which 'tainted' a woman's dignity, and made her lose her social value. In the house of *Olivia*, 49 years old, the norm was clear. "It could be at any age that sexual intercourse was not allowed and you get pregnant". *Elvira*, 54, makes assumptions about how she thinks she has set so many rules for having sex. "There's something strange about it because, when it comes to sex, I always heard my mother talking badly about it". *Renata*, 38 years old, tries to relate her lack of motivation for sex with what she heard from her mother and grandmother. "I think it has to do with, with upbringing... with what you hear at home, right? This thing that this is ugly, that [...] oh, you won't find another man in your life".

This lack of information resulted in a lack of knowledge of basic aspects of genital anatomy and how sexual relations occur, which in some cases lasted until marriage. The lack of sexual education is an important risk factor for desire disorder in adulthood, although it is often an overlooked aspect due to the emphasis given to the biological aspects of sexual problems (Abdo et al., 2010; McCool-Myers et al., 2018; McHugh, 2016). *Sílvia*, 57 years old, a judicial technician, said that on the eve of her wedding had no idea what was going to happen. "I didn't know [...] I'll be honest, I didn't know what ejaculation was, I didn't know how [...] I didn't know anything; I didn't know anything".

The second theme, 'Religiosity', portrays how religion and the way of experiencing it played an important role in the formation of introjected concepts about sex in the lives of the interviewees. Within their religious practices, whether Catholic, Protestant, or spiritualist, they received guidance regarding sexual behavior and the value of virginity for women. *Renata*, a Protestant, narrates what she heard.

In the church there were always some [...] some messages, some things [...] that 'you have to save yourself', 'God didn't create sex before marriage', that 'you will get hurt', 'if you have sex before the wedding, the consequences may come'.

Sometimes, there wasn't even a reasoned explanation, as *Cátia*, 40, said about what she heard in the Catholic Church about sex. "'Because not', 'because it's dirty' and I don't know what [...] these things really take a toll on your libido, right?" *Fabiana*, 34 years old, summarizes the guidance she received in spiritist lectures. "It's a lot, like, charity and everything, but this sexual issue is more for less evolved people".

'Virginity', the third theme in this category, points to sexual renunciation as a condition to be preserved and related to whether or not being chosen by a man as a worthy woman

for marriage. These women have learned to manage their sexual desires since the beginning of their relational lives, not legitimizing the desire they felt. The manifestation of this desire was, for them, a reason for guilt and devaluation as an eligible woman worthy of being chosen by a man, losing value in the metaphor of the shelf of love (Heilborn & Cabral, 2013; Zanello, 2018).

At Olivia's house, there was no doubt. "I come from a very traditional family, where women have to get married as a virgin". Cátia, 40 years old, describes the threatening guidance she received from her mother. "If you have sex before marriage, no man will want you afterward [...]", Renata explains that, in addition to religious guidelines about the value of virginity at home, this behavior was reinforced with other arguments. "You will compare, you will suffer, you will remember the other, you will think the other was better, I don't know what. Do you know these things? Anyway [...] I heard that kind of thing, you know? Everything is always very veiled". Given the above, it is not surprising that greater religiosity and conservative beliefs are related to a decrease in erotic thoughts among women (McCool-Myers et al., 2018; Rosenkrantz & Mark, 2018; Thomas & Thurston, 2016).

Consequently, sexual activity was always associated with guilt, evident when Olívia tells how she felt after her first sexual intercourse at the age of 19. "I even thought about committing suicide because I had had a sexual relationship. I took a bottle of Dramin because it was the only thing I found in front of me. After all, I wanted to black out and never wake up again". Renata, who dated from 16 to 21 years old before getting married, talks about the conflict she experienced at that stage.

And then, with your hormones raging, you want to do it but you can't, your head tells you that you can't, that only after you get married, and no no no [...] that leaves us feeling a bit stuck, right? That this is ugly, this is ugly, this is ugly and it cannot be done. Then I cried [...] got upset, sad, you know? It was a time of war like that, you know, with myself.

The internalization of desire control, traditionally influenced in Brazil by rigid codes according to gender (Heilborn & Cabral, 2013), can remain even after marriage, continuing the exercise of sexual activity related to guilt and avoidance, even if consciously is already socially acceptable. Renata explains.

Within marriage, it is supposed to be blessed, but I can't do it because the beginning was full of guilt, full of fear. So you carry this into the marriage, right? And I do not doubt that somehow this creates a block in me, I don't know exactly where, but the whole story of how this was and how it started [...] I always have the 'handbrake on'.

It was also clear to these women that the prohibition on sex would be exclusive to them, as men would be allowed to exercise their sexuality fully. In Helena's family, 42 years old, virginity was a condition required of her, but her brother was free to bring his girlfriend to sleep. "Like this: Northeastern family, the man can, what's that saying? 'Lock up your goats, my buck is loose'. It was, it worked more or less like that, and then, she arrested me, it wasn't the same with him". Olivia says she was banned from even disagreeing/arguing with her father, because she was a woman, while everything was allowed for her brother. "A man can do whatever, if a woman does it, it's too ugly. Since I understood what sex is, in relation to this: a man can do everything and a woman can do nothing". Differentiated socially constructed (gendered) values, therefore, guide the distinct sexual initiation between men and women in Brazil, and determine the distinction in parental control over their daughters (Borges & Nakamura, 2009).

These three themes, therefore, point to values passed on by family and religion leading women to sexual renunciation, which appeared evidently in the speech of most of

the interviewees. These themes also point to a construction of traditional, sexist representations of gender, in which men have the sexual experience and the privilege of choice. The role of guardian, modesty, chastity, sexual continence, restriction of the number of sexual partners, and the absence of initiative are determined for women. In this cultural scenario, women's pleasure constitutes something morally unacceptable (Bozon, 2004; Gagnon, 2006; Heilborn & Cabral, 2013; Zanello, Fiuza, & Costa, 2015; Zanello, 2018).

The second category, 'Asymmetrical love relationships', concerns the interviewees' current experience of relationships marked by an inequality of investment and/or commitment about their spouses. This category encompasses three themes that indicate this difference: 'Differences in expectations', 'Unequal emotional/economic division of the relationship', and 'Loyalty/fidelity'.

The predominant theme in this category was 'Differences in expectations', which concerns what is expected from the relationship, present in the narratives of all interviewees. While they expect affection, men, in their view, expect sexual fulfillment. Sexual conduct and the feelings of desire and pleasure associated with bodily experiences are linked, in most societies, to gender. Women learn, from childhood, to incorporate romantic scripts about male-female interaction and to privilege affection, while men have a script that more strongly includes masturbatory practices, the influence of pornography, and genitality; sexual efficacy is one of their main pillars of identity (Gagnon, 2006; Zanello, 2018).

All the women interviewed, without exception, used the word 'affection' when referring to their main objective in contact with their partner, while the sexual act would be a consequence, less important, or even a commitment/duty to be fulfilled. Elvira, 40 years married, sums up her feelings. "What I think is good is the closeness, it's not the pleasure, it's what comes with it, the affection. Because having sex [...] I like sleeping cuddled up much more, rather than having sex".

Fabiana, married for 13 years, says that the frequency with which she would like to have sexual intercourse would be once a month and justifies it. "For me, the most important thing is affection, you know, presence, quality time [...] doing other things together. Because for me 'the sexual intercourse' is the least important thing". Alice, six years into the relationship, has the same aspiration. "I think once a week or every 15 days I have the desire to have sex. I really want to be together. I like the company, the affection, being together, but the relationship itself is difficult".

This stance is in line with women's social learning of sexual activity linked to affection, and distance from the erotic field (Borges & Nakamura, 2009; Murray & Milhausen, 2012).

Also omnipresent in the speeches was the contrast between women's expectations of sex linked to romanticism, and the reality of feeling objectified. Márcia, 40 years married, exemplifies.

Women don't lie down to have sex. What do we lie down for? For romance, because I think everything has to have romance. Then, when you go to bed, he starts running his hand over your breast, running his hand over your butt, as if you were a [...] I say: 'Hey!'.

Another constant complaint was the man interpreting any initiative of physical contact on the part of the woman as an intention to perform the sexual act, often implying that women remain physically distant, as Dolores explains.

He says I don't get close to him. But I don't get closer for that reason, because if I get closer, I'm going to hug him, he already comes with his hands, understand? And he squeezes my breasts [...] And I can't stand it, I can't stand it. Do you know when it gives the impression that you are an object? There

is no sex without affection, not for a woman, because she will feel used. It's like I told you, 'you're going to lend it', right?

This statement identifies the woman's perception of being seen as a body to be used, without her subjectivity and individuality being considered.

Dissatisfaction with the sexual act itself, performed by the partner, was present in many speeches. Many women reported resenting that their partner's interest was a direct orgasm, without being interested in foreplay and their pleasure, as Cátia explains. "I think he [...] doesn't have much capacity for foreplay, like that. A lot of learning, right, about how his sex life began – it started in a whorehouse. So, there he can't develop excitement, affection, hugs, right".

Márcia tells how she is irritated by her husband's approach, who disregards the excitatory phase of the sexual act and prioritizes penetration.

Oh, when you come and take off my panties, you're not thinking about me, you're thinking about yourself, understand? You don't have to worry about preparation, that thing, you know? They are selfish, they only think about themselves. They already come with a hard dick, already wanting it. No, guys, for the love of God, right? No woman works like that, does it?

The second theme was 'Unequal emotional/economic division of the relationship'. In this theme, statements appeared that point to a discrepancy in care for the relationship and emotional investment, as well as a division of accounts and material responsibilities assumed in the relationship. Women, through the love dispositif, position themselves in the relationship as those responsible for the well-being of the other, which is why their own desires and needs take a backseat to those of their partners (Rosenkrantz & Mark, 2018; Zanello, 2018).

Olivia describes what her relationship has been like since dating. "He didn't treat me with affection, he didn't hold my hand at the mall, he would go in front and I would follow. So, our relationship is like that, because it is like that, I learned to live like that". Sílvia complains about her husband's lack of participation in the household budget. He, despite having financial resources equivalent to hers, uses them only for his personal expenses.

I complain because he is financially disorganized. He doesn't think he has to pay for college, he has to pay for the boy's college education, right? He was never one to buy clothes for the boys, he was never one for [...] anything, the hair, everything I gave them.

The position of being at the service of others may imply that women's preferences during sexual intercourse are not prioritized, resulting in a less stimulating and attractive relationship for them. Cátia talks about how her willingness to take care of her husband is also reflected in her sex life.

In these ten years that have passed, I put myself in the position of always pleasing him, of doing everything he wants, like, I don't know, let's say it like this, in sex, he had fantasies, not because I wanted to, but because he wanted to please, for always taking him in the best position.

Alice tells of her surprise when her current partner asked about her sexual preferences.

At first, my first reaction was to dedicate myself to the other person's pleasure. That's why the question: 'what do you like?' It made such an impact on me that I didn't even know where to start. I didn't know the position I liked, the fantasy, I had never stopped [...] why was that important, after all, right?

Even without interest in the act itself, women feel responsible for maintaining a sexual frequency that maintains harmony between the couple, managing their husband's desire,

and performing sex without having desire (Heilborn & Cabral, 2013), a condition cited as cause and consequence of sexual dysfunctions (McCool-Myers et al., 2018). This attitude, called 'labor of love' by Cachionni (2015), demonstrates sexual labor as part of affective labor, for which the woman is naturalized as responsible, with the same being imposed on her in the division of tasks within a heterosexual relationship. This effort is noticeable in Cátia's statement. "It seems like I feel that commitment, sometimes I think, it's been one or two weeks since we had sex and [...] I have to have sex because he's my husband and I have this commitment to marriage".

Helena reveals why she has sex without wanting to. "Then I'm scared to death, I keep thinking: 'we don't even have sex very often, he'll start to miss it and look elsewhere'".

In this theme, we can see the 'heterocenterment' of women and their commitment to maintaining relationships, even when marked by so much asymmetry. This maintenance is often built from their silence about dissatisfactions and conformity concerning the lack of affection, love, and quality of the sexual relationship. This dissatisfaction, however, can reveal itself in the way of expressing sexual desire, which can imply, in many cases, its reduction or even absence.

The third theme deals with 'Loyalty/fidelity'. Some women - Olívia, Dolores, Sílvia, Elvira - revealed that, despite having monogamous sexual contracts, these were broken at some point or moments during the relationship. In our culture, morality defends monogamy for women and consensual polygamy for men. In the latter, subjectivized in the dispositif of efficacy, the higher the number of sexual experiences with the higher number of partners, the greater the value in the 'House of men' (Zanello, 2018). In Brazil, traditional values reinforce the belief that sex is a physical necessity for men, and the supremacy of male desire which is considered unstoppable (Heilborn, 2006).

Olivia, whose father argues that women have to accept their husband's betrayal, questioned him during a conversation. "If my husband cheated on me, would you like it? He said that 'it's part of it, he's a man, he really has to have several'". The fact that husbands are unfaithful, despite leaving resentment, is justified by the women themselves by the cultural conviction that male sexuality is something uncontrollable and animalistic (Castro, 2009). "Most men are like this, there is no holy man, who will say 'ah, I am faithful to my wife', there is no such thing, right, because men seem to need that, right?" (Dolores).

Her partner's infidelities, which began during the engagement period, progressively affected her desire, according to Dolores. "Because we're not stupid, right? We have a vision, right? So, I noticed some things, you know, some situations [...] that I said like, you're cheating on me with this one. And that also cools you down, right?" Sílvia, who has several suspicions about her husband's involvement with other women, tells how this affected her desire.

Because it created a barrier, right? It created a barrier. Because, whether you like it or not, then, you (the husband) are not providing for the house (financially), right? You betrayed me, like, you say no, but for me, it was a betrayal [...] so it's something like that, maybe unconsciously I withdraw, you know?

Conformity with husbands' infidelity, in addition to being favored by the cultural beliefs of our sexist society, is also guided by the need to maintain the marriage. The status of being married meets the societal ideal of a hegemonic standard of normality and happiness (Peixoto & Heilborn, 2016). According to Zanello (2018), due to the love dispositif, many women end up getting married with their own marriage, regardless of how satisfied they are with it. Sílvia informs that she already thought about separation, but changed her mind, revealing the man's position as a disputed trophy. "I already thought about it, this year I

thought about it. So I said, hey, I threw my youth away [...] in a good way, right, it's the best time of my life [...] with him, right? And now I'm going to [...] like, deliver it on a plate?" Dolores demonstrates a lack of hope in finding another faithful partner. "Sometimes I say like this, why am I going to separate, if the other one is going to be the same thing, you know? So, we're already used to it, right, so we stay".

From these three themes, it can be demonstrated how much this category is guided by the difference between the ways of subjectivation of men and women in our culture. According to Zanello (2018), women subjectify themselves to the loving and maternal disposition, based on a heterocenterment. For many women, maintaining a relationship has the role of reaffirming identity, and they are then asked to make this investment, to be the maintainers of relationships, regardless of the satisfaction they obtain from them. Men, on the other hand, due to the 'self-centerment' (the opposite of the heterocenterment) that characterizes them, profit from women's loving disposition. Culturally privileged, their desires are prioritized, while their partners' desires become invisible.

The third category 'Motherhood Dilemmas' highlights how motherhood impacted these women's life stories and their sexual lives. It acted to worsen a previous desire that was already lacking in some cases, and, in others, it brought a new factor, calling into question or deteriorating a desire that previously existed. Within this category, the following themes were listed: 'Exacerbation of the concentration of tasks arising from the arrival of children', 'Disappointment with the husband in the role of a father', and 'Subsumption of the woman to the role of a mother', that is, after becoming a mother, she stopped feeling like a woman.

Motherhood was described as a milestone that negatively influenced desire in all ten women interviewed who had children, as seen in the following narratives.

Because our relationship has the following, there is a division in time: until I have my children and after I have my children. After I had my last child, the sex changed a lot, and I felt the desire changed (Olívia). So, I was never very active in sex, but I realize that I was much more excited, let's say before I had the boys. I think when I had my first child, I was there more often with my husband (Helena). So, at the beginning of the marriage, it was cool, like, that very exciting thing, let's say, right? Then, soon after, the children came; my oldest son was already 23 years old, and I already had both at 25, right? But, sexually, sex was never a well-resolved area in my life; it never was [...] (Telma).

The first theme, 'Exacerbation of the concentration of tasks arising from the arrival of children', reflects the overload of responsibilities, especially for women, characteristic of the gendered division of functions in our society (Zanello, 2018). Marital relationships in which a highly specialized and unequal division of responsibilities between genders predominate have a higher impact on their sexual life (Bozon, 2003). Women need time and energy to express their sexual desire, which is not possible within a tiring routine in which they feel too tired to be interested in sex (Candib, 2001).

The accumulation of tasks can mean more tiredness and less time for leisure, rest, and intimacy between the couple. Olivia exemplifies how she diverted her attention to her children, which previously benefited her husband and her sexual life.

There's no time left to think about it. I'm with them [the children] all the time. Sex is the second option. Before I had children, I even shaved his beard. To this day, I'm the one who cuts his nails, it's all me. So, when the boys started coming, there was no time left to take care of him. He felt thrown aside; I worked out of home, and when I arrived the boys only wanted me, they were very close, they weren't very attached to their father, everything was their mother, so he didn't have time or space. Even in the car, I sat in the back and he sat in the front, alone.

Silvia remembers what happened after the birth of her second child. “So, after this child, we no longer had time to enjoy ourselves. Then we didn’t dare to travel, and leave them, right? And there we stayed. But we never travel alone”.

The second theme is ‘Disappointment with the husband in the role of a father’, which portrays women’s disappointment in their husband’s role as father and in sharing care with the child, which may be another reason for women’s emotional distance from their partners. Fabiana tells how she felt when her daughter was born.

Because it changed a lot for me as a mother and not so much for him as a father. So much so that the first two years, it was as if I didn’t have a husband and father of my children; you know, he was very absent. And then the relationship ended up cooling down, you know. At one time, I even thought about separating because I said: ‘Wow, if I’m not having a partner, right, what’s the point’.

Elvira’s husband did not participate in the care of their son with special needs during his first years of life. “I thought he wasn’t a good father to Guilherme, that everything was left on my shoulders. ‘I’m very tired, don’t have time for you because you leave everything on me’”. Over time, she used her skill to involve him in this care, which, in her view, remains less than ideal. “He thinks he is the best father in the world because everyone who sees him thinks he is a super participative father, and he is not. And today he believes that he is [...] I let him”.

The third theme is ‘Subsumption of the woman to the role of a mother’. Many women have difficulty reconciling motherhood with the role of a woman who desires and is sexually desired. The characteristics culturally associated with ‘being a mother’ can result in even less legitimacy for women to experience eroticism in their sexual lives and can mean, for them, ceasing to ‘be a woman’. Fulfilling the stereotype of the mother, always dedicated, selfless, altruistic, subservient, and docile, is incompatible with maintaining individuality, the latter being the cornerstone of desire (Perel, 2009; Zanella, 2018). The antagonism existing between the parental and marital roles, for women, is a factor that implies a discrepancy between male and female desires, accentuated after the birth of children, and makes the importance of sexuality in the relationship between spouses decline (Bozon, 2003).

Helena evaluates why her desire has decreased.

Also, I don’t know if it has to do with religion; I’m Catholic, so I think this aspect of going from wife to mother also came about, you know? Now I’m no longer [...] right, although I know that [...] unconsciously I know that a wife is a wife, and a mother is a mother, but so, I think that in the mix there, it came to be understood like this: I was a wife, now I’m a mother, did you understand?

Renata reinforces this perception of the dichotomy of the roles of mother and woman when she talks about her embarrassment in buying lubricant and condoms at the drugstore. “It was hard work, I was sweating. I feel like this, a mother. A mother inside the business [...] as if the mother couldn’t, right [...] play. I think it has to do with motherhood. I think it’s inappropriate, right [...]” Fabiana reflects on the reasons why her sex life has gotten worse.

Because I feel very satisfied as a mother, you know? Not that motherhood got in the way but as we focus a lot, especially me, I focused a lot on motherhood because I wanted to be that super mother, like, super present, but I had difficulties [...] for example, I didn’t ask for help.

Helena considers that motherhood leaves her emotionally satisfied, taking up the space that previously belonged to her husband.

I don’t know I think it may have changed my vision a little and, thus, filled in another way, like, the affection that I needed, but, like, I ended up missing the relationship so much that we still have, so much so that, if it had taken up the whole place, I don’t even know if there would be any more weddings.

Sometimes motherhood resulted in a reduction in the couple's freedom and sexual repertoire, as Renata says when talking about oral sex. "Before we had the girls, we did it. I loved it and he liked it too. But today I don't dare, after I had the girls, I don't want it anymore. Because it was a natural birth, and I have some blockage, understand?"

Helena, who had tried several Kama Sutra positions, changed after the birth of her children. "Now it's just 'mom and dad'. I received and gave oral sex, but now, I don't know, I've blocked it, I'm not getting it anymore". Olivia no longer feels like she has the privacy to have sex in her house.

The boy slept with us a lot, even today, he's 11 years old, he had a lot of freedom in our room and we were scared, you know? Of being in the act and he comes in. I get tense so that also damages me a lot.

From the three themes discussed above, motherhood is considered to have adversely affected the sexual lives of couples. The maternal disposition proved to be so identifying for some women that the relationship with the partner lost importance and was no longer invested in. Furthermore, it also proved to be an experience that explains to women an unequal involvement/investment in the family and how much of the role of this care remains for them. In our culture, in which women subjectify themselves to the maternal disposition and are naturalized in caring for others, there may be few possibilities and space for the existence of their own desire and eroticism.

Final considerations

In the speeches analyzed, the interviewees internalized a culture in which men and women have gendered and well-defined roles. This differentiation means that, from an early age, many women do not feel legitimized in their sexual desire, incorporating negative values about the exercise of sexuality. Nor do they recognize themselves as active subjects in this process and merely the object of the other's desire. Within the context of relationships, they tend to value the affective aspects, considering sexuality of lesser importance, often an additional work to be carried out by them, within their role as responsible for the relationship and far from eroticism.

There is a mismatch of expectations related to the sexual act, in which women expect to receive affection, love, and romance, while men tend to be more directly linked to genitality; women expect more quality, men, more quantity. This discrepancy in interests and consequent frustration can justify women's lack of desire to perform a sexual act that is unsatisfactory for them.

The negative impact of motherhood on sexual life was unanimous among the women interviewed who were mothers. As seen in our culture, in which a mother is someone always at the service of others, altruistic, indefatigable, perfect, and asexual, implicated in almost complete responsibility for the well-being of children, it is not difficult to understand the difficulty these women have in reconciling their maternal role with that of a woman with the right to sexual desire and pleasure.

Sexist culture, with sexual roles clearly marked by gender, appears to be a negative influencer of desire. The management of desire by women, the lack of sexual education, and the maintenance of conservative beliefs, negatively impact desire from the beginning of sexual life. Relationships marked by asymmetry, in which affection is scarce, the woman's desires for sex with more affection and involvement are disregarded, and in which polygamy is supported, were presented as factors for the worsening of sexual desire throughout relationships. And, finally, motherhood, with its increased workload, the possibility of

women's fulfillment in another way, and disappointment about their partner as a father, worsened the desire of the women interviewed. In other words, psychosocial factors were shown to be strongly implicated in affected libido.

"All happy families are alike, each unhappy family is unhappy in its own way" (Tolstoy, 2005, p. 17). In this research, the categories impacted each interviewee differently, since the relationship of lack of desire was predominantly linked to education, partnership, or motherhood, differently between them. However, they had a culture in common, based on very different gender roles, as the greatest mediator of the lack of sexual desire, acting in the formation of values and the way of relating – and maintaining the relationship – with their partners. This implied a distancing from the possibility of these women exercising their sexuality fully and appropriating their desire and pleasure.

References

- Abdo, C. H. N. (2004). *Descobrimento sexual do Brasil para curiosos e estudiosos*. São Paulo, SP: Summus.
- Abdo, C. H. N., Valadares, A. L. R., Júnior, W. M. O., Scanavino, M. T., & Affif-Abdo, J. (2010). Hypoactive sexual desire disorder in a population-based study of Brazilian women: associated factors classified according to their importance. *Menopause*, 17(6), 1114-1122.
- Araújo, G., & Zanella, V. (2022). Desejo sexual em mulheres brasileiras: uma revisão sistemática da literatura. *Estudos de Psicologia*, 39, e210036.
- Bardin, L. (2016). *Análise de conteúdo – edição revista e ampliada*. (L. A. Reto e A. Pinheiro, trad.). São Paulo: Edições 70. Original publicado em 1977.
- Basson, R. (2000). The female sexual response: A different model. *Journal of Sex & Marital Therapy*, 26(1), 51-65. doi: <http://dx.doi.org/10.1080/009262300278641>
- Borges, A. L. V., & Nakamura, E. (2009). Normas sociais de iniciação sexual entre adolescentes e relações de gênero. *Revista Latino-Americana de Enfermagem*, 17(1), 94-100.
- Bozon, M. (2003). Sexualidade e conjugalidade – a redefinição das relações de gênero na França contemporânea (P. Dentzien, trad.). *Cadernos Pagu*, 20, 131-156.
- Bozon, M. (2004). *Sociologia da sexualidade*. Rio de Janeiro, RJ: Fundação Getúlio Vargas.
- Cacchioni, T. (2015). *Big pharma, women, and the labour of love*. Toronto, CA: University of Toronto Press.
- Candib, L. M. (2001). A new view of women's sexual problems: A family physician's response. In E. Kaschak, & L. Tiefer (Eds.), *A new view of women's sexual problems* (p. 9-15). Binghamton, NY: The Haworth Press.
- Castro, M. G. (2009). Famille, genre, génération et sexualité au Brésil. *Recherches Féministes*, 22, 7-23.

- Gagnon, J. H. (2006). *Uma interpretação do desejo: ensaios sobre o estudo da sexualidade*. (L. R. da Silva, trad.). Rio de Janeiro, RJ: Garamond.
- Heilborn, M. L. (2006). Entre as tramas da sexualidade brasileira. *Estudos Feministas*, 14(1), 43-59.
- Heilborn, M. L., & Cabral, C. S. (2013). Youth, gender and sexual practices in Brazil. *Psicologia & Sociedade*, 25, 33-43.
- Lagarde, M. (2011). *Los cautiverios de las mujeres. Madresposas, monjas, putas, presas y locas*. Madrid, ES: San Cristobal.
- Lara, L. A. S. (2017). Abordagem das disfunções sexuais femininas. In *Tópicos em saúde sexual*. São Paulo, SP: Febrasgo.
- Leiblum, S. R. (2012). *Tratamento dos transtornos do desejo sexual: casos clínicos* (C. Monteiro, trad.). São Paulo, SP: Artmed.
- McCool-Myers, M., Theurich, M., Zuelke, A., Knuettel, H., & Apfelbacher, H. (2018). Predictors of female sexual dysfunction: a systematic review and qualitative analysis through gender inequality paradigms. *BMC Women's Health*, 18, 108. doi: <https://doi.org/10.1186/s12905-018-0602-4>
- McHugh, M. C. (2016). What do women want? A new view of women's sexual problems. *Sex Roles*, 54, 361-369. doi: <http://dx.doi.org/10.1007/s11199-006-9006-2>
- Murray, S., & Milhausen, R. (2012). Factors impacting women's sexual desire: Examining long-term relationships in emerging adulthood. *The Canadian Journal of Human Sexuality*, 21(2), 101-115.
- Peixoto, M. M., & Heilborn, M. L. (2016). Mulheres que amam demais: conjugalidades e narrativas de experiência de sofrimento. *Estudos Feministas*, 24(1), 45-62. doi: <http://dx.doi.org/10.1590/1805-9584-2016v24n1p45>
- Perel, E. (2009). *Sexo no cativo: driblando as armadilhas do casamento*. Rio de Janeiro, RJ: Objetiva.
- Rosenkrantz, D. E., & Mark, K. P. (2018). The sociocultural context of sexually diverse women's sexual desire. *Sexuality & Culture*, 22, 220-242.
- Thomas, H. N., & Thurston, R. C. (2016). A biopsychosocial approach to women's sexual function and dysfunction at midlife: A narrative review. *Maturitas*, 87, 49-60. doi: <http://dx.doi.org/10.1016/j.maturitas.2016.02.009>
- Tolstói, L. (2005). *Anna Kariênina* (R. Figueiredo, trad.). São Paulo, SP: Cosac Naify. Obra original publicada em 1877.
- Wolpe, R. E., Zomkowski, K., Silva, F. P., Queiroz, A. P. A., & Sperandio, F. F. (2017). Prevalence of female sexual dysfunction in Brazil: A systematic review. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 211, 26-32.
- Zanello, V. (2018). *Saúde mental, gênero e dispositivos: cultura e processos de subjetivação*. Curitiba, PR: Appris.

Zanello, V., Fiuza, G., & Costa, H. S. (2015). Saúde mental e gênero: facetas gendradas do sofrimento psíquico. *Fractal: Revista de Psicologia*, 27(3), 238-246. doi: <http://dx.doi.org/10.1590/1984-0292/1483>

Recebido em 11/01/2021

Aceito em 18/11/2021