IDEOLOGIES OF GENDER AND SEXUALITY: THE INTERFACE BETWEEN FAMILY UPBRINGING AND NURSING EDUCATION[1]

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ABSTRACT: This study is based on the assumption that subjectification through sexuality driven by gender ideologies during childhood and adolescence is closely related to the dominant discourse that interdicts sexuality and influences the construction of nurses' professional identities. This study's objective was to identify in the nurses' testimonies aspects of the process of subjectification through sexuality over the course of the construction of the participants' identities as women and nurses. The study was conducted with nine nurses from Barbacena-MG, Brazil. The empirical material was developed through histories of life and interpreted using the Critical Discourse Analysis framework. The results show that subjectivity involves the acquisition of gender performances, determinants in the learning process of masculinity and femininity, reinforced by social institutions. Therefore, the internalized well-behaved-woman model constructed within the family during childhood and adolescence eases one's acceptance of standards imposed during nurses' nursing education.

DESCRIPTORS: Sexuality. Nursing education. Gender identity. Gender and health.

IDEOLOGIAS DE GÊNERO E SEXUALIDADE: A INTERFACE ENTRE A EDUCAÇÃO FAMILIAR E A FORMAÇÃO PROFISSIONAL DE ENFERMEIRAS

RESUMO: O pressuposto deste estudo foi de que a subjetivação pela sexualidade orientada por ideologias de gênero, na infância e na adolescência, mantém estreita relação com discursos dominantes que interditam a sexualidade e atravessam a construção da identidade profissional de enfermeiras. O objetivo foi conhecer, por meio dos discursos de enfermeiras, aspectos do processo da subjetivação pela sexualidade, ao longo da construção identitária como mulheres e como enfermeiras. Foi desenvolvida junto a nove enfermeiras de Barbacena-MG. O material empírico foi produzido por meio de histórias de vida e a análise de discurso crítica norteou sua interpretação. Os resultados mostraram que a subjetividade passa pela aquisição de performances de gênero, determinantes no aprendizado de masculinidades e feminilidades, reforçados por instituições sociais. Assim, a introjeção do modelo de mulher bem comportada, construído na família, ao longo da infância e adolescência, facilita a aceitação das normas impostas durante a formação como enfermeira.

DESCRITORES: Sexualidade. Educação em enfermagem. Identidade de gênero. Gênero e saúde.

IDEOLOGIAS DE GÉNERO Y SEXUALIDAD: LA INTERFACE ENTRE LA EDUCACIÓN FAMILIAR Y LA FORMACIÓN PROFESIONAL DE ENFERMERAS

RESUMEN: El presupuesto de este estudio fue el de que, la subjetivación por la sexualidad orientada por ideologías de género en la infancia y en la adolescencia mantienen estrecha relación con los discursos dominantes que interdicen la misma y atraviesan la construcción de la identidad profesional de enfermeras. Se objetivó conocer, por medio de los discursos de enfermeras, aspectos del proceso de la subjetivación por la sexualidad durante la construcción identitária como mujeres y enfermeras. Desarrollado junto a nueve enfermeras de Barbacena-MG. El material empírico fue producido por medio de historias de vida y el análisis del discurso crítico orientado a la interpretación. Los resultados mostraron que la subjetivación pasa por la adquisición de comportamientos de género, determinantes en el aprendizado de masculinidades y feminilidades, reforzadas por instituciones sociales. Así, la interiorización del modelo de mujer obediente y disciplinada, construido durante la infancia y adolescencia, facilita la aceptación de normas impuestas durante su formación.

DESCRIPTORES: Sexualidad. Educación en enfermería. Identidad de género. Género y salud.

INTRODUCTION

Historically, nursing is predominantly a female profession that was introduced into the public sphere of the workplace in the 19th century with the establishment of the first nursing school, at St. Thomas Hospital in London under the leadership of Florence Nightingale. Nightingale's model was disseminated around the world and arrived in Brazil in 1923 with the founding of the Nursing School of the National Department of Public Health. Even though it was instituted by American nurses, the school maintained Nightingale's guidelines.[1-2]

This model, based on a rigid hierarchy, was maintained through standards of conduct that included the use of uniforms and tied hair, while the use of any feminine adornment was forbidden. One of the mainstays of this rigid structure in the education of nurses was the boarding schools that remained up to the beginning of the 1970s. All these standards seem to have led to a "silencing", which still persists, concerning the body and sexuality, greatly influencing care practices.[3]

The French philosopher, Michel Foucault, provides the basis to understanding what is called dispositif of sexuality. By dispositif he means a "thoroughly heterogeneous ensemble consisting of discourses, institutions, architectonic forms, regulatory decisions, law, administrative measures, scientific statements, philosophical, moral and philanthropic propositions. In short, the said as much as the unsaid. Such are elements of the apparatus. The apparatus itself is the system of relations that can be established between these elements." [4:244]

In regard to its application to control and interdict sexuality, he argues that from the moment in which sexuality is presented as a domain of knowledge, it becomes an object of power relations. Hence, what enabled sexuality to become a target of power was a major investment in discursive procedures and knowledge techniques. Control mechanisms, triggered by the apparatus of sexuality, interfere in the constitution of the individual through subjectification,[5] a process, to which we all are subject, due to our social interactions that begin in childhood within family life.[6]

Subjectification through sexuality is very important in our constitution and recognition as human beings because such a construction regulates social spaces, the way of being of men and women, how they are valued and how they choose their professions.[6] Power asymmetries in gender relations that are established in the upbringing of children and that are stressed during adolescence have the apparatus of sexuality as a strong discursive ally, especially in relation to the regulation of female behavior.

If there are all these diverse possibilities in the establishment of this apparatus' articulating system of relations, we ask how is sexuality materialized, enabling such articulations in the sphere of family upbringing and nurse education? We assume that subjectification through sexuality guided by ideologies of gender, during childhood and adolescence, is closely related to the dominant discourse that interdicts sexuality and permeates the construction of nurses' professional identity.

In order to obtain answers to such questions we need to understand that this interdiction of sexuality, established in the education of nurses, has been reproduced over time, though by considering historical-cultural differences. Therefore, such interdiction in the education of nurses in the 1970s is revealed in a study conducted with midwives working since the 1940s and obstetrical nurses working in the beginning of the 21st century, as well as in the testimonies of young nurses who graduated recently.[7-9]

The perception of such problems identified in daily practice and a theoretical deepening concerning these issues led to a series of questions that culminated in the doctoral dissertation "Extending Ariadne's Thread: female sexuality and its intersection with care delivery in the testimonies of nurses." One of the empirical categories of this dissertation is presented in this paper and refers to the objective of identifying, in the narratives of nurses, aspects that concern the process of subjectification through sexuality in the construction of their identities as both women and nurses.

A search was performed in the LILACS, IBECS, Cochrane Library and Scielo databases, using the following descriptors: subjectivity in sexuality and nursing; nurse identity and gender and sexuality, nursing, gender and sexuality. A total of 17 papers were found and only two did not address this study's topic.[9-10] A total of 213 papers were identified in the Medline database: six fit in the discussion of gender, sexuality and the professional identities of nurses; two of these were written by Brazilian authors.[10-11] Other papers address the topic of this study as they discuss professional performance and sexuality, especially because they address professional education.[12-15] These results

allow us to state that there is a gap of knowledge concerning the professional identities of nurses related to the categories of sexuality and gender.

METHOD

This is a descriptive study with a qualitative approach. It was conducted in Barbacena, MG, Brazil, from October 2009 to January 2010. A total of nine nurses participated in the study. The participants were aged between 33 and 59 years old, graduated between 1979 and 2002, and lived and worked in Barbacena at the time of data collection. Because this is a qualitative study, we did not define the sample prior to the study.[16] Data collection ceased when recurrences and redundancies indicated that the empirical material collected met the study's objectives.

The study was initially meant to be conducted in Montes Claros, MG, Brazil, however, the pilot interviews revealed that the subject of sexuality made the nurses uncomfortable due to the fact they maintained close work relationships with the researcher. In order to avoid potential bias, the study's setting was changed to Barbacena, where the researcher worked in the not-recent past.

In-depth interviews were chosen to collect empirical data through life histories, which through subjectivity, capture aspects from the social reality we intended to uncover.[17] Feminist Standpoint Epistemology[18] was used as theoretical framework and gender as the analytical category. Analyzing the Feminist Standpoint Epistemology based on the propositions of various researchers and feminist philosophers, Virginia Olesen (a sociologist who conducted studies in the nursing field) highlights points that are essential to guiding research, from the definition of object and establishment of questions to the analysis of results. The author emphasizes the importance of discarding the concept of universal and essentialized woman from the perspective of standpoint thinking, which enables one to emphasize and focus on the woman who is historically and culturally placed, reaffirming that all knowledge claims have a concrete social location.[19]

The results were interpreted through Critical Discourse Analysis (CDA), which refers to different approaches that focus on the analysis of texts, the root of which lies in different theoretical traditions. This perspective enables one to focus on the language of social phenomena, indicating that narratives are permeated with meanings.[20]

The project was approved by the Institutional Review Board at the State University of Montes Claros (Unimontes) under number 1625/2009. Since the title of this dissertation has a symbolic analogy with the Ariadne's Thread myth, goddesses' names were used to identify the participants. The testimonies are identified by the fictitious names, the participant's age at the time of the interview, and year of graduation.

RESULTS AND DISCUSSION

Stereotypes of gender and sexuality in the family upbringing

The nurses participating in this study were women born in cities in the interior of Minas Gerais, Brazil. Their narratives show they belonged to nuclear families whose decision-making and material support were centered on the figure of the father. Their mothers were responsible for homemaking, while some conducted informal trading activities, and were responsible for producing the expected behavior from their daughters following the fathers' orders.

My father always expected my mother to be responsible for enforcing behavior. He demanded it only from her (Aphrodite: 33, 2002).

My mother suffered a lot. My mother was a homemaker. […] *my father always travelled, always had his life outside home. My mother, whenever he was out, helped by sewing, working at home to help with the expenses* (Maria: 38, 1995).

One of the nurses, who graduated in 2002, stressed the father's power concerning behavior considered to be correct, which was amplified by the mother's constant surveillance.

I remember my father would say like: listen, be careful where you go because I have an eye on you. So, I always had that feeling that he was, he knew everything. […] *and was also concerned that when I had my first boyfriend he'd be the first to know* […] *these things were very remarkable* (Yansa: 38, 2002).

Discourse analysis reveals that this power is strong enough to control sexuality. The idea of a protective father and the idea of possession are in concert and there is a concern with protecting women. In this context, men have the power of guardianship, both in their roles as husbands and fathers who see all. This control and power are considered to be the manifestation of patriarchy, including even the control exercised by the moth-

ers who played the roles of matchmakers and mothers-in-law, since they had a strong bond with the practice of paternal power.[21]

It is within the family, observing and listening to fathers and mothers and incorporating this symbolic system that surrounds this universe, that we first constitute ourselves as girls or boys, men or women. The representations of masculinity and femininity delimit gender differences based on sociocultural models strengthened by language in the process of gender construction.[6-9,16-22]

Early on, children begin to observe that there is a pattern at home where the man is dominant while women are subordinate to children and men. Because men are freer from responsibilities related to the house they are freer to define their own priorities.[6] Socialization during childhood, which is centered on ways of playing, are transformed early on into differentials that determine masculinity and femininity, which is confirmed by the following excerpts:

[...] *you know, that bunch of boys, playing this and that. And they'd be separated from girls, we'd play house, the boys would play ball. But this difference clearly existed. At least within the family as a whole* (Gaia: 53, 1987).

[…] *playing with cars was a boy's thing while playing with dolls was a girl's thing* (Aphrodite: 33, 2002).

The values conveyed in these narratives remain in the socialization of play, which prepared women to take care of the home, as well as for motherhood, while men are prepared for the public world.[6-9, 16-23] The refusal, on the part of a girl, to play with dolls and the desire to play games considered to be masculine, leads to prejudice, as the following testimony shows:

[...] *my toys were more for boys than girls. While my sister liked to play house and play with dolls, I liked to play with cars, to run, to go to the waterfall. My father was afraid that I wouldn't … that I would deviate…* (Maria: 38, 1995).

A child's refusal to assume the social place intended for her/him results in homophobia, as extrapolated from *my father was afraid that I wouldn't… that I would deviate*. The deviation raises questions about the behavior expected for the future woman, because there is surveillance and censorship of sexuality that is essentially guided toward "normality". Normality means having a heterosexual partner, where the feminine and masculine identities are adjusted, reinforcing the hegemonic representations of gender. Playing house and with dolls is a preparation for the caring role, which is naturalized as a feminine attribute.[6-9,16-22]

The following excerpts reveal the values and beliefs, concerning women's social place and morality concerning the behavior of girls in relation to boys and of boys in relation to girls that existed in the social spaces of which children were a part.

My aunt, my aunt is very religious. Much control… she feared the boys would do something to the girls. But it was fear, like of abuse (Athena: 46, 1985).

Athena's testimony shows that men always represent a threat and religiosity intensifies modesty and control over sexuality. This way of classifying male behavior as dangerous, from childhood, permeates one's symbolic imagery and is constantly expressed in one's way of thinking, feeling and acting with a continuous effort to ensure that the sexuality of girls is not "tainted" by the action of boys. The symbolic order is often imposed without even a word. "The logic of power exerted on sex is the paradoxical logic of a law that might be expressed as an injunction of non-existence, of non-manifestation, and silence".[5: 82]

Even though this view of masculine threat has roots well tamped during childhood, it gains stronger contours during adolescence. Unequal power relations between sexes deepen and control measures over women become stronger and more visible.

My aunt and uncle took care of us; my father would go after us to see what we were doing. The men could do everything and women could do nothing. Very rigid! My father took care of us even when we left home to study. I guess he thought that what he had done with women, someone else would do to us (Maria: 38, 1995).

During adolescence she [talking about the mother] *was paranoid, and my aunt strengthened surveillance of me, I suffered a lot with my mother during adolescence, because of this, you know?* (Athena: 46,1985).

It took me a long time until I had my first boyfriend, my first kiss, because sexuality was a very complicated matter (Yansan: 38, 2002).

The family constantly reproduces and reaffirms sexuality as something forbidden and exercising their sexuality is always a threat to the moral integrity of women. Sexuality is reduced to the sexual while the body is a constant threat. The values these families transmit reaffirm the force of references that sustain the identities of the family's women (and of men) and, in fact, the subjectification through sexuality that triggers interdictions.[5]

Body rules expressed through concealment of certain body parts, the perfect way of being, the way to sit, to dress, to show modesty and decency, are much encouraged. The following testimonies are representative of the testimonies provided by all the nurses participating in the study:

[...] *my grandmother sewed clothes for us but didn't allow too* revealing *armholes. The clothes could not be short, they could be slightly above the knees, you know?* (Gaia: 53, 1987).

[...] *so, we had to behave, girls have to sit pretty, legs crossed. Being a girl is very difficult!* (Aphrodite: 33, 2002).

The narrative that reaffirms containment and body standards that are acceptable for girls, and, consequently, future adolescents, delimits the moral perspective they contain. Bourdieu states that the feminine moral is basically constructed by a discipline related to the female body parts and clothes women should or should not wear.[24] Subjectification through sexuality, constituted in the rigidity of this conservative and disciplinary morality of bodies, constructed through family education, among other institutions, provides a solid ground for the education of nurses: the interdiction of the body and sexuality in the development of care provided to another.

The threads of connection between family upbringing and nursing education

The explicit relationship between family upbringing and nursing education was identified at the beginning of the collection of the empirical material during the pilot interview held with Sophia, who, when asked about the guidelines and rules concerning sexuality and body established at the Nursing School at the time of her education, spontaneously related her education with the way she was raised: *I never see any problems, you know, nothing! My upbringing was totally repressive!* (Sophia, 46, 1985). Molded to meet the hegemonic model of docility, purity, submission, the imposition of rules does not make an impact when one enters a Nursing School, a place where these feminine qualities are historically considered essential for the education of nurses, as some studies in the field have shown. [25-27]

Therefore, these women in Nursing Schools incorporated and accepted as natural the interdiction of sexuality, materialized in a way of dressing, behaving, and relating because they had already internalized such learning over the course of their childhood and adolescence. The testimonies that follow are representative of the remaining testimonies and reveal, either implicitly or explicitly, the relationship between the way they were raised and the education provided in the Nursing School:

[...] *I studied at Hermantina Beraldo so we had the clothes' size, we had to wear everything custom-made. Then we went to the Federal University of Juiz de Fora, which changed a little, we were freer from that behavioral pressure and also that pressure concerning our clothing. There were no more rules, but for us, who had been raised within a military regimen, they didn't seem so, because we had habits similar to what was demanded at Hermantina* (Hecate: 54, 1982).

[...] *as professionals, she* [the professor] *is concerned that you don't expose yourself, so you don't give the impression that you're an easy woman, she came here to provide care, but there's a sexual fetish and even nurse costumes, so I guess there is this concern* (Yansan: 38, 2002).

Yansan's testimony reveals that paternal power is transferred to the Nursing School, represented in this space by the figure of the professor, incorporated in the masculine, and used even when there is a predominance of women, of female professors. While exerting this power, the School reproduces the family's rules and becomes concerned with what the female body and sexuality may represent in the masculine imagination, the latter always seen as a sexual threat. The education of nurses reproduces the sexual morality that guides the construction of gender identity in social practices so that there is constant surveillance of people, whose bodies, under the light of historical representations, seem to emanate sexuality, putting at risk what is standardized with the force of law. Removing danger and preparing good nurses becomes a challenge, because it implies denying sexuality as a human dimension. Thus, the solution is to desexualize the one who provides care, as well as the recipient of care. This is a solution easily accepted by young women who were raised under the same point of view within their homes. The difficulty of nurses in dealing with sexual health as a component of integral care is addressed in a study conducted in Greece in 2009. [13]

Therefore, in the moral framework erected by Florence Nightingale, in which rigid standards were accepted as essential for the image and later education of good nurses, the uniform could not be other than one that concealed all traces of a female body.[12,28] The testimony of Persephone, who graduated in 1979, the first nursing class to graduate at the

Federal University of Rio de Janeiro, reveals how this model, even though from another time, was still in effect as we approached the 1980s.

My school was highly conservative [...]. *Even the uniform we used during our internship at the hospital was the most horrible thing that we had ever had. It was gray trousers, a white shirt, seemed a school uniform, and a vest, with four gray fabric-wrapped buttons* [laughs]. *Good thing that in my time they had already banished the hair net. We'd wear our hair short to avoid such things* (Persephone: 56, 1979).

The rigid use of uniforms or other artifices to conceal traces of body contours was also observed in the testimonies of younger nurses such as Hera, who graduated from the Nursing School at UNIFAL in December 1997.

The university had, and still has, a uniform that was completely concealing. We could not wear just any type of clothes, it was the only uniform and it was made for everyone in the same place (Hera: 34,1997).

Kuan Yim, who graduated 10 years after Hera, in December 2007, at the Federal University of Rondonia, reports it is a very warm region and states:

[...] *our internships' advisors said we could wear stockings under shorts that had to cover our knees. Or wear a dress, also covering the knees, with stockings. They would say: 'put stockings under your trousers to protect yourselves, to conceal the mark of your underwear, conceal your bra.' We had to wear stockings. They would say: 'if you are wearing a skirt, having your skin in direct contact with secretion may be harmful'* (Kuan Yin: 39, 1997).

In this testimony, there is an attempt to justify and mask the concealment and denial of any trace that may associate the nurse's body with the woman's erotic body and it is revealed by the aseptic discourse, in the name of protecting the body from potential contamination that may occur during care provided to "another's" body.

There was a break in the tradition in relation to the use of certain ornaments and uniforms, which is apparent when we compare the narrative of someone who graduated in 1979 (Persephone) with that of someone who graduated in 2002 (Aphrodite):

[...] *we were completely asexual, at school and at the hospital, completely asexual! We couldn't wear earrings, lip stick, make up, nails should be short with no nail polish, that horrible gray uniform we wore, and frankly, we'd even forget were people, that we were women* (Persephone: 56, 1979).

[...] *we had to wear white, a lab coat, pretty normal. It wasn't something exaggerated, because if you get your long lab coat dirty, it is already a barrier, you know?* (Gaia: 53, 1987).

[...] *everything white: 'cannot use nail polish, lip stick, cannot use this and that...' only that we'd use everything. Nobody would say anything but the instruction was not to* (Aphrodite: 33, 2002).

In practice, standards were relaxed over the last two decades of the 20th century and beginning of the 21st century. Aphrodite's testimony reveals a tendency of students to challenge the imposed standards but a willingness to adapt to them. In the case of nursing, there was a concern, from the beginning of the profession, to prepare the female nurse from a moral perspective strongly rooted in gender asymmetries and from within an ideal of woman reinforced by strong Christian principles.[1,10-11] Such a model became an articulating axis in the relations between family and school, instructing women to assume a passive social position in the face of already established powers. The power of the father continues through one's entire life, and in adulthood, one becomes ashamed and embarrassed when the body makes the sexual visible, which reaffirms the subjectification through sexuality and its interdictions, as expressed by Yansa:

[...] *there are things that become so ingrained in our education that, when I got pregnant, I became very concerned about telling my father, as if I was hiding something from him, the most natural thing. But you know, sexuality, wow. I'd never imagine it would happen to me* (Yansan: 38, 2002).

Therefore, one needs to deny and hide any trace of sexuality inscribed in one's way of being that refers to desire, seen as something that should be silent and hidden, because it reveals the forbidden. Sexuality, seen from this standpoint, is considered as something "dirty", something that should be concealed, even when the profession demands one to relate to bodies and minds, in the context of which reviewing one's positions concerning sexuality is a necessity.

FINAL CONSIDERATIONS

The internalization of the well-behaved-woman model, constructed over the course of one's childhood and adolescence, eases the acceptance of standards imposed during nursing education. Most nurses made it clear during interviews that they saw the differences between boys and girls to be "natural", including play choices. This idea of "natural" was always accompanied by the idea of harmony that permeated the lives of these women.

Research shows that subjectification occurs through the acquisition of gender performances, which provide conditions to learn masculine and feminine traits reinforced by social institutions that construct subjectivities, from the time of childhood. In this learning process, the differences in the exercise of sexuality delimit ways of being and define unequal power relationships in which subjectification by feminine sexuality is guided to be more contained, docile, affective, linked to motherhood and mothering, and ends up triggering dependency and submission.

This perspective unfolds and affects the institutions that provide education and are the places where professional relationships take place. Therefore, nursing, historically a profession of females, ends up linked to educational models of peripheral and dependent doings, promoting invisibility and little social acknowledgment. The interviewees show that the fact that the exercise of their sexuality was monitored during adolescence became natural. Hence, it is somewhat easy to accept the standards established by the Nursing Schools because they had already internalized a feminine way of being that included dressing restrictions, discrete behavior, in addition to docility, obedience and submission.

The father's power seems to have been transferred to the schools' deans and professors, whose identities as women and nurses, though in a different historical time, were also constructed under the same references. The analysis of the testimonies showed a strong link between family upbringing, captained by the father's authority, and in most cases, supported by the mothers, and nursing education, provided during the undergraduate program.

New perspectives and innovative approaches should permeate know-knowledge, know-how and ethical professional know-to-be. In all nursing fields, know-knowledge should be permeated by the effective approach of sexuality as an intrinsic component of care practices, during the interactive process between the individual providing care and the recipient of care, without interdicting the body and sexuality. Know-how should overcome the technical and aseptic model, which has been a constant in the education of nurses, and include sexuality as an integral part of basic human needs, which go beyond merely biological aspects, deconstructing the idea of sexuality as something forbidden and sinful that has to be hidden at all times.

According to this logic, ethical know-to-be is essential for new educational approaches. It requires a differentiated perspective and critical posture concerning our inclusion in the world as beings, whose history and culture determine the ways of being "woman" and "man". These differences determine power asymmetries, which coupled with differences in class, race-ethnicity, generational, and religion, among others, intensify inequalities in a hierarchical manner, inequalities that go beyond interpersonal relationships since they are reproduced by institutions.

This study's results present both possibilities and limitations. In addition to the fact that discussion is increased around the study's topic, possibilities include the development of further research and the inclusion and/or a broader approach of gender and sexuality in the political-pedagogical projects concerning the education of nurses. In regard to limitations, this study's nurses graduated from public institutions, marked by a tradition that maintains a model developed in Brazil from the time of the creation of the first nursing school, which became a standard: The Ana Neri Nursing School. We have had, since then, a small number of Nursing Schools in Brazil. There was an increase, as never seen before in the history of the profession in Brazil, in the number of Nursing Undergraduate Schools at the end of the 1990s and beginning of the first decade of the 21st century, especially in the number of private schools. The question that arises is what will be the impact of this change on the teaching of nursing, especially in regard to the interface of "sexuality care" in a century that already began with a concern for sexual rights.

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