

Transsexual women in contemporary discourse: a case study

A mulher transexual no discurso contemporâneo: um estudo de caso

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Abstract

Transsexualism has been increasingly discussed in the media and other means. However, one cannot treat such a broad topic without questioning one of the pillars of society: the difference between sexes. This discussion is necessary, since transsexual individuals contradict the roles of predetermined genders according to biological sex. In this paper, we have made an analysis of a case study of a transsexual woman. A transsexual woman is a person who has been designated as male at birth, but considers herself to be a woman. Throughout the interview, which consisted of 18 questions about the experience of transsexualism, various aspects of the interviewee's discourse were revealed. They pointed to the difficulty on finding her place in society, because individuals only become intelligible in society when they identify themselves with either the male or female gender. In addition, it is assumed that there are only two possible genders, and that they should follow predefined standards. These standards are assumed to have been built from historically established relations of domination. Based on these concepts, transsexual people become marginalized and pathologized by scientific discourse, which creates many difficulties for them to be recognized. Based on the case study, we could also discuss the representations of femininity. After the interview, a content analysis was performed and the results pointed to a quest by the interviewee to find her place in the middle of a gendered and heteronormative society.

Keywords: Sexuality. Gender Identity. Transsexual. Femininity.

Resumo

A transexualidade vem sendo cada vez mais discutida na mídia e em outros meios. No entanto, não se pode tratar de um tema tão amplo sem questionar um dos pilares da sociedade: a diferença entre os sexos. Essa discussão se torna necessária, visto que os sujeitos transexuais contrariam os papéis de gênero preestabelecidos de acordo com o sexo biológico. No presente trabalho, analisou-se o estudo de caso de uma mulher transexual, que consiste numa pessoa que foi designada como homem ao nascer, mas se considera uma mulher. Ao longo da entrevista realizada, que consistiu de 18 perguntas sobre a vivência da transexualidade, foi possível perceber vários aspectos do discurso da entrevistada que apontavam para sua dificuldade de encontrar seu lugar social, pois os sujeitos só se tornam inteligíveis na sociedade quando se identificam com o gênero masculino ou feminino. Além disso, supõe-se que só existem dois gêneros possíveis, e que os mesmos devem seguir padrões pré-definidos. Esses padrões seriam construídos historicamente pelas relações de dominação estabelecidas. A partir dessas concepções, as pessoas transexuais acabam se tornando marginalizadas e patologizadas pelos discursos científicos, o que cria inúmeras dificuldades para que sejam reconhecidas. Através do estudo de caso, foi possível também discutir as representações da feminilidade. Após a realização da entrevista, realizou-se análise de conteúdo, cujos resultados apontaram para uma busca, por parte da entrevistada, de encontrar seu lugar em meio a uma sociedade gendrada e heteronormativa.

Palavras-chave: Sexualidade. Identidade de Gênero. Transexual. Feminilidade.

Introduction

The subject of transsexuality has been much discussed in recent years. In part, this is justified by the fact that cases have become increasingly evident in the media and in people's social lives, which is also linked to advances of medicine regarding surgeries and hormonal treatments directed at these individuals. However, the interest in addressing this issue has arisen through the observation of how discourses on these subjects take place, especially in the media, where one can observe an objectification of transsexual women.

The reading of works such as *The Second Sex*, by French author Simone de Beauvoir, which would already question the essentialism with which sex used to be seen, has brought to light an

interest about gender studies, which goes far beyond the roles established for males and females.¹ Such roles were described by (French intellectual) Pierre Bourdieu in *Masculine Domination* as a consequence of the power relations that were established between men and women.² Subsequently, the reading of texts by (American philosopher and gender theorist) Judith Butler allowed to broaden the debate, aiming at a denaturalization and deconstruction of the concept of gender as it is currently known.^{3,4}

Another current fact that encourages the establishment of these discussions concerns the innumerable movements that have arisen with the aim of depathologizing transsexuality, which is still considered by psychiatry as a mental pathology, being described in ICD-10 (the 10th revision of the International Statistical Classification of Diseases and Related Health Problems) as “transsexualism.”⁵ In DSM-IV (Diagnostic and Statistical Manual of Mental Disorders), the category is described as a “gender identity disorder”. And in DSM-V the description is “gender dysphoria” [or gender identity disorder (GID)]. These movements question the pathologization and psychiatrization of transsexuality, which designates mastery over the subject to psychiatry. The movements also question the binary normalization imposed by psychiatry, which considers that there are only two ways of living and feeling the world, which are related to the two genders.⁶

Some theories, however, have created important concepts such as the nucleus of gender identity, created by (American Professor of Psychiatry) Robert Jesse Stoller, cited by Arán, who states that a subject defines themselves as a man or woman in the second or third year of life.⁷ For (New Zealander psychologist, sexologist and author) John William Money, cited by Perelson, gender overlaps biological sex, the “pathology” of transsexuals is in biological sex and this must be corrected by medical procedures.⁸

In psychoanalysis, there are few references to the subject, since (Austrian neurologist) Sigmund Freud has not directly spoken about it. French psychoanalyst and psychiatrist Jacques Lacan, however, considered transsexuality a psychosis because a subject would deny their own sexual organ and have to invent it. Many post-Lacan psychoanalysts consider this the best definition for transsexuals. For this reason, they do not consider sex reassignment surgery (SRS) a valid procedure.

Several areas of knowledge have tried to explain the phenomenon of transsexuality. Most of the studies here approached, however, preserve the idea of a binary normalization that biological sex is determinant for gender identity and that there are only two pre-defined genders, which are responsible for numerous characteristics that must be complied to by individuals. Subjects only become intelligible in society from their identification with a gender, be it male or female. Thus, transsexuals, escaping from this logic of gender binarism, are seen as belonging to a non-social place, which makes simple day-to-day tasks, such as attending a public toilet, a difficulty. These

subjects do not fit into the logic of genders, which means that they often seek to perform surgical interventions, adjusting their bodies and behaviors according to the gender with which they most identify. It must be understood, however, that genders are discourses defined by the power relations present in society. The normative discourse that characterizes genders is not able to capture all the bodies it produces.⁹ Thus, transsexuals, transgenders and transvestites, not fitting into this preestablished discourse, become marginalized or pathologized, being seen as deviant beings.

Although they are mostly marginalized, the number of transsexuals with higher education is increasing. Gradually, these people are inserting themselves in society. It can be said, however, that it is not yet ready to deal with the idea that there are people who do not comply with the gender differentiation imposed. With this, transsexuals face several difficulties in the daily life because they live in a world split between “men’s things” and “women’s things” in which they have difficulty in finding their social place.¹⁰

The difficulty of approaching such a broad subject is the difficulty of questioning some knowledge that has been naturalized in culture, which is the difference between genders. Invoking a sexed “nature” is responsible for the difficulty, even in the scientific environment, in thinking about bodies beyond the discourse about the difference between the genders, which already brings with it an infinite number of concepts about how the genders should be presented in accordance with its “nature.” Femininity can also be understood as a discourse which, by going beyond the logic of the primacy of the phallus, can unfold in innumerable possibilities.

It can be seen from the discourses analyzed that the various areas of knowledge that seek to define the subject of transsexuality try to designate this knowledge for themselves, generating several controversies among different authors. It becomes important therefore to seek in the discourse about transsexual women some knowledge that be the result of their experiences.

Under this perspective, the objective of the present work was to listen to this discourse, comparing it with the various theories cited in the study and question, above all, the imposition of a gender binarism, which ends up making it difficult to understand the bodies of those who do not fit into this logic. By these questions it is possible to bring new possibilities of thinking about these bodies, contributing to the creation of new knowledge about the subject, since it is far from exhausted.

Material and Methods

The methodology of this study is qualitative in nature, which consists in obtaining descriptive data about the object of study, in which the researcher seeks to understand the phenomena through the perspective of the research subjects. The method used was a case study, which, according to Godoy (1995), is characterized by the deep analysis of a specific object. For the author, the case study

aims to deepen the understanding of a given phenomenon through the multiplicity of dimensions that usually appear. The research can be done either through typical cases or exceptional cases.¹¹

The research used a semi-structured interview containing 18 questions about the lived experience of transsexuality. According to Queiroz, cited by Duarte, a semi-structured interview consists of a data collection technique by means of a continuous conversation between an interviewee and a researcher in which only the facts of the interviewee's life that are directly related to the research are of interest to the researcher.¹²

The identification of the participant as a transsexual woman was used as the criterion for the interview. Transsexual women are understood as women who have undergone a sex reassignment surgery (SRS) and who have been born with a male biological sex but identify themselves exclusively with the female gender. In the perspective of pathologization, transsexual women would be defined as people who were born with a female biological sex and underwent a sex reassignment process to become men,¹³ often referred to by the acronym FTM, whose translation means "female-to-male." Transsexuals who were born with a male biological sex would therefore be called MTF, whose translation means "male-to-female," and are recognized as transsexual men.¹⁴ However, for Bento, cited by Freire, what makes subjects define themselves as belonging to a particular gender is their feeling about their identity.¹⁵ For this reason and out of respect for the interviewee, a decision was made to refer to her by the female gender in any references to her, since she feels and presents herself as a woman.

Two groups of transsexuals can be distinguished: those who live continuously as women but have not undergone a sex reassignment surgery and transsexuals who have undergone a sex reassignment surgery.¹⁵ Therefore, a sex reassignment surgery was not a criterion for this research since it is not a criterion to define a transsexual woman. Sexual orientation was not a criterion for conducting the research either since it seeks to understand gender identity, which fundamentally differs from sexual orientation.

The search for the subject of the research was through a page of an internet social network dedicated to fans of the book *Lonely Trip (Viagem solitária, in Portuguese)*, which tells the biography of Brazilian writer João W. Nery, a transsexual man, and his journey towards recognition by society as a man. After contacting the owner of the page, this one suggested a transsexual woman who could participate in the research and contacted her, initially by the social network itself. After explaining to the participant how the research would work, a meeting was scheduled and the interview took place.

The topics covered were related to the experience lived by the interviewee as a transsexual. Questions were raised about possible diagnoses she had already received, as well as her perspectives regarding them. Her relationship with the male sexual organ and with male characteristics that she had or still perceived in herself was also discussed. Another question dealt with was the

interviewee's discovery of her transsexual condition regarding the moment when this occurred and what the main elements that made her realize it were. The project was submitted and approved at the Ethics Committee of Brazilian Institutos Superiores de Ensino (High Education Institutes – ISECENSA), registered under number 798368.

The participant of this research signed an Informed Consent Form (ICF) authorizing the use of the data collected. She shall not have her identity disclosed and shall be renamed Renata in order to preserve her identity and security. The interview was recorded and later transcribed to facilitate the analysis of the data.

After the interview, a content analysis was carried out, which consists of a systematization of an attitude that counts on varied and dispersed elements in order to perform an analysis. This type of analysis “deals with strict precision of method as a way of not getting lost in the heterogeneity of its object.”¹⁶

Results and Discussion

Reflections on “Renata’s” case

Femininity, by overcoming the logic of the primacy of the phallus created by Freud¹⁷, can be associated with the relations of domination that govern society. These relations are responsible for the construction of the difference between the genders, which defines that everything masculine refers to domination, public space and virility, while the feminine is characterized by the idea of being dominated by the private space of the house and by fragility.² For Beauvoir, women do not define themselves by themselves, but only in relation to men. Therefore, in all societies men would be seen as subjects and women would be represented as the other, that which differs from man, the second sex, and a castrated creature in relation to man, who is the possessor of the phallus.¹

Understanding this scenario becomes necessary before beginning the analysis of the case itself, since representations of masculine and feminine genders are historical. The present work is a case study about a transsexual woman. Therefore, it is necessary to make a brief reflection on the feminine and the differentiation between the genders.

Butler emphasizes that the body is a social construct and that gender is a meaning assumed by a body, which only exists in relation to another opposite meaning.³ That is, a gendered body exists in opposition to another gender. The author also states that gender is a discourse that underlies and creates the idea of a “sexual nature,” which is then established as prior to the culture. For Butler, therefore, not only gender is a constructed concept, but so is the idea of a “sexed nature.” The establishment of these concepts as ahistorical and pre-social is responsible for ensuring that individuals freely consent to be governed.

Society is built by a social convention but it is also responsible for building the identity of individuals who are part of it. Thus, one can not have an identity totally detached from these relations of domination because bodies are not only understood and constructed from the principle of social vision. Identities present in society, therefore, are constructed on the basis of relations of domination, which define gender roles according to these relations, designating as masculine everything that relates to the higher or “upward” position, while the feminine would be the inferior and the dominated ones. Sexual intercourse itself and the sexual division of labor (SDL) demonstrate these relations.² Even those who break the rule and dissociate themselves from the established model – which states that women are only those who are born with a female biological sex, as in the case of transsexual individuals – are influenced by a society that has a fixed concept of what is feminine.

The participant of this research, who we will call Renata, is 33 years old, graduated in Physics and has started her doctorate in the area but also acts as a photographer. She was contacted through a social network, after being referred by a friend. She was very receptive and interested from the first contact through the Internet, even expressing opinions about the subject, providing suggestions and indicating events that could contribute to the research. The first contact took place at a café in a bookstore in the Brazilian city of Rio de Janeiro. Renata felt comfortable to tell her story. The first questions aimed at knowing how the interviewee would identify herself. In the first place, Renata defines herself as a woman. When asked about what it is to be a transsexual, she stated that she does not like to say that she is a transsexual but that she remains a transsexual, since society designates her like this and can designate her otherwise in another moment.

Right at the beginning of the interview, Renata showed that she likes to think outside the box, which is the result of all the knowledge she has acquired in her academic life and in the search for a better understanding of her condition. She says that when she decided to out her identity to the world – because she had had a seizure due to stress – she searched references to transsexuality in various books and academic papers. From then on, she began to rebuild her identity, outing herself as a woman.

The transsexual phenomenon was first described by (German-born, American endocrinologist and sexologist) Harry Benjamin and called “transsexualism.” For Benjamin, cited by Arán, Zaidhaft and Murta, it would be inappropriate to determine gender based on anatomical distinctions since there would be no absolute distinction between males and females¹⁸. This category would refer to those individuals who do not physically fit their self-perceived gender, being able or not to have a sex reassignment surgery (SRS). New Zealander psychologist John William Money, cited by Cardoso, has stated that genders would be constructed by cultural experiences and would overlap biological sex. He decided, however, to use the term “gender dysphoria” to characterize individuals whose gender would be at odds with biological sex. For Money, the pathology would

be inserted in the sexual organ and not in the gender. Money was also responsible for creating the concept of “gender identity,” much used today to advocate the differentiation between gender and biological sex. Gender identity would be the individual’s conviction about the gender to which they believe they belong.¹⁵

American Professor of Psychiatry Robert Jesse Stoller’s studies were also important for understanding the subject. Stoller created the concept of “nucleus of gender identity” and stated that male or female identities are established in the second or third years of the individual’s life⁷. In the case studied, the interviewee said that the identification with elements related to what is feminine occurred very early in her childhood.

She considers that the first elements socially designated as feminine with which she identified herself were dresses. Her mother and her aunt had a clothing partnership and Renata says that because she was the first born, she became a model for both women’s and men’s clothing at such business. From there, she realized that she preferred to dress in women’s clothes and asked her mother permission to wear them on a daily basis. At first, her mother agreed. Other behaviors linked to females’ were present in the interviewee’s playful activities. She says she would be given many dolls but would not play with them the way boys were taught to play by emulating fights. Her playing with dolls was meant to care for them like they were babies. Renata says she would do this because she watched her mother taking care of her newborn brother and the care she would provide for the others. She also claims seeing her mother as her role model. This identification with the mother was designated by Stoller as one of the essential elements characterizing a transsexual woman. Other characteristics specified by Stoller are: an unambiguous identification with the opposite sex and a relationship of horror experienced with the penis. Due to this experience with the sexual organ, the treatment prescribed by Stoller would be a sex reassignment surgery, which consists of a surgical procedure (or procedures) by which a transgender person’s physical appearance and function of their existing sexual characteristics are altered to resemble that of their identified gender.⁷

The interviewee reports that she experienced horror with the sexual organ and that she was disgusted by this organ, which made her embarrassed to take a shower in her teens. She says that she was only able to “survive” this experience, which she considered a torture, due to the involvement of a psychologist, who convinced her that she should take care of her genitalia so that it could be altered in the future.

So it was the only way I could reduce this rejection to the organ, to the genitalia, by knowing that this genitalia could be used in the future for other things, in this case, to be altered to a female genitalia.

Renata says she was only able to get rid of the embarrassment and disgust by the sex organ after the sex reassignment surgery. That is, from the moment she got rid of that symbol, which was

the only thing that characterized her as a man. From the moment she no longer had the organ, all the other masculine features of her body began to bother no more. She justifies this fact by saying that these characteristics can also be found in cisgender women, who are those born with a female genital organ.¹⁹ A male sex organ, however, can not be observed in female genitalia. For this reason, it has become the symbol of what would uncharacterize her as a woman. Following this logic, the interviewee had to undergo a surgery to eliminate what uncharacterized her as a woman and, therefore, caused rejection. Even though she has not had other surgeries because she was afraid of this, she wanted to undergo a sex reassignment surgery because the presence of the male sex organ had become unbearable.

In the report presented it is also noticed that Renata makes a point of comparing herself with cisgender women, especially her aunt and mainly her mother. As seen earlier, her mother is seen as her role model, as a person with whom she identifies, especially in behavior characteristics, such as caring for others. In these comparisons, the interviewee reinforces for herself and for the interviewer that her physical characteristics can not uncharacterize her as a woman, as it is possible to perceive in the following excerpt:

A lot of people tell me that I have a big nose but my mother has an Adam's apple (laryngeal prominence). If an Adam's apple is a man's then my mother is man. So I was born of a man. But, come on, then men do not get pregnant? So my mother has an Adam's apple and I do not. My mother's hands are bigger than mine. My hand is big but my mother's are bigger. My mother's shoes are bigger than mine. My mother's shoe size is 8.5 and mine is 6 (USA system).

This example can also be seen in the following section:

[...] and then my face is rather sturdy. But there are so many big women that I even look at the clothes and think: "Wow, that woman is so big, she has so many male characteristics and she's still a woman." And she does not give a shit about those characteristics, because to her, it's her nature. Therefore, if it's her nature... if my nature is like that, it is going to be, you see?

According to Bourdieu, while men tend to show dissatisfaction with parts of the body that they consider too small, women tend to consider less feminine the parts that seem too large.² This observation is evident when the interviewee states in her speech that her mother has bigger hands and feet than her own in order to reinforce that her femininity can not be questioned due to her physical characteristics. This is also evident when she says that she does not care that her face is large, because there are many "big women" who are still women.

Through passages like those presented above it was possible to see that Renata created defense mechanisms to deal with her body and with her condition as a transsexual woman. These

mechanisms are observed when she compares herself to cisgender women, seeking to show that she is no less woman due to her physical characteristics. At times she even tries to show that she is more feminine than some women, especially in her comparisons with her mother, when she states that this one has an Adam's apple, which would be a characteristic feature of adult men. However, before creating such mechanisms and accepting her body, throughout her identity-building process she states that she would seek to match her body to what was expected from a woman. Therefore she would have false breasts, high heels, and other accessories that made her look more feminine according to the normative standards imposed by society. Another defense mechanism used by the interviewee to accept her status as a transsexual woman is humor, which can be seen in the following excerpt.

And many people sometimes ask me in the street: "Ah, are you a man or a woman?" And then I usually say something quite absurd. I say: "Ah, I'm a giraffe." "I am a platypus." Sometimes I say I'm a unicorn.

Although a joke, an absurd response aiming to make the interlocutor speechless, this speech says something about Renata's personality. By saying that "being also a giraffe is a construct process," she expresses her sense of freedom to be whatever she wants, which has been conquered after her process of constructing a feminine identity. This face of femininity had already been pointed out by Birman, who states that it is on the order of the unspeakable, due to transcending the phallic regulation and, for this reason, it implies uniqueness and adventure.¹⁷

For Renata, therefore, being a woman is defined by this feeling of freedom to follow one's own desires. "Being a woman" is also defined, for her, as a process of construction, which can be applied to both cisgenders and transgenders. Such a conception had already been formulated by Beauvoir in her work *The Second Sex: the lived experience*, when the author states that "One is not born, but rather becomes, a woman." According to the author:

No biological, psychic, economic destinies define the shape that human females take within society. It is the whole of the civilization that develops this intermediate product between the male and the castrated who qualify as feminine.²⁰

A feeling of non-place

Renata's construction process has involved several stages and it can be said that one of the most important ones was the process that ended with the performance of the sex reassignment surgery. This is also cited in the interview as crucial to conquering freedom:

[...] After I ended this genitalia problem I got something called freedom. Once I figured this out, things got simpler. And all the problems that I thought I had: "Ah, no, but I have small breasts." "Ah, my nose is ugly." All this is over. Because that thing that bothered me has ended.

For some psychoanalysts, sex reassignment surgeries are not recommended in the case of transsexuals⁴ due to the fact that the refusal would not be to the sex organ itself but to the signifier of the phallic jouissance.²⁰ This idea was proposed by Jacques Lacan, cited by Vilela, who considered that transsexuals should be understood as psychotic because their sex had to be invented. According to Freud's definition of psychosis, this would consist of a conflict between the ego and the external world, which would originate from the frustration of a desire caused by reality.

Thus, reality would become unbearable for the psychotic, causing them to no longer perceive the outside world or be unaffected by it. For Lacan, transsexuals reject the adults' statements which characterized them as boys or girls due to their anatomical disposition, invalidating their speeches.²¹ Birman stresses that, according to Freud's theory, the question of gender differentiation would be constructed according to the logic of the phallic function, according to the presence or lack of the phallus.¹⁷ In this way, transsexuals, by refusing the adults' speech and refusing a differentiation between genders, would be refusing the logic of the phallic function, which would characterize them as psychotic. According to Lacan's studies, sex reassignment surgeries would not solve the problem of genital organ discomfort because what really bothers them is the fact that this organ was responsible for their significance as boys or as girls.

In the case presented, however, the surgery constituted an important part of the construct of a feminine identity. It was not possible for Renata to accept her body with a male sex organ. For this reason, she is categorized by psychiatry as a transsexual.

According to the 10th edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10), she would fall into the category of "transsexualism."²⁵ As for DSM (Diagnostic and Statistical Manual of Mental Disorders) IV and V, it would fit, respectively, into the categories of "gender identity disorder" and "gender dysphoria."^{22,23} According to Benjamin, cited by Barbosa,²⁴ a transvestite, differently from Renata's case, would not have this nuisance in relation to their sex organ and therefore would not be interested in having the surgery. For the author, this would be the crucial difference between the two categories, transvestite and transsexual.²⁴ However, Leite Junior states that people who are usually referred to as "transvestites" in Brazil, who are those who have hormonal treatments and surgeries but choose not to have a sex reassignment surgery, are known in other countries as secondary transsexuals, transsexuals not fit for surgery, or transsexuals of moderate identity.¹⁴

Renata points out in her speech that she does not agree that there is such a marked differentiation between transvestites and transsexuals. In practice, one can see that there is a very thin line among the so-called "trans" identities and that these categorizations are missed as cases are individually analyzed.

Therefore it can be seen that the areas of knowledge addressed consider the interviewee's transsexual condition as pathological. Canguilhem discusses the concepts of normal and pathological and defines that the boundaries between normality and pathology are imprecise. In many cases, the concept of disease is associated with what is perceived as harmful and undesirable by society.²⁵ It is precisely in this context that transsexual subjects are inserted, for they become a threat to the established order that reinforces the differentiation between the genders. For Canguilhem, the concept of normal is equivocal in that it undergoes changes according to the speaker's value judgments. The author attributes to the philosophical realism the idea that all generality is an indication of an essence and could bring the understanding of a single truth and an ideal type. Therefore, the concept of pathological can also be considered a misconception since it can undergo changes according to concepts of value.²⁵

It is important to emphasize that the idea of a mental pathology related to behaviors, mainly sexual, that escape normativeness has begun to be constructed from the eighteenth century. Foucault addresses the issue of sexuality as a discourse and states that this one, which would previously be regulated by law apparatuses, has come to be regulated by rationality, especially by medicine. Thus, what would be considered "against the law" has given way to "against nature."²⁶

It is possible to perceive, even today, the presence of this discourse cited by Foucault, since it is the idea of "against nature" that reinforces the nonacceptance of subjects that do not comply with the norms that regulate sexuality and gender expressions. The experience of a gender identity that differs from that established from biological sex does not constitute a crime under the law in Western countries, but it is a crime against society. Subjects who escape the norm become marginalized due to a rejection that is based on rationality and "nature."

Foucault also calls attention to the fact that, for a long time, hermaphrodites, who are born with an ambiguous anatomical gender, were seen as criminals.²⁶ Today, these subjects, as well as transsexuals, are seen as sick. In the case of hermaphrodites, the disease is present in the anatomy, while in transsexuality, as described by psychiatry, the disease involves the mind. Thus, in contemporary discourses, it can be said that the pathology is located in the specific points that contradict the normative of the difference between the genders.

Some social movements have emerged with the aim of obtaining an depathologization of "trans" identities. International activist initiative "*Stop Trans Pathologization*," which has the participation of professionals and "trans" activists, has come up with this objective. A text available on their Web site brings up the idea that psychiatry has made a mistake in classifying transsexuality as a disease. The text states that the pathology is inscribed in the society itself, which, by not accepting those who do not fit the gender binarism, commits a symbolic violence, bringing suffering to these individuals.⁶

The interviewee does not accept this perspective of pathologization of her condition nor the nomenclatures used by medicine. Therefore, she prefers to define herself as a “transgender woman.” According to her, the word “transgender” would be the most adequate to define her since it directly refers to an alteration that occurs in the gender while the word “transsexual” would be referring to sexuality. Renata highlights the difference between gender identity and sexuality.

Menezes²⁵ states that there can be no direct relationship between gender identity and sexual orientation. Thus, one can find several types of gender identities in the homosexual and heterosexual categories.²⁷ The interviewee states that she was always seen herself as bisexual, both before and after the surgery. Due to not accepting the nomenclature used by psychiatry, Renata requested that the doctor responsible for making the report that made her suitable for the sex reassignment surgery used the word “transgenderism.” She says the doctor accepted but the report took longer to get ready. The need for the physician’s report is justified by the fact that in Brazil the transsexual subject has to undergo a follow-up of at least two years with a psychiatrist so that the diagnosis of “transsexualism” is proven and the sex reassignment process is initiated.²⁸

This perspective of pathologizing transsexuality, while facilitating treatment in public hospitals, according to Butler demonstrates a paternalistic structure of the state to the detriment of the person’s autonomy to decide what to do with their own body. Butler also highlights that pathologization can become an instrument in the hands of “transphobic” people, who are those who do not accept the experience of transsexuality.⁴ Pathologization becomes a justification for nonacceptance of these subjects in society. In this perspective, if transsexuals are sick, one must seek healing not a change in society so that these individuals are recognized as citizens like any others.

For Lima, subjects become intelligible in society only when they are identified by a gender, which is responsible for regulating and standardizing behaviors. According to binary normalization, gender should be in agreement with biological sex. However, binary logic is not capable of capturing all the bodies it produces, thus designating those that do not fit as abject creatures. Categorizations created for these abject beings, especially by psychiatry, would therefore be the result of a process that has the characteristic of “adjusting” deviant individuals in order to protect society from these expressions.⁹ Therefore, pathologization of transsexuality, regardless of the nomenclature used, favors the logic of binary normalization, according to which gender is defined by biological sex.

This logic of binary normalization, however, is present in Renata’s speech, inasmuch as she considered it crucial that her sex organ be altered so that she would not only be recognized but could recognize herself as a woman. The suffering caused by the presence of the organ is related to the suffering caused by her nonacceptance before society, which occurred from her childhood, when she could not relate to the other children her age. She states that she did not relate because she was very scared since she used to be beaten by the boys. In addition, there was nonacceptance within her home since her parents would not understand and not accept her

female behavior and would use violence to correct her. This part of the interview shows how Renata would see herself as a child: “Here it is. I would see myself as a girl who would play, wear clothes, wear lipstick, everything.”

However, the situations of violence experienced, along with the consequent difficulty of having her identity recognized, made Renata live in an imaginary world and not relate to other people. As she recounts, in her imaginary world she could be who she really was. She remembers that many times she would hear people around her say that she was mentally ill and have her take various tests, such as electroencephalogram, to diagnose her. Renata also says that she underwent a psychological treatment at the school where she studied in order to correct her behavior. She recounts that at the time she was convinced by the psychologist that her feelings about her identity were wrong.

The process of constructing Renata’s identity was then painful and very controversial. She affirms that although today she can recognize herself as a woman without controversy, her construction process is continuous.

It can be said that in this painful process of identity construction, the interviewee underwent several transformations in order to find her place in society. From childhood she found herself trapped in a place which neither she nor the people with whom she lived understood. As stated by Lima, the subjects are only recognized from their gender.⁹ Renata, because she would not fit into either gender as a child, would not have a social place. For this reason, there was a pressure from her parents and other people around her for compliance with the norms that characterize masculine gender since it is understood in society that gender is directly connected to biological sex. It is also assumed that an individual can not have two genders, although there is the possibility of presenting an anatomically ambiguous sex. These conceptions seem obvious to anyone approaching the subject but in fact they are arbitrary concepts that have been eternalized by rituals present in various cultures. These rituals aim to educate the subjects so that they are molded according to patterns already established, becoming themselves evidences of these eternal concepts formed from relations of domination.²

As a result of the difficulty in finding her social place during childhood, Renata would search her place as a woman as an adult, externalizing an increasingly feminine, beautiful and sensual appearance, believing that femininity would be located in these characteristics. It is possible that the sex reassignment surgery itself, in this case, is also linked to an effort to adapt to what is understood as feminine. We can say that hatred of the sex organ is translated by repulsion to what became a symbol of living suffering. Did the sexual organ then become the signifier of its social non-place?

Final thoughts

The research presented had as objective to question the eyes on a subject as little deepened as transsexuality. It is perceived that society is not yet ready to break with certain preestablished concepts that have nothing natural. Questioning the differentiation between genders becomes crucial in the study of this topic and brings to light a series of other questions not necessarily related to the “trans” universe such as the power relations that end up legitimizing certain, albeit symbolic, violence to groups that decide not to comply with the rules imposed by these relations. At the same time, such questions become a threat to the established order since they involve concepts that are naturalized and rooted in culture.

It is also essential to expand scientific studies related to “trans” identities since the theories addressed can not yet capture the plurality of bodies that are produced. These bodies are today categorized and uncharacterized, generating a series of misinterpretations. Categorizations aim to standardize these differentiated bodies, understanding them as abject beings that should be treated as sick because their very existence questions one of the pillars of society: The differentiation between genders.

Some limitations were notorious in the study carried out such as the extreme differentiation among some trans categories. Due to this fact, some subjects approached were not able to participate in the research although they corresponded to several predetermined criteria, due to the lack of interest in sex reassignment surgery. This differentiation, especially between transvestites and transsexuals, was one of the facts that limited the accomplishment of this study. It can be seen that, in practice, the line separating these two categories is missing.

However, it is necessary that these categories be addressed individually in future research so that they can be demystified and that new eyes can be brought to these subjects who become marginalized precisely because of the wide acceptance of scientific discourses that uncharacterize them. An important aspect that could be addressed would be the difference between the representation of the male sexual organ in the discourse of trans women who choose to perform the sex reassignment surgery and those who have no interest in it. Opting for the surgery is not an isolated factor but it reflects the feeling transsexuals have about their own bodies. Therefore it is possible that the analysis of the discourses of these two forms of transsexuality brings us more clues about the signifier that causes the sex organ to be rejected or not by the subject. It is also important to address the issue of transsexual men, who are even more forgotten than women. These men are many times seen as masculinized lesbians and not as transsexuals.

It is crucial that psychology present different eyes to all subjects. In the case of transsexuals, the effort must be redoubled so that professionals do not reproduce the existing standardized discourses and can hear the one in front of them. Both the professional and the researcher in the field of psychology must go beyond the obvious in their reflections, since it is some knowledge that does not end but is constantly in construction. Losing oneself in established theories is a risk one takes but one that must be avoided. The theory must therefore be used as the basis for the psychologist's work but not overlapping the discourse of the one who is presented. Thus, the discussion proposed in this paper becomes an important step towards broadening the professionals' views on these subjects.

It is perceived that there is much more to be discussed than was expected at the beginning of this research. Transsexual subjects, because they are still a marginalized minority, become targets of various violence acts because their identities are not recognized in some environments. The discussion on the subject in the scientific milieu becomes crucial so that these subjects can exist and be recognized, no longer as deviants but only as ordinary citizens.

References

1. De Beauvoir S. O segundo sexo: fatos e mitos. 4ª ed. São Paulo: Difusão Européia do Livro; 1970.
2. Bourdieu P. A dominação masculina. Rio de Janeiro: Bertrand Brasil; 1999.
3. Butler J. Sujeitos do sexo/gênero/desejo. In: Butler J. Problemas de gênero: feminismo e subversão da identidade. Rio de Janeiro: Civilização Brasileira; 2003. p. 17-60.
4. Butler J, Rios J. Desdiagnosticando o gênero. *Physis* 2009; 19(1):95-126.
5. Organização Mundial da Saúde. Classificação dos transtornos mentais e de comportamento da CID-10. Porto Alegre: Artes Médicas; 1993.
6. Manifesto. Rede Internacional Pela Despatologização Trans. Stop Trans Pathologization [Internet]. 2012. [acesso em: 8 ago. 2016]. Disponível em: <http://www.stp2012.info/old/pt/manifesto>
7. Arán M. A transexualidade e a gramática normativa do sistema sexo-gênero. *Ágora (Rio J.)* 2006; IX(1):49-63.
8. Perelson S. Transexualismo: uma questão do nosso tempo e para o nosso tempo. *Rev. EPOS* 2011; 2(2):1-19.
9. Lima F. Corpos, gêneros, sexualidades: políticas de subjetivação. 2ª ed. Porto Alegre: Rede Unida; 2014.

10. Angelo V. Visibilidade trans: o fim do não lugar (parte 1). Folha de S. Paulo [Internet]. 01 fev. 2013. [acesso em: 8 ago. 2016]. Disponível em: <http://blogay.blogfolha.uol.com.br/2013/02/01/visibilidade-trans-o-fim-do-nao-lugar-parte-1/>
11. Godoy AS. Pesquisa qualitativa: tipos fundamentais. *Rev. Adm. Empres.* 1995; 35(3):20-29.
12. Duarte R. Pesquisa qualitativa: reflexões sobre o trabalho de campo. *Cad. Pesquisa* 2002; (115):139-154.
13. Freire EC, Araujo FCA, Souza AC, Marques D. A clínica em movimento na saúde de TTIs: caminho para materialização do sus entre travestis, transsexuais e transgêneros. *Saúde Debate* 2013; 37(98):477-484.
14. Leite Junior J. Nossos corpos também mudam: sexo, gênero e a invenção das categorias “travesti” e “transexual” no discurso científico [Tese]. São Paulo: Pontífca Universidade Católica de São Paulo; 2008.
15. Cardoso FL. Inversões do papel de gênero: “drag queens”, travestismo e transexualismo. *Psicol. Reflex. Crit.* 2005; 18(3):421-430.
16. Rocha D, Deusará B. Análise de conteúdo e análise do discurso: aproximações e afastamentos na (re)construção de uma trajetória. *Alea: Estudos Neolatinos* 2005; 7(2):305-322.
17. Birman J. Cartografias do feminino. São Paulo: Ed. 34; 1999.
18. Arán M, Zaidhaft S, Murta D. Transexualidade: corpo, subjetividade e saúde coletiva. *Psicol. Soc.* 2008; 20(1):70-79.
19. Jesus J.G. Orientações sobre identidade de gênero, conceitos e termos [Internet]. 2ª ed. Brasília: Fundação Biblioteca Nacional; 2012 [acesso em: 8 jan. 2016]. Disponível em: <https://pt.scribd.com/doc/239946489/Orientacoes-Sobre-Identidade-de-Genero-Conceitos-e-Termos-Jaqueline-Gomes-de-Jesus>
20. De Beauvoir S. O segundo sexo II: a experiência vivida. 2ª ed. São Paulo: Difusão Européia do Livro; 1967.
21. Vilela Y. O erro comum e a paixão transexual. *Almanaque Online: Revista eletrônica do Instituto de psicanálise e saúde mental de Minas Gerais* [Internet]. 2012; (11):1-11. [acesso em: 9 ago. 2016]. Disponível em: <http://almanaquepsicanalise.com.br/wp-content/uploads/2015/09/Incur%C3%B5es-O-erro-comum-e-a-paix%C3%A3o-transexual-Yolanda-Vilela.pdf>
22. American Psychiatric Association. Diagnostic and statistical manual of mental disorders: DSM-IV. 4ª ed. Washington: American Psychiatric Association; 1994.
23. American Psychiatric Association. Manual diagnóstico e estatístico de transtornos mentais: DSM-V. 5ª ed. Porto Alegre: Artmed; 2014.
24. Barbosa BC. “Doidas e putas”: usos das categorias travesti e transexual. *Sex. Salud Soc.* 2013; (14):352-379.
25. Canguilhem G. O Normal e o patológico. 6ª ed. Rio de Janeiro: Forense Universitária; 2009.
26. Foucault M. História da sexualidade: a vontade de saber. Rio de Janeiro: Paz e Terra; 2014.

27. Menezes AB, Brito RCS, Henriques AL. Relação entre gênero e orientação sexual a partir da perspectiva evolucionista. *Psic.: Teor. e Pesq.* 2010; 26(2):245-252.
28. Brasil. Resolução nº. 1.955, de 12 de agosto de 2010. Cirurgia de Transgenitalismo. *Diário Oficial da União* 03 set. 2010; Seção 1:109-110.

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