

SUICIDAL BEHAVIOR IN WOMEN OF DIVERSE SEXUALITIES: SILENCED VIOLENCE

O COMPORTAMENTO SUICIDA EM MULHERES DE DISTINTAS SEXUALIDADES: VIOLÊNCIAS SILENCIADAS

EL COMPORTAMIENTO SUICIDA EN MUJERES DE DISTINTAS SEXUALIDADES: VIOLENCIAS SILENCIADAS

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RESUMO

O comportamento suicida de mulheres tem sido apontado como efeito das difusas violências sofridas por elas nas esferas pública e privada. Contudo, a fim de não universalizar seu sofrimento psíquico, faz-se mister considerar outros demarcadores sociais que lhes impactam a saúde mental, como a sexualidade. Este estudo teve como escopo analisar as histórias de vida e vivências pessoais de mulheres de diferentes orientações sexuais que manifestaram comportamento suicida, com o intuito de averiguar a relação do autoextermínio com dispositivos de gênero e a sexualidade. Para isso, foram entrevistadas nove mulheres cisgênero, três autodeclaradas lésbicas, três autodeclaradas bissexuais e três autodeclaradas heterossexuais. Após análise das entrevistas, foram encontradas cinco categorias: “Masculinidade Adoecedora”, “Ideal Estético” e “Relações Românticas” foram observadas nos três grupos de orientação sexual; “Heterodissidência como Devassidão” foi identificada nos grupos de lésbicas e mulheres bissexuais; e a categoria “Cuidar” surgiu apenas entre as mulheres heterossexuais. Ao final, tais categorias apontam para similaridades e distinções nas narrativas de cada grupo de orientação sexual e para o impacto das violências de gênero, fundamentadas na misoginia social.

Palavras-chave: suicídio; gênero; mulheres; violência.

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Esta pesquisa teve suporte financeiro da Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES).

ABSTRACT

The suicidal behavior of women has been pointed out as an effect of the diffuse violence suffered by women in the public and private spheres. However, in order not to universalize their psychological suffering, it is necessary to consider other social demarcations that impact their mental health, such as sexuality. The purpose of this study was to analyze the life histories and personal experiences of women of different sexual orientations who manifested suicidal behavior, in order to ascertain the relation of self-extermination with gender dispositifs and sexuality. For this, nine cisgender women, three self-declared lesbians, three self-declared bisexuals, and three self-declared heterosexuals were interviewed. After analyzing the interviews, five categories were found: “Sickening Masculinity”, “Aesthetic Ideal” and “Romantic Relationships” were observed in the three sexual orientation groups; “Heterodissidence as Debauchery” was identified in lesbian and bisexual women groups; and the “Caring” category only came up among heterosexual women. In the end, such categories point to similarities and distinctions in the narratives of each sexual orientation group and the impact of gender-based violence, arising out of social misogyny.

Keywords: suicide; gender; women; violence.

RESUMEN

El comportamiento suicida de mujeres ha sido señalado como efecto de las difusas violencias sufridas por ellas en las esferas pública y privada. Sin embargo, a fin de no universalizar el sufrimiento psíquico de ellas, es menester considerar otros demarcadores sociales que les afectan la salud mental, como la sexualidad. El presente estudio tuvo como objetivo analizar las historias de vida y vivencias personales de mujeres de diferentes orientaciones sexuales que manifestaron el comportamiento suicida, a fin de averiguar la relación del autoexterminio con los dispositivos de género y de sexualidad. Para eso, fueron entrevistadas nueve mujeres cisgeneres, tres autodeclaradas lesbianas, tres autodeclaradas bisexuales y tres autodeclaradas heterosexuales. Después del análisis de las entrevistas, se encontraron cinco categorías: “Masculinidad Adoecedora”, “Ideal Estético” y “Relaciones Románticas” aparecieron en los tres grupos de orientación sexual; “Heterodisidencia como Depravación” fue identificada en los grupos de lesbianas y mujeres bisexuales; y la categoría “Cuidar” sólo apareció entre las mujeres heterosexuales. Al final, tales categorías apuntan a similitudes y distinciones en las narrativas de cada grupo de orientación sexual y el impacto de las violencias de género, fundamentadas en la misoginia social.

Palabras clave: suicidio; género; mujeres; violencia.

Introduction

Investing in research related to violence against women is one way of making the epidemic magnitude of this phenomenon in Brazil visible (Garcia, 2016). However, given that sexism in this country is structural, while some forms of violence become apparent at a time when charges go beyond the private sphere, others are imperceptible but no less shocking. From childhood, there is permanent social control over the bodies of women, guaranteed by a naturalized ideal of subservient femininity (Del Priore, 2000). In this sense, culturally reproduced performances create privileged paths of subjectivation for them that reverberate in multiple dimensions of their lives, as well as in mental health (Zanello & Andrade, 2014; Zanello, 2018).

In clinical studies and research involving mental health and gender, Zanello (2018) has used the concepts of *love dispositif* and *maternity dispositif* as analytical categories to think about the process of subjectivation of Western women in contemporary times. According to the author, in sexist cultures, becoming a person is, first of all, becoming a man and a woman, which raises the repeated production of different affective pedagogies, that is, discourses, values and teachings that are transmitted, in order to create distinct subjectivities between men and women.

The *love dispositif* is heir to the ideal of romantic love, which naturalizes heterosexuality as sexual morality and has in marriage the legitimate way of consummation. In Western culture, being the object of loving preference is an identity factor for women, especially in heterosexual relationships. Thus, the *love dispositif* becomes the way in which women relate to themselves and to each other, subjectivized by the gaze of a man who chooses them (Zanello, 2018). This stems from a permanent affective pedagogization that convinces them, through the most diverse ways, that the existential condition of a woman is tied to the romantic relationship, and to achieve this status, one needs to adapt herself to socially valued aesthetic and behavioral ideals. Consequently, what is observed is the perpetuation of an ideal of beauty that has as reference the white, blonde, lean and young woman. That is, although it is possible for some women enjoy this profile at some point in their lives, all will lose such prestige as they grow old.

The *maternity dispositif*, in turn, is the result of a period in which women were ordered to ensure the survival of their offspring, the future labor necessary for the rising industrial market. As a way of ensuring women's bond to the private sphere, the discourse that sought to supersede the capaci-

ty to procreate (restricted to women) for that of caring (exercised by anyone) was propagated, propelled by the concept of maternal instinct (Badinter, 1985).

The notion of instinct has as a consequence the naturalization of motherhood, which makes placing on women all responsibility for the health, safety, and well-being of their children. This unilateral attribution, which disburdens men of these functions, generates an overload for women and the feeling of guilt for possible (real or imagined) slips committed at some point in their life experiences as mothers. Since the expectation on them is the non-negotiable prioritization of their children, motherhood tends to place women at existential crossroads, so that any decisions that do not put their children front and center are seen as selfish (Zanello, 2018).

In addition, the absence of procreation does not exempt women from the influence of the maternity *dispositif*, in which they were subjectivized, since they are expected to comply with the caring actions in all social spheres. According to Zanello (2018), unlike men, who subjectivize themselves in egocentrism, women are subjectively constituted in heterocentrism, with a wide disposition to think about the well-being of others, even if they have to forgo themselves.

Considering the two *dispositifs* presented and that people constitute themselves in gender relations, it would be a mistake to ignore the influence of gendered values and stereotypes on the formation of symptoms (Zanello, 2014a; Zanello & Costa e Silva, 2012). Therefore, it is necessary to consider the psychic incidences of suffering that affect women in an attempt to fulfill the ideal compulsions of femininity.

Often, scenarios of violence are less perceptible as a result of affective learning that subjectivizes them in a culture of silence and resignation (Zanello, 2018). The culture of silencing and submission before forms of violence suffered can cause profound psychological distress among women. Faced with a history of emotional frailty, coupled with intolerable affections such as despair and hopelessness, many women resort to self-extermination. This reality can be observed through the epidemiology of women's suicidal behaviors.

In a survey published by the World Health Organization in 2014 (OMS, 2014), involving 172 nations, a number of attempts at self-extermination among women were pointed out in most of the countries investigated. In Brazil, the latest survey on this topic, released by the Brazilian Ministry of Health (Brasil, 2017), pointed out that women accounted for 69% of suicide attempts between 2011 and 2016. And while the numbers may evidence the extent of suffering

among women, suicidal behavior, ranging from ideation to attempts, is often an occurrence associated with men. Since this phenomenon is commonly reported from death rates, which are higher among them, suicide is seen as a male act, mostly (Jaworski, 2010).

According to Jaworski (2010), intelligibility around suicide is influenced by the values of gender, as this phenomenon, when disclosed as a neutral and self-evident action, hides the discursive production that lies behind its comprehension. As the author points out, since the number of deaths due to self-extermination is greater among men, also due to the use of more lethal methods in their attempts, the judgment that their attacks are more serious and worrying was created. This perspective, coupled with the disqualification of women's suffering, seen as more emotional, has underestimated the seriousness of the fact that the number of suicide attempts is greater among them.

Aware of this issue, Canetto (2008) has shown, through research that investigated suicidal behavior in different nations, that cultural factors, including society's view of suicide, have epidemiological consequences for the phenomenon. In a country like Brazil, for example, where women's suffering is made invisible and medicalized (Zanello, 2014b), the scant discussion about the high number of self-extermination attempts among women is a social symptom. In addition, sociodemographic factors, such as race, social class, and sexuality, also need to be taken into account, since they are markers of vulnerability in classist, racist and LGBT-phobic societies.

With regard to sexual dissidences and suicidal behavior, international surveys point to a higher number of self-extermination cases among the LGBT population (Almeida et al., 2009), especially among the bisexual population (Mereish et al., 2017). Although there is little research on the suicidal behavior of this population in the country in 2018, there was the publication of the *Dossiê sobre lesbocídio no Brasil: de 2014 até 2017* ("Dossier on lesbian killing in Brazil: from 2014 to 2017") (Peres et al., 2018), a document that presents a survey of the deaths of lesbians in the country, including suicide. The research, based on data collected in the media and on social networks, found an increase in the number of suicidal lesbians in the analyzed range, especially in countryside regions. The expression suicidal is justified in the text since death by suicide of lesbians is understood as a crime of collective hatred, perpetrated by a lesbophobic and misogynist society (Peres et al., 2018).

In view of the presented scenario, this study had the goal of analyzing the life histories and personal experiences of bisexual, lesbian and hetero-

sexual women who manifested their suicidal behavior in order to ascertain the functioning of the love and maternity dispositifs (Zanello, 2018) and their relation to self-extirpation. The focus was not on the suicide attempt, but on the description of the contexts of suffering that led them to suicidal behavior.

Method

After being approved by the Committee of Ethics in Human and Social Sciences Research at University of Brasilia (IH/UnB), a virtual public call was made to invite participants to the interviews. The public invitation was made through social networks, with the purpose of avoiding indications that could cause embarrassment, due to the themes (suicidal behavior and sexual orientation). The interviews were scheduled as interest in participation was manifested. At the end of the study, nine interviews were carried out with cisgender women: three self-declared lesbians (L), three self-declared bisexuals (B) and three self-declared heterosexuals (Ht).

The interviewees' ages ranged from 18 to 28 years old, with an average of 22 years old. Seven are from the Federal District, two from São Paulo. The nine interviewees made no mention of a specific family income, but all claimed to be from middle-class families. Seven interviewees are undergraduates and two have already graduated, one of them a master's graduate in a state university. None of them declared themselves black or mentioned race during the interview, although two of them are black. The marital status of the nine interviewees is single, and in terms of relationships, only two claimed to be in a relationship (a lesbian and a heterosexual).

The research was conducted through open interviews, with questions like "Tell me your story" or "Tell me about your life", so that the other questions arose from the content brought up by the interviewee herself. However, when specific information related to the research topic did not appear and/or when there was no deepening in the areas of suicidal behavior and sexual orientation, questions were asked, such as "Tell me more about it" and "What do you mean?". As a result of the theme, ample time was available for the interviews and, if there had been any evidence of emotional discomfort, an interruption would have been made. However, this was not necessary.

The interviews took place between October and December 2017, in a room of the Integrated Laboratory of Graduation Studies and Experimental

Research in Psychology with Humans (LIPSI), at Darcy Ribeiro campus of the University of Brasília. The average duration of interviews was one hour. Audio files were recorded in full for later transcription and analysis. Transcripts took place between December 2017 and February 2018 and, at the end of this stage, content analysis was performed (Bardin, 2011; Minayo, 2014). The two researchers carried out, separately, the integral reading and analysis of the interviews for an initial survey of the themes. From there, they met to discuss the categories found.

The content was assessed in each of the three sexual orientation groups (heterosexual, bisexual, and lesbian) and later compared to each other. The intention was to observe the existence of specificities in the information, as well as similarities and differences in the life experiences of each participant. The results were analyzed in the light of feminist and gender theories (Butler, 2015; Zanello, 2018).

Results and Discussion

Through the analysis of the content of the interviews, in the three sexual orientations, five categories were listed, namely: (1) Sickening Masculinities; (2) Aesthetic Ideal; (3) Romantic Relationships; (4) Caring; (5) Hetero-dissidence as Debauchery – see Table 1. Although certain categories were found in more than one sexual orientation, their expression was distinct in each.

Table 1 — Distribution of the five categories found in interviews

Lesbians	Bisexual Women	Heterosexual Women
Sickening Masculinities		
Aesthetic Ideal		
Romantic Relationships		
Hetero-dissidence as Debauchery		Caring

A description of each category found, as well as the excerpts from the interviews that exemplify them, is presented below. The fragments from the narratives are formatted in italics and identified as follows: (L) lesbian, (B) bisexual and (Ht) heterosexual.

(1) Sickening Masculinities

Masculinities have been constituted within a pedagogy of violence and competitiveness (Welzer-Lang, 2001; Cecchetto, 2004), in which misogyny is the main reference used to support the hegemonic and oppressive social pattern of men. Consequently, from an early age, women are liable to deal with the effects of maintaining this toxic masculinity.

Based on this understanding, the category of “sickening masculinities”, which involves the life experiences of violence suffered by the interviewees in their relations with men, was differentiated in two ways: by omission and by action. This is due to the fact that, in the multiple dimensions of their lives, the psychic vulnerability of women does not result only from the aggressions suffered explicitly, but also from the experiences of indelible abandonment and indifference that are similarly constitutive to them.

With regard to the sickening masculinities by omission, a negative representation of the paternal figure was observed in almost all interviewees. In most narratives, what was evidenced was the father’s absence, as the case of interviewee Ht1, who said she has little contact with him in present days. L3, for her part, said they did not have any acquaintanceship, so much so that her father is unaware of her lesbianity, already assumed socially. While certain parents distance themselves from their children over the years, there are those who were never present or only came years after their birth. Interviewee Ht2, for example, met her father at the age of seven, after her mother’s death. *I didn’t know my father. I didn’t know my father’s family. But the judge determined that I should stay with him and not with my mother’s family because I had a biological father. But that was not what he wanted.*

In terms of parental reference, the parental presence was also represented by infidelity. *I was six, seven. That’s when I started to feel bad. Because they didn’t have a nice breakup. My father cheated on my mother with a friend of hers who studied with her.* (B2) Marital betrayal, in this category, is related to the other mode of expression of sickening masculinity, which is manifested by action.

Sickening masculinity by action appeared, mainly, in the reports on romantic relationships. In a similar way to what happened with the mothers of some interviewees, betrayed by their husbands, episodes of infidelity on the part of boyfriends were also described. Not even the lesbian group escaped male betrayal. L1, in her early teens, before coming out as a lesbian, while engaging with a young man to camouflage her lesbianity, also reports having been betrayed by him while they were together.

Upon the discovery of lies, especially of betrayals, many men resort to the artifice of disqualifying the speech of their partners. One of the most used resources in these contexts is known as gaslighting, that is, the attribution of insanity as a way of delegitimizing women's arguments. *But everything I said, he made me look like I was crazy, he'd put me down until I thought I was indeed crazy.* (Ht3) The goal is to get their partners to doubt their own standings. *He played an emotional game, blackmailed me. I said one thing and he'd say I didn't say that before. Or he would say something and say he didn't say it. That I was going crazy.* (B3)

As the affective relationship is an identity component of women (love dispositif), even if they are within violent settings, the need to be committed causes many to follow the orders of their companions and find justifications for any aggressive behavior. *I ended up losing many people, because he put his foot down and said: "I don't want you to see this person, I don't want you to talk to this person, if I find out you're talking to them..." He forced me to be in a way that I didn't want. But since I was so desperate to have someone, to love, I stayed with him.* (Ht1)

The threat of returning to single status causes women to submit to situations of marked violence. *I was very passive in the relationship. I didn't know how to say no.* (B3) Thus, among women who have relationships with men, there have been reports of involuntary sex in order to fulfill marital debt (Zanello, 2018). *I basically thought sex was horrible. I only had sex with him because he'd ordered me to.* (Ht3) If their partners signal their unwillingness to have sex, some men use their fears to threaten them. *My first boyfriend said that if I didn't give him sex, he would look for it in the street.* (Ht3)

In addition to the threats that impel their partners to unwillingly consent to sex, there are men who go beyond these aggressions and, backed by the belief of possession that comes from the relationship, rape their partners. *He even raped me when I was drunk. And then I kind of slept, and when I woke up, he was on top of me. After that, I felt very guilty.* (B3) Sexual abuse within the relationship tends to generate perplexity and hesitation in naming it aggression. *I knew there was something very wrong. I felt bad, dirty. I wanted to die. But I didn't have the courage to do anything. And then I thought that if I didn't stay with him, I wouldn't be with anyone.* (B3)

Sickening masculinities are not exercised only in intimate relationships, but also occur in the public sphere. Sexism in the workplace and sexual harassment demonstrate this reality, as in the case of Ht2, who was harassed by her undergraduate professor. *He forced me to go with him to his office. I was at a Physics event, which I was helping to organize, and then he asked me to go into his room afterward. And on vacation time, there is no one in the college campus. I was wearing*

a dress, he put me on the table, he held my arms, told me to shut up, otherwise, I would lose everything I cared about (the research project). But, in the end, I ended up losing anyway. (Ht2)

Just like what happened to B3 after the rape committed by her boyfriend, Ht2 also attempted suicide following sexual abuse by her professor. In this sense, it must be pointed out that a violation, although it is not the only reason that leads a person to attempt self-extermination, is a factor of deep psychic suffering, which may become a triggering event. Suicide, for being a complex phenomenon, involves predisposing and precipitating factors (Botega, 2015). Therefore, from the participants' reports, it is possible to point out that histories of sexual abuse in childhood are configured as aspects of vulnerability, while rape inside a relationship can be a driving force for attempts of self-extermination.

What is observed in this category is that women, regardless of sexuality, have had experiences with sickening masculinities, which have psychically weakened them in some way.

(2) Aesthetic Ideal

Just as sickening masculinities cross the experiences of women of different sexualities, so does the imposition of an aesthetic ideal to be achieved. Although being hard on oneself is manifested differently among sexual orientations, in the three groups there was some experience of suffering signaled due to one's non-compliance with the cultural standards of beauty.

If the aesthetic ideal of women in Brazil is to be young, white, blonde, and thin, the less a person is aligned with that model, the more likely she is to experience discomfort of social disapproval. According to the participants' reports, this annoyance has been manifested since childhood, at which time children have already demonstrated to harbor prejudices towards those considered "different". Ht1, for example, claims that as a child she was darker and had curly hair, which made her schoolmates keep her distant. *I don't even think I'm too dark-skinned, but when I was younger I was much darker. Especially compared to the girls at school. They were white, blonde and had straight hair. I realized people were pushing me away and I didn't know why. And then as I was growing up, I realized that maybe that was it.*

Just like to become human in sexist societies is to become either a man or a woman, in racialized societies like Brazil to become human is to become a certain skin color (Zanello, 2018). *And I saw that a friend of mine, in the third or fourth*

grade, she was much darker than me. Curly hair. I could see people moving away from her too a little. (Ht1) Therefore, subjects born with negroid traits will, from an early age, encounter racism that, when incorporated, are usually expressed in the need to change their appearance. *When I was little I'd ask her (her mother) why I was not born like her, white and with blond hair. She'd tell me I had to dress nicely, to be like the other people. You have to dress nicely, you have to straighten your hair, you have to wear a skirt, a certain shoe.* (Ht1)

Her relation with her kinky curly hair was not the only aesthetic issue faced by Ht1. By the age of ten, she was well overweight. Not to face social lipophobia, she implemented long-term fasting in her routine in order to lose weight. *I spent days without eating and I was able to lose weight very quickly. I spent all day without eating and could hide it from my parents.* (Ht1) In the case of B1, her situation was diagnosed as more severe. *When I was 13, I already had eating disorders. I had a brief period of anorexia. I had a goal of 300 calories a day.* Feeding interruption was also reported by L1, due to the jokes in the school space. *The heaviest part of this bullying was when I started not wanting to eat. I didn't eat at all. I was at school. Like, a whole week at school, having to have lunch there and I didn't eat. I just drank water, had some drops. Not wanting to eat because I was feeling fat.*

Although lipophobia also appeared in the speech of the lesbians, what was most present in her discourses related to the aesthetic question was the bullying resulting from the male presentation. *When I was a kid, I suffered a lot of prejudice at school and in my family, because I always dressed in a more "male" way. I was not very feminine.* (L3) That is, masculine appearance is resented as a characteristic that arises among lesbians the discrimination for not complying with gender presentations. Prejudice against masculine appearance was also present in the discourse of bisexual women. *In my childhood, I suffered a lot of bullying. I was called Macho Mary, was more masculinized within the environments.* (B1) However, in the same speech, the discontent for the lack of attractiveness on the part of men also showed up. *I was always the ugliest friend. The least seen by the boys.* (B1)

While prejudice against a male appearance has appeared in the discourse of the lesbians and bisexuals, the impact of this hostility is not analogous to that of men, for the effeminate presentation calls into question their identity. In a different way, women don't cease to be seen as women because they look masculine. However, if they don't care or strive to be beautiful, they will be questioned about the type of woman they have chosen to be. And even if the aesthetic ideal goes through the experience of all, in conjugal terms, the beauty standard among lesbians is not imperative as in relationships involving men (Baére & Zanello,

2020). Consequently, it was observed that this category is more marked among heterosexuals and bisexuals.

In addition to the lower impact of the beauty standard on lesbians, the expression of gender is also seen among them as a protective factor for suicidal behavior. According to *Dossiê sobre lesbocídio no Brasil: de 2014 até 2017* (Peres et al., 2018), the suicide of lesbians is higher among young feminized women. To account for this phenomenon, the authors infer that masculinized women, being aware of their lesbianity from an early age and facing greater social prejudice, reach youth and adulthood better prepared to deal with lesbophobic adversities.

(3) Romantic Relationships

When they are constituted in the love dispositif, women tend to prioritize relationships in relation to other areas of their lives (Zanello, 2018). *I had a lot of it, to think that love is what determines life. To look for someone who loved me like this, madly.* (Ht3) Therefore, when they are not in a relationship, they are in search for one, in the longing to be chosen. Moreover, because it is an identity dimension for women, conjugality becomes a factor of suffering when they have to expend great efforts to remain in the relationship. In this category, unlike the “sickening masculinities”, the factors that generated psychological distress for women did not stem directly from their partners, but from the relationship they established with their marital ideals.

The expectation that precedes the relationship and the fear of not being chosen appeared in the speech of Ht1. *It was this lack of love. I thought maybe I could never be loved due to the personality I had, the way I was. That no one would love me the way I was. When I totally gave myself to someone else and they rejected me, it hurt a lot. It made me think: “Wow, if I’ll never get the love of my life, what am I going to live for, then?”* In the case of B3, the responsibility for failure at an attempt falls on her. *When I don’t succeed, I feel alone. And I always put the blame on myself. “Why doesn’t this person want to talk to me? Did I do something wrong?” And the person is just busy, y’know? There’s a lot of this, from the beginning. Thinking that I have to be much better so that people can like me.*

The threat of not meeting someone, or the fear of being single again, turns romantic relationships to be hyper-invested, regardless of sexual orientation. Consequently, any signs of approaching a break-up, even if desired, can cause suffering. *I suffered because, at the same time that I wanted to break up, I didn’t want to, because I thought he was the love of my life.* (Ht3) This suffering can be even

more intense if it is a consequence of the partner's indifference. *We were fighting a lot. She wasn't treating me like a girlfriend anymore. She treated me like a friend. Whenever she saw me, she hugged me. We barely kissed. Sex, I won't even go into that, because we didn't have it anymore. (...). I wouldn't go out with my friends because I kept waiting for her to call me out or not. So I, like, started feeling really down, I was really very depressed.* (L2)

Among the shared narratives, the ending of relationships were the main triggering events for self-extinction attempts among women. *I had just broken up, and I simply got tired. So I took many, many pills. And very strong medicine too.* (B1) In the case of B3, the suicidal behaviors manifested after the end of her relationships occurred progressively, starting from ideation up to the execution of part of the planning. *At that moment, after this first relationship, there were ideations. But this second time I got to sit at the window, looking down, trying to find the courage to throw myself through it. I was researching a lot. Which drug should I take to die? I even bought the drugs. But I never really took them. And then after that relationship ended, I got really bad, because he put all the blame on me.*

When it comes to conjugality and suicidal behavior, it is common for women, having their happiness deposited in a romantic relationship, to expect their "cure" to be there, even when the causes of their suffering are in the relationship itself. *Because all I wanted was for this person to give me a reason to live. And when that person who would give me a reason to live acted like this with me, I would lose that will. Because I had no one to support me.* (Ht1)

The same way that the end of a relationship was observed as the main precipitating factor for the accomplishment of a self-extinction attempt, drug intoxication was seen as the preponderant method, both in ideation and in the attempt. Of the nine participants, six mentioned this procedure. Even in cases where more than one method was used in the attempt, as in the case of Ht3, there was ingestion of medicines. In the epidemiological bulletin published by the Brazilian Ministry of Health in 2017 (Brasil, 2017), exogenous intoxication was the second largest cause of deaths by suicide among women in Brazil between 2011 and 2015.

(4) Caring

Subjectivized in the maternity dispositif, women are directed early on to emphasize the task of being maternal and, consequently, are assigned to most activities that involve zeal and dedication to others (Zanello, 2018).

This social pedagogy causes women to be constituted in a heterocentrism, in the sense of prioritizing the other. In the case of relationships involving two women, both can benefit from the love disposition as well as the maternity disposition of the other (Zanello, 2018). However, in heterosexual relationships, men always take advantage from their partners' willingness to care for them and to maintain the relationship.

Aware of this expected social behavior for women, men use their care to exploit the time and effort of their partners. In the case of Ht3, for example, what started as a favor to her boyfriend at school, became a rule. *I did his homework for him. Just because it was an emergency. We were from the same grade but from different classes. But it became a pattern for me to do 10-page work for him. It became a pattern in my life. On the junior year, he just passed because of me. I even did his tests hidden.*

In contrast, when she needed help, Ht3 found no caring reciprocity. *By senior year, I had a problem with my thyroid. So I had to be away from school for a month, but I had already passed. He didn't even give me any support at this time, I was always home alone. And it was always this pattern. When I got very sick, I wanted to be alone, because the guys never knew how to take care of me. Even when I was sick, I always had to take care of them. This is a factor that I can still talk about how my relationships were.*

Women's caring behavior tends to place them in multitasking scenarios, with the need to increase working hours in order to meet the requests of all their acquaintances. This conduct generates exhaustion and, because it is a social expectation, they are afraid to share their dissatisfaction with this overload. On the other hand, as far as psychic suffering is concerned, this attitude that puts them in situations of exhaustion is the same one that, according to Ht1's account, keeps her alive in the face of the desire to take her own life. *My brother also doesn't help much, because he remains distant from my parents. So it's me who has this thing of having to take care of my parents because nobody else does. My father's family, they are all in São Paulo and my mother's family is in Goiânia. The two are completely alone. They have dated one person or another, but they are alone. So I think that, if I kill myself, I'll leave them unattended. And they need someone to support them. I was alone all my life and had no support. (Ht1)*

Parental care as a protective factor against self-extinction is also manifested as concern for their reaction to this hypothetical loss. *I already had several suicide attempts during my life. One reason I don't want to do this is my parents. Because they have many problems and I wouldn't want to be one more for them. (Ht1)*

(5) *Hetero-dissidence as Debauchery*

Unlike what happens to men, whose masculinity is constructed through the permanent denial of everything that refers to the feminine, the identity issues are differently added up between women. Thus, although this category distinguishes sexual dissidences from standard sexuality, this hetero-dissidence, unlike what occurs between gays and bisexual men, does not put the identities of lesbians and bisexual women in check. That is, they are not socially deprived of their womanhood because they are not heterosexual.

Although sexual dissidence is not an identity issue for them in comparison to men, lesbians and bisexual women also experience intense psychic suffering from social violence and reprehensions. It was during adolescence that L2 noticed her romantic interest in women. *I kept thinking this was just because I still hadn't get involved with any men and that my time would come.* However, after two experiences of kissing men, she was sure that her desire was for women, not for men. *So I started looking for ways not to think about it. "I can't think of men, but I mustn't think of women either."* For her, it was only possible to have the first experiences away from her family, when she moved out of town to go to college.

Upon learning about her daughter's sexual orientation, L2's mother took her to a gynecologist, who reinforced prejudices and biologized her lesbianity, requesting chromosome exams. *"You even have feminine shapes, but it would be good for us to exam the chromosomes to see if there are any problems there on the second X." I felt like trash.* The professional even completed *"If you can choose, choose the easiest"*. L2's father, admittedly opposed to any sexual dissidence, despite not having turned away from her, increased his discriminatory comments in her presence. *He was always very homophobic, but after I told my mother, things got much worse. Never aimed at his daughter. "I think there should be a bathroom for men, one for women and one for the rest. The rest of all those things out there."* *"Because I think Iran is right. We have to kill all fags and throw them from the building."* L2 parents' posture was a factor of intense suffering, corroborating her attempt of self-extermination. *The pressure of looking at my parents, at "people who love me unconditionally", and they want me to be someone else.*

The family's religiosity marked the history of L3's psychic weakening. *My whole family is evangelical and Catholic. All of them are religious. So there was always this talk of this is wrong, that makes you go to hell. Just now, after a whole process of suffering, people are beginning to understand that I didn't choose to like the same.* Just like L3, who made an attempt at self-extermination through the ingestion of medications, L2's relationship with her parents was transformed the mo-

ment they felt sorry for their daughter's sadness. *She (her mother) didn't retroact anymore. My father is the same. He just stopped talking about homophobic things. But he still puts on an annoyed face. Every time he sees a homosexual in the street, he puts on a serious face and grunts. A true alpha male.*

The attribution of sin on the part of religious families was more present in the lesbians' narratives. Lesbianity, in these cases, was understood as debauchery, perverting the heteronorm. Bisexual women, in turn, are also considered to be debauched, but in a different way from lesbians. Although both subvert the full sexual subjugation to a man, the debauchery of bisexual women is seen as promiscuity. According to reports, the belief in hypersexuality of the bisexual woman manifests as much among men as among lesbians. In both, this perception is crossed by prejudices. *Bisexuals, because they are attracted to both genders, are more likely to betray their partner, to transmit HIV. All this makes people not feel attracted to us. It's something that happens a lot among girls because of this insecurity. And from guys, they are more into the fetish. I'm dating a bisexual to be able to have a threesome.* (B1)

Because they are seen as promiscuous by men and lesbians, they are often sought only for sporadic, uncompromising sexual intercourse. She is seen as an insatiable person, unable to maintain stable relationships. *Because there's even the process in which lesbian women use us, because we're just supposed to be fucked. And it turns out they do the same thing as men. So I've never had a serious relationship. And for a long time, I did want one.* (B2) Consequently, the complaint of loneliness was present in the statements of the bisexual participants. *Not because I was damaged for being bisexual, but society damaged me so that that I was marginalized.* (B2)

The bisexual subject's loneliness is a stress factor, which is also related to the higher prevalence of suicidal behavior in this population (Mereish et al., 2017). In a study comparing the mental health of bisexual and lesbian women, it was pointed out that the psychic fragility of bisexuals is more intense (Colledge et al., 2015). According to the investigation, bisexuals are more likely to present self-injurious behaviors and self-extermination attempts.

A lesbian is usually seen as a woman who has not yet met a man, based on the idea of the penis, which has made her change her mind about the expression of her desire. Bisexual women, in this sense, are seen as more subversive. It is not about being inexperienced, but an outlet for their desire. *Yes, I think there is a question of sexual violence. And I think bisexual women are more abused. And I fall into this statistic. Because it's something that destroys your mental health. And it's not like you're back to being what you were, because you don't go back. And there are vari-*

ous situations of abuse. I've never been raped, but there are various situations of abuse. Of people touching my genitalia without my authorization. (B2)

Among the reasons listed for psychic suffering in sexual dissents is the incomprehension of others, especially among bisexuals. *It's very difficult. For example, my family doesn't get it. My mother accepts it. She doesn't have any problem with it. But for my dad, I'm a lesbian. (B3)* In this sense, entering the university environment was described as a protective factor for them. *Then I went into college and the world opened up wonderfully. Because I went to college, my range of friends was already totally different, with different ideas, black people, bisexual people. From there I began to create bonds of friendship, I started participating in the campus politics movement. (L2)* For B1 and B3, it was in these spaces that bisexuality itself could be recognized and lived. *I learned about the bisexuality agenda and I found my place in the world like that. So that's what I am and it's okay to be bisexual. Then, from the moment I discovered that I could be drawn to two genders and not have to choose to either be a lesbian or straight, things have been improving in my life. (B1)* *There's an LGBT feminist collective there. And then I met many people who had been through various problems similar to mine in relationships. (B3)*

The identification with similar stories not only suppresses the belief of solitary life experience but also opens the space to find ways of self-care in the dialogues shared in the collectives. Moreover, the possibility of expressing affection in the university environment has also shown to be a protective factor for mental health. *Here is a place where I can be who I am. In my house, there is my mother who will be judging me. Not here. Here I can be who I am. If someone judges me, it will not have anything to do with my life. It's just some random person. Here I can show affection. I can be freer. (L3)*

Final Considerations

In the present research, it was possible to approach the suicidal behavior of women through a perspective that is not restricted to the presentation of epidemiological data, which tend to associate this phenomenon with the suffering of men. Through the sharing of narratives, it was possible to show how ideations, planning and suicide attempts compose the repertoire of actions of women who, in moments of fragility and despair, are led to self-destructive paths.

Through the categories presented, it was possible to evidence the impact of gender violence on women's mental health. From an early age, the signs of femininity, which propel them toward subservience and renunciation fates, have

an impact on the psychic constitution of women, especially in societies structured by sexism. Therefore, those who do not conform to the dictates of patriarchy tend to deal with all the social mechanisms of reparation of the behaviors considered as deviant.

In addition, it's possible to observe, from the experience of the nine participants, the necessity of increasing the frequency of the debates on the psychic suffering due to sickening masculinities. If the representation of man is marked by the violence and subjugation of their partners, family members and acquaintances, they need to find other ways of identity reaffirmation which are not based on misogyny and the exploitation of women. For this, they will have to give up their privileges, something so costly for a group that has been historically in positions of power.

As an analytical tool, the love dispositif was identified in the configuration of categories belonging to the three sexual orientations investigated. Although the expressiveness in each of them was different, it was possible to verify, as already pointed out in previous research, that the dispositif of sexuality does not necessarily subvert the gender dispositif (Baére & Zanello, 2020; Zanello, 2018).

References

- Almeida, J.; Johnson, R. M.; Corliss, H. L.; Molnar, B. E.; Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of youth and adolescence*, 38(7), 1001-1014. <https://doi.org/10.1007/s10964-009-9397-9>
- Badinter, E. (1985). *Um amor conquistado: o mito do amor materno*. Rio de Janeiro: Nova Fronteira.
- Baére, F.; Zanello, V. (2020). O envelhecimento de lésbicas e gays: a longevidade dos dispositivos de gênero. In: Araújo, L. F. de; Silva, H. S. da (org.). *Envelhecimento e velhice LGBT: práticas e perspectivas biopsicossociais*, cap. 7. Campinas: Alínea.
- Bardin, L. (2011). *Análise de conteúdo*. São Paulo: Edições 70.
- Botega, J. N. (2015). *Crise suicida: avaliação e manejo*. Porto Alegre: Artmed.
- Brasil (2017). Suicídio: saber, agir e prevenir. *Boletim epidemiológico*, 48(30). Secretaria de Vigilância em Saúde, Ministério da Saúde.
- Butler, J. (2015). *Problemas de gênero: feminismo e subversão da identidade*, 8ª ed. Rio de Janeiro: Civilização Brasileira.
- Canetto, S. S. (2008). Women and suicidal behavior: a cultural analysis. *American Journal of Orthopsychiatry*, 78(2), 259.
- Cecchetto, F. R. (2004). *Violência e estilos de masculinidades*. Rio de Janeiro: FGV Editora.

- Colledge, L.; Hickson, F.; Reid, D.; Weatherburn, P. (2015). Poorer mental health in UK bisexual women than lesbians: evidence from the UK 2007 Stonewall Women's Health Survey. *Journal of Public Health*, 37(3), 427-437. <https://doi.org/10.1093/pubmed/fdu105>
- Del Priore, M. (2000). *Corpo a corpo com a mulher: Pequena história das transformações do corpo feminino no Brasil*. São Paulo: Editora SENAC.
- Garcia, L. P. (2016). A magnitude invisível da violência contra a mulher. *Epidemiologia e Serviços de Saúde*, 25(3), 451-454. https://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-96222016000300451
- Jaworski, K. (2010). The gender-ing of suicide. *Australian Feminist Studies*, 25(63), 47-61. <https://doi.org/10.1080/08164640903499752>
- Mereish, E. H.; Katz-Wise, S. L.; Woulfe, J. (2017). Bisexual-specific minority stressors, psychological distress, and suicidality in bisexual individuals: The mediating role of loneliness. *Prevention science*, 18(6), 716-725. <https://doi.org/10.1007/s11121-017-0804-2>
- Minayo, M. C. S. (2014). *O desafio do conhecimento: pesquisa qualitativa em saúde*, 14ª ed. São Paulo: Hucitec.
- OMS – Organización Mundial de la Salud (2014). *Prevención del suicidio: un imperativo global*. Washington, DC: Organización Panamericana de la Salud. <https://apps.who.int/iris/handle/10665/136083>
- Peres, M. C. C.; Soares, S. F.; Dias, M. C. (2018). *Dossiê sobre lesbocídio no Brasil: de 2014 até 2017*. Rio de Janeiro: Livros Ilimitados. <https://dossies.agenciapatriagalvao.org.br/fontes-e-pesquisas/wp-content/uploads/sites/3/2018/04/Dossi%C3%AA-sobre-lesboc%C3%ADdio-no-Brasil.pdf>
- Welzer-Lang, D. (2001). A construção do masculino: dominação das mulheres e homofobia. *Estudos Feministas*, 9(2), 460-482. <https://doi.org/10.1590/S0104-026X2001000200008>
- Zanello, V. (2014a). A saúde mental sob o viés de gênero: uma leitura gendrada da epidemiologia, da semiologia e da interpretação diagnóstica. In: Zanello, V.; Andrade, A. P. M. (ed.). *Saúde mental e gênero: diálogos, práticas e interdisciplinaridade*, p. 41-58. Curitiba: Appris.
- Zanello, V. (2014b). Mental health, women and conjugality. *Labrys, Estudos Feministas*, (26). <https://www.labrys.net.br/labrys26/psy/valeska.htm>
- Zanello, V. (2018). *Saúde mental, gênero e dispositivos: cultura e processos de subjetivação*. Curitiba: Appris.
- Zanello, V.; Andrade, A. P. M. (2014). *Saúde mental e gênero: diálogos, práticas e interdisciplinaridade*. Curitiba: Appris.
- Zanello, V.; Costa e Silva, R. M. (2012). Saúde mental, gênero e violência estrutural. *Revista bioética*, 20(2), 267-279.

Recebido em 26 de setembro de 2018

Aceito para publicação em 08 de outubro de 2019