

Sexuality and trans experiences: from the hospital to the bedroom

Sexualidade e experiências trans: do hospital à alcova

Berenice Bento ¹

Abstract *In the aftermath of studies on masculinity, it is impossible to consider the production of gender identities without linking them to the relationship aspect. This change was due to the incorporation of the relationship perspective in this field of study and criticism of the concept of gender founded upon an alleged concept of femininity and masculinity to create interpretations of the place of bodies in the gender order. The objectives of this paper are: 1) to show how a given concept of gender can render multiple expressions of gender visible, like the trans identities (transsexuals, transvestites, crossdressers, drag queens, drag kings, transgenders) or sublimate them and contribute to their pathologization. The second objective will be to present narratives of trans men and trans women, who will tell us about their sexual experiences. Psycho-physicians contend the non-existence of sexuality in their bodies as being one of the indicators to lead to a diagnosis of transsexualism. I will attempt to argue that the theoretical basis that supports the pathologization of trans identities and the assertion that trans people are asexual is based on a conception that links and renders gender identities conditional upon biological structures.*

Key words *Masculinity, Gender, Transsexuality, Sexuality*

Resumo *Depois dos estudos das masculinidades, não é possível pensar a produção das identidades de gênero sem referenciá-las ao caráter relacional. Esta mudança deveu-se à incorporação da perspectiva relacional nesse campo de estudos e à crítica ao conceito de gênero assentado em uma suposta natureza feminina e masculina para construir as interpretações sobre o lugar dos corpos da ordem de gênero. Os objetivos desse artigo são: 1) apontar como um determinado conceito de gênero pode visibilizar múltiplas expressões de gênero, a exemplo das identidades trans (transsexuais, travestis, cross dress, drag queen, drag king transgêneros) ou invisibilizá-las e contribuir para sua patologização. O segundo objetivo será apresentar narrativas de homens trans e de mulheres trans, que nos contarão suas vivências sexuais. Os saberes médicos-psi advogam a inexistência de sexualidade em seus corpos, sendo este um dos indicadores para produção do diagnóstico de transexualidade. Tentarei argumentar que a base teórica que sustenta a patologização das identidades trans e a afirmação que as pessoas trans são assexuadas tem como fundamento uma concepção que atrela e condiciona as identidades de gênero às estruturas biológicas.*

Palavras-chave *Masculinidade, Gênero, Transsexualidade, Sexualidade*

¹ Departamento de Ciências Sociais, Universidade Federal do Rio Grande do Norte. Av. Salgado Filho S/N, Campus Universitário - CCHLA. 59.000-00 Natal RN. berenice_bento@yahoo.com.br

Introduction

In recent years, studies of masculinity have consolidated in Brazil, following an international tendency. The problematization of a masculine nature was called into question, following the trails blazed by feminist studies in the formulation of historical explanations for the hierarchical and asymmetric production of gender identities. After the studies on masculinities it is not possible to think about the production of these identities without referencing them to the relational character. This change in direction is due mainly to the criticism of the concept of gender which refuses to let go of the assumptions of a masculine nature and a feminine nature in constructing its interpretations about the place of bodies in the determining of gender. The first objective of this article will be to point out how a specified concept of gender can visibilize multiple expressions of gender, using the example of trans identities (transsexuals, transvestites, cross-dressers, drag queens, drag kings, transgenders) or render them invisible, thus contributing to their pathologization.

The discussion of what gender *is* is fundamental for us to problematize the hegemonic conception about gender identities and trans sexualities. The category of 'gender' and the relationships between masculinities and femininities are not self-evident. There is a dispute about who can be recognized as a real man or real woman. The polysemic character of this category, therefore, reverberates in theoretical disputes and is evident in public policies which can embody a more or less biologizing conception of the identities. There is no consensus in the academic world or in political activism about what gender actually is.

In this article, I shall prioritize the debate between the official, hegemonic conception of masculinities and femininities present in the device of transsexualism¹ and the other backed by *queer* studies and *queer* activism. The official position refers to that adopted by the State in the formulation and implementation of public policies for the trans population, principally in the ambit of the hospitals and clinics which serve this population. It is in this space that one can observe the concept of binary gender affecting the perspectives of the members of the multidisciplinary teams who are responsible for the production of diagnoses about the bodies of subjects who demand interventions which will permit the recognition of the identified gender. Here, gender is fundamentally a nosological category. Once it has been defined that gender is a medicalizable cate-

gory, the next step is to establish mechanisms for curing it.

The second objective will be to present the narratives of trans men and trans women, who will tell us of their sexual experiences. The psycho-medical knowledges advocate the inexistence of sexuality in their bodies, this being one of the indicators for the production of the diagnosis of transsexualism. I shall try to argue the case that the theoretical base which underpins the pathologization of the trans identities and the affirmation that trans people are asexual is based in a conception which couples and limits gender identities to biological structures. In their accounts, I encountered a plurality of meanings which had escaped an attempt to imprison them in the idea of "sexual identity of trans men and women".

All the interviews were undertaken as part of my doctoral thesis and re-visited for the production of the present article. The field work was done in the city of Goiânia, Brazil, and in Valencia, Spain, in the years 2001-2003. As the research technique, I linked ethnography with open-ended in-depth interviews. Methodologically, I used Foucauldian discourse analysis and followed all the ethical guiding principles of research. I consider people who are born as women and who demand social recognition in the male gender to be *trans men*, and people who are born as men and who demand social recognition in the female gender as *trans women*. Gender reassignment surgery, therefore, is not a marker in this definition.

Gender: a category in dispute

What is gender? Is there a pre-discursive level, understood as pre-social, outside the power-knowledge relationships? Is gender the discourse formulated based on a bodily reality, distinguished by difference? Would gender be the cultural formulation of these differences? Does sex exist without gender? How does one separate body/structure from body/result? How does one separate the part of the body which was not constructed from the very beginning by expectations and suppositions, from the original body which is not sullied by the culture? These questions mark what may be considered a dispute over the meanings for the category 'gender'.

To think the relationships between gender and body, indicating the processes which link to give an appearance which is a-historical and voided of its political content, seems to me to be one of the central concerns of Judith Butler's work and of other feminist 'queer' theoreticians. For Butler, gender is

not passively inscribed on the body as if on a lifeless recipient. What is thought to be a natural characteristic of the body is something which is expected, and which is produced through certain naturalized bodily gestures. For Butler²⁻⁴, gender is an act, which has already been rehearsed, very much like a libretto which outlives specific actors, but which requires individual actors to be updated and reproduced systematically as a reality.

The vision which defines gender as something which societies invent to give meaning to the differences of the sexualized bodies is grounded in a dichotomy between sex (nature) versus gender (culture). According to this vision, the culture imprints the cultural impressions on the inert body, sexually differentiated by nature. On the contrary, we can analyze gender as a sophisticated social heteronormative technology, operationalized by the medical, linguistic, domestic, educational institutions, and which constantly produces men-bodies and women-bodies.

There are no free bodies, before discursive investments. The materiality of the body must be analyzed as an effect of a power and sex is not that which somebody has, or a static description. Sex is one of the norms by which the 'somebody' becomes viable, which qualifies a body for life in the interior of the dominion of the intelligibility. There is a tie, a stitching together, dictated by the norms, in the sense that the body reflects sex, and the gender can only be understood, only acquires life, when it is referenced to this relationship. The gender performativities which are founded outside of this anchoring are pushed to the margins, as they are analyzed as "disordered" identities by medical knowledge.

When one acts out or wishes to reproduce the "real" man/woman, desiring that each act should be recognized as that which positions us legitimately in the gender order, the results do not always correspond to those defined and socially accepted as appropriate to a man /woman. If the actions fail to correspond to the expectations structured based on suppositions, there is the possibility of disestablishing the gender norms, which generally use physical and/or symbolical violence to keep these practices on the margins of what is considered humanly normal. The process of naturalization of the identities and the pathologization are part of the process of producing the margins, the locale inhabited by the abject beings, and which is where they should remain.

The intelligible genders obey the following logic: vagina-woman-female versus penis-male. Heterosexuality would bestow unity on the

binary differences between the genders. The natural complementarity would be the unquestionable proof that humanity is necessarily heterosexual and that the genders only have meaning when related to the inherent capacities of each body. Transsexualism breaks this coherence. Through the performances of gender, society controls the possible deviant sexualities and heterosexuality justifies the need for routinely nurturing/producing the binary genders.

There is a tie, a stitching together, in the sense that the body reflects the sex, and the gender can only be understood, only acquires life, when it is referred to this relationship. The performativities of gender which are founded outside of this tie are pushed to the margins, analyzed as disordered, abnormal, or psychotic identities, freaks of nature, or strange things.

One of the ways for reproducing heterosexuality consists of cultivating the bodies in different sexes, with 'natural' appearances and natural heterosexual dispositions. This matrix does not operate exclusively within the boundaries of heterosexual relationships, but spreads beyond them. Its reach and efficacy are in addressing and guiding non-heterosexual relationships. The active/passive binarity would be one of the ways for this matrix to modernize and keep going.

The intention of (re-)producing the hegemonic model of woman (kind-hearted, understanding, sensitive, vain and, principally, with matrimony as her destiny) and of man (who does not cry, who is virile, sexually and professionally active, competitive) may provoke feelings of frustration and pain. The attempt to implement an unachievable model has some consequences: it can create feelings of guilt and frustration, although it also reveals the potential possibilities for transformations, thus revealing the fragility of the norms of gender, these being based in something moldable, malleable and manipulable: the body.

The genders – beyond the sexual difference

What was learnt over the nineteen-seventies and consolidated during the nineteen-eighties – as studies on "woman" – received a new designation at the end of that decade: gender studies. The principal challenge during this new phase was to break with purely descriptive studies of the relations between the sexes which did not question the concepts which structured the perception itself of what was being described.

If, in the beginning, the denaturalization of gender identities was centered around understand-

ing the historical processes which legitimated the subordination of women, having as its theoretical substrate the modern understanding of the universal subject, currently this denaturalization is also advancing in the direction of sexuality, the body and the subjectivities.

Initially, studies on gender devised constructs to explain the subordination of women based on the tradition of modern thinking which, in its turn, operates its interpretations on the positions of the genders in the society based on a binary perspective of universal character.

Two different bodies. Two different genders and subjectivities. This binary conception of the genders reproduces the modern thinking for universal subjects, attributing determined characteristics to them which are supposed to be shared by all men and by all women. Here, the body is thought of as naturally dimorphic, a blank sheet, waiting for the stamp of the culture, which through a series of cultural meanings, assumes the gender. One of the problems of this type of constructivism, which hegemonized feminism for decades, is that it has made the body-sex into a fixed material, on which the gender would come to give shape and meaning, depending on the culture or the historical juncture, creating a movement of essentialization of the identities.

Studies on gender relations were consolidated throughout the nineties, based on a re-evaluation of the theoretical assumptions which founded the field of studies on "women". The theoretical task was to deconstruct this universal woman, identifying other sociological variables which interlink in the constructions of the identities of the genders. The analytical category "gender" went looking for the support necessary for denaturalizing and de-essentializing the category "woman" in social classes, in nationalities, in religions, in ethnic groups, and in sexual orientations; and the category fragmented into illiterate black women, conservative white women, racist black women, gypsy women, immigrant women, and so on.

One of the principal consequences of the relational perspective on the genders afforded by feminist studies was the organization of another field of study; that of masculinities, based in the deconstruction of the universal man, naturally virile, competitive and violent. This field of studies was to appear on the academic scene in the nineties. Many questions were made: does the black man experience masculinity in the same way as a white man? Is the ideal of masculinity achieved by any empiric subject? What are the explicit and

implicit interdictions which interlink to shape the masculine identity? Does a hegemonic masculinity exist? What are the silenced masculinities?

The studies of masculinities, putting to one side the theoretical idiosyncrasies, developed in the theoretical space opened up by the relational perspective. One of the leitmotifs which guided the various research projects and reflections of this new field is the premise that the masculine and feminine are constructed relationally, and simultaneously, indicate that this 'relational' should not be interpreted as "the man is constructed in an oppositional relationship to the woman", in a radical or absolute otherness, in accordance with Simone Beauvoir⁵, but in a movement which complexifies the relation. Gender moved on, to be worked inter-relationally: the black man in relation to the white man, the middle-class man in relation to the man from the shanty town and the CEO, the northerner in relation to the southerner, the heterosexual man in relation to the homosexual, and many other possibilities which emerged from the subjects' narratives. This relational perspective, however, was still grounded in men and women's bodies, such that we can classify this way of analyzing the category 'gender' as a "relation of two" in accordance with Bento¹. Gender, to be understood, needs to be referenced in men and women's bodies. Trans experiences, however, indicate that attributes of femininities and masculinities are not properties of specific bodies.

The assumption of the sexual difference as the base of the gender identities remained intact. By studying gender from the starting point of sexual differences, the explicit suggestion is that the entire discourse needs the sexual difference, this level functioning as a pre-discursive stage. The culture would enter on the scene to organize the pre-social, or pre-discursive, level and to distribute the gender attributes, taking as a reference the differences which are inherent to the sexed-bodies.

One can recover here Butler's²⁻⁴ concern, according to which the sexual difference can lead to an objectification of gender and to an implicitly heterosexual character for the description of gender and of sexuality. Hence, what autonomy does such an approach reserve for sexuality? How is one to understand the practices of subjects who construct themselves outside this binarity, for example transsexuals, transvestites, gays and lesbians?

The studies of masculinities did not advance in the problematization of the binary conception of the genders and the public policies for men are

bound to this basis, following, even today, to a large degree, the theoretical assumptions of these studies' pioneering writings (Kaufman⁶, Kimmel⁷, Connell⁸). My Master's dissertation, *A certain unease: masculine complaints and perplexities*⁹, fits into this context of the "relation of two" and in this field of studies. At no point in the text do I problematize the sexual difference, neither the mechanisms which produce the naturalization of homosexuality. It is as if the bodies were naturally heterosexual. I interviewed middle-class heterosexual men, between 40 and 50 years of age, in Brasília.

In the scope of public policies, trans men do not exist. Indeed, the trans masculinities are nowhere to be found – even though they are in the hospital waiting lines, waiting for years to carry out the surgery for mastectomy and hysterectomy, and even so, they cannot do so – as they were excluded in the Ordinances n^o. 1.707/GM¹⁰ and n^o. 457/SAS¹¹ which normatized sex reassignment surgery on the UHS. According to guidance from the Federal Council of Medicine¹², the surgeries they request (neophalloplasty, hysterectomy and mastectomy) are still considered experimental¹³. The last two have been undertaken for decades on biological women. Until now, there is no justification whatsoever for this exclusion¹⁴. It is as if internal asymmetries, internal to the intelligible genders, were dislocated to the bodies of the trans men, who change to carrying the inheritance of having once been women.

The public policy considered for men has as its theoretical basis a conception of binary gender, where only the bodies of men chromosomatically XY are legitimate spokespersons for masculinity. Within a perspective of the biopolicy which guides the construction of these policies, grounded in biologized identities, where would the trans men be, who constantly shift and smudge the frontiers of identity? In a certain way, the social movements which demand of the State public policies for the genders without problematizing the relationship between identity, body and gender end up by strengthening the biopolicies, that is, the mechanisms of (re)production of the normal and abnormal genders. A trans man, although he should be part of the policy for men, also needs to visit gynecologists, endocrinologists, and other medical specialities held as appropriate for women. Therefore, if the conception of gender which guides public policy should fail to free itself from biologizing assumptions, it will not be able to broaden, including subjects currently outside its boundaries. In this

sense, it is important for us to discuss what gender is, and how part of feminist studies and studies of masculinities do not advance in the process of radical deconstruction and denaturalization of the genders and of the norms which (re)reproduce them.

Currently, the only public policy for the trans population which exists in Brazil is directed at the combat and control of HIV/AIDS. In this case, trans women are part of the policy of combating the feminization of the epidemic. Further, the whole conception which establishes the meager initiatives in the ambit of the Government for the trans population is guided by a pathologizing conception of gender, because to be legitimately recognized as man or woman, it is necessary to have a sexual-body which underpins this recognition (man = penis, woman = vagina).

To have the right to go through the transexualizing process, including the sex reassignment surgery, it is necessary to submit to a rigorous protocol, which includes mandatory psycho-therapy, the carrying-out of obsolete psychological tests, and the mandatory use of clothes from the identified gender, in line with Bento¹⁵.

If we commence from the assumption that there are multiple possibilities for gender experiences and practices, and that the people who request body alterations, or who wish to legally change from an imposed gender to another with which they identify, are capable of conferring meaning on these transformations, there is no justification for defining a protocol based on mental disorder. To question the protocol, in the terms in which it is being implemented, is to face the question of pathologization of gender; therefore it is not a question restricted to trans activism. Currently there is a large international mobilization for the de-pathologization of trans identities (*Stop Trans Pathologization 2012*)¹⁶ and for the removal of transsexualism from the International Classification of Diseases (ICD-10 and from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)¹⁷ which is to publish its new versions in 2013^{18,19}. The ICD-10 and the DSM-IV are the principal documents which guide the current public policies in the transexualizing process carried out in Centers of Excellence.

One cannot deny the importance of research which denaturalizes masculinities and its connections with the public sphere. The purview of notions of gender which hegemonically guide these studies and public policies, however, assumes that the bodies which legitimately inform the masculine are those of men. The studies on hegemonic

and subordinate masculinities do not even touch on the debate about gender norms and the strength of the discourse of difference in equalizing the production of the genders in the binary parameters – renewing, through silence, the naturalization of the gender identities. Where are the trans men in the studies on masculinity? It seems to me that the oxygen for studies of masculinity comes from outside these studies: in the formulations of queer activists or theoreticians, also known as drag kings, or trans men, as in the examples of Beatriz Preciado²⁰, Judith Hasberstam²¹ and Judith Hasberstam & De LaGrace Volcano²², and Mauro Cabral²³.

The limits of the “relation of two”, based in the benchmark of the sexes, has been questioned by *queer* studies. The study of hegemonic sexuality, that is, of the heterosexual norm, and of the divergent sexualities, requires the development of analyses which, although linked to gender, are autonomous in relation to it. This means problematizing and facing heterosexuality as the matrix which guided the view of feminists and the studies of masculinities. These fields of study seem to consider the sexual difference of the bodies as a natural fact.

It is *queer* studies that will radicalize the feminist project and studies of masculinities, in an internal debate in the field, but which goes outside it. The expression *queer* means strange, ridiculous, sick, gay, faggot, homosexual. Queer studies invert its use and use it as a brand which denounces, and differentiates from, heteronormality, encompassing gays, lesbians, transexuals, transvestites and transgender people²⁴. Queer studies empower the transvestites, the drag queens, the drag kings, the transexuals, the lesbians, the gays, the bisexuals – that is, those designated by the medical literature as disturbed, ill, psychotic, deviant, perverted people, as people who make their identities through the same processes as those considered “normal”.

Bodies without desire?

There is extensive literature on the sexuality of the trans women who are sex workers, produced principally with a focus on HIV/AIDS. The article *VIH et IST dans la population « trans »: une revue critique de la littérature internationale*, by Giami and Le Bail²⁵ surveys articles published about the impact of sexually transmissible diseases and HIV/AIDS on the trans population in various countries. In none of the 58 articles cited is there any reference to the field of desire and of

sexual practices. It is not, therefore, exactly a bibliography on sexuality; rather it is about epidemiological studies and the best techniques for estimating prognosis and compliance with pharmacological treatment for control of the HIV/AIDS virus. That is to say, this “population” is only important for public policy because it constitutes a risk to the health of heterosexual couples.

How is it possible to think about sexual relations among people who, to lesser or greater degrees, are in conflict with their genital organs? Epidemiological studies involving trans women shed light on their practices, particularly in relation to negotiations on condom use. I have no hesitation in stating that the sexual practices of trans men are those which are covered with the thickest invisibility cloak. In my bibliographical research I have not found a single scientific work which selects this discussion as central. In this article, I shall prioritize this dialog with other hegemonic psy-medical knowledges on the subject of trans bodies and desires.

I affirmed, in another work, that the multiple knowledges interlinking to pathologize the trans experiences may be considered a device¹. Within the device, there are different explanations for the origin of what is considered an “illness”. For endocrinology, although there is no scientific evidence for a biological or hormonal origin for this “disorder”, it is believed that with sufficient investment in research, Science will discover it. For hegemonic psy science (psychology, psychoanalysis, psychiatry), the “disorder” occurs due to unsuccessful socialization. (It is worth emphasizing that I am referring to the hegemonic conception of these knowledges. And it is these who are responsible to multidisciplinary teams in authorizing the undertaking of gender reassignment surgery. But, besides this and other differences, there are two points of internal unity in the device. Firstly, trans bodies are dispossessed of sexuality. For G. Ramsey²⁶, Robert Stoller²⁷ and Harry Benjamin²⁸, the hatred which trans people have for their genitals is so great that the least idea of obtaining pleasure by touching them or letting somebody touch them is enough to provoke feelings of repulsion. They are bodies which are outside the registering of desire. The surgery would be the entrance to a world of sexuality. But what sexuality? This is the other point of unity which operationalizes the device. It is argued that the demand of trans people is for heterosexuality, and that it is heterosexual practices which are the indicator for the success of the transexualizing process.

For Ramsey²⁶, the standard transexual has little or no desire and runs little risk in relation to this point. According to him, the small group that likes masturbating must ask itself many questions – and weigh the answers carefully – before embarking on surgery. In this perspective, the aim of the surgery is for sexual satisfaction, which differs from the interpretation which argues that the demand for gender reassignment surgery is about insertion in a social life, and that it is the recognition of the gender chosen that has priority. It is worth emphasizing that there is no linear rejection of the body among trans people, as I shall attempt to show.

The allegation that trans people hate their bodies is based in metonymic tropes. The part (the genital organs) is considered the whole (the body). This movement for the construction of the argument metonymically reflects the modern interpretation for the bodies, where the sex defines the supreme truth of the individuals.

Does the rejection of the genital organs mean that one cannot obtain pleasure by touching them? The transsexual as produced by medical-psy science cannot touch them, whether for pleasure or even for carrying out hygiene: it is a relationship of total abjection. However, when Marcela says “I find the penis something rotten, horrible”, one cannot deduce, from what is said, “I don’t touch it, I don’t masturbate”. According to her,

Marcela: *Sometimes, to tell the truth, I masturbate, you know? I can't lie. I used to masturbate. It might be something which sometimes a person is ashamed of saying. Only if a person is ill, with the whole body paralyzed and can't get an erection, like a normal person [...] Whether I'm transexual or not, masturbation is normal.*

Why do some trans people lie about, or feel ashamed of, masturbating? Once more, it is necessary to return to the construction of the transexual as somebody totally foreign to their asexualized genital organs. If the “transexual identity” is characterized by the horror of their genitals, it would be unthinkable, from this point of view, to recognize that they can obtain any sort of pleasure with them.

Trans people are aware of the expectations created by their behavior, especially in hospitals. The device functions as a control mechanism for the performances of trans people in a hospital environment, but it can also penetrate their subjectivities. Therefore, if a “true transexual” does not masturbate, he or she may ask “Who am I? How *can* I masturbate?” These questions are effects of the internalized device of transsexualism.

Victoria: *There are some girls in the Project* [referring to the Transsexualism Project of the Goiás Clinical Hospital, where her transsexualizing process was being carried out] *who come out with this sort of absurdity: “I don't touch the organ.” What rubbish! This is to be more ‘woman’ than the others. It's a lie. If they say to me: “I don't touch myself”; I say: “Liar! If you didn't touch yourself, your penis would be rotten, wouldn't it?” I masturbate. I touch the organ, without any problems. Girl, it's a part of my body [...]*

João masturbated when he watched erotic movies and when he looked in the mirror he saw a man: in this scenario, his clitoris became a penis. The path João follows, as a trans man, reveals singular processes in the construction of his identity. Until he was 23, he only had relations with men. The fear of being considered a lesbian, and of family prejudice, made him exaggerate in his reputation as a “man-eater”. “She” had many boyfriends, but was always secretly attracted to women. The way she found to reconstruct her body was through rigorous exercising. “I used to exercise for eight hours a day. When I looked at my boyfriends' bodies, I used to think: I'm better than him.”

When she was 23 years old, she decided to “stop lying” and find solutions for her body. João's story emphasizes that the relationship between the body and sexuality is not so simple. He did not like his woman's body, but didn't have huge problems in sexual relationships with men. At the time I was doing the research, he had a girlfriend, the first in his life. In this new context, he didn't like her to touch his genitals, even though he didn't have difficulties in masturbating. At the age of 30, he was in the process of physical changes through hormone therapy.

João's story places before us the tension between the gender identity and the sexual identity. At one time of his life he was considered heterosexual, then a lesbian, and now he defines himself as heterosexual. It is concluded that his sexual identity is determined by his gender identity. It is the gender which characterizes the sexual identity socially. Apart from this, these flows of identity lead us to ask: what is the meaning of talking of sexual and gender identity? These questions evoke other tensions which have repercussions in the fictional nature of social identities. The supposed thesis that our genders and sexuality are fixed lacks a foundation. It is this trap of essential identity that João's story shows us.

If masturbation is possible, or if there is no problem in touching the genitals, why do the gen-

der reassignment surgery? To allege that some people masturbate does not reveal the conflicts that some experience with their sexuality.

For Marcela, her sex life with her partner is successful – “what’s annoying is having to hide the penis during sex.” The surgery would free her from this hindrance. The responses, and ways of relating with the genital organs and sexualities are diverse. However, when asked why they wanted to undergo the surgery, the answers were repeated: “I want to be free.” Nobody answered: “I want the surgery and to be penetrated or to penetrate in order to reach orgasm.” Among the trans men, the mastectomy is the surgery which will give them the greatest freedom. It is the desire to be socially recognized as a member of that gender which leads them to request surgery.

The genitalization of the relationships

The genitalization of sexuality is one of the consequences of the device of sexuality which matches sensations with specified zones of the body, reducing the body to erogenous zones, due to an asymmetric distribution of power between the genders (female/male), as Preciado pointed out. The genitalization does not restrict itself to sexuality: it crosses over to relationships.

The fear of losing boyfriends or girlfriends for lack of a vagina (among trans women) or penis (among trans men) is constant in their narratives. For Andreia, a man needs “vaginal” sex. She has a relationship with a man who lives with a non-transsexual woman. The need to have a vagina to satisfy his sexual needs is the meaning to which Andreia attributes her boyfriend’s double life. The feeling of inferiority in a loving relationship and feeling herself threatened by the phantoms of “normal bodies”, makes her accept this relationship. The vagina and penis, in this sense, are currency for negotiating in relationships. Like Andreia, Marcela felt threatened due to feeling incomplete, and believed in the natural need for a man to penetrate a vagina, a feeling shared by other interviewees.

In a general way, the great bogeyman among the heterosexual trans men is the fear of being abandoned by their partner due to the absence of a penis. Carlos, for example, said that he had had a for various years and that she had never discovered that he was a trans man. Sex had always taken place in the dark. He had made a large, fat prosthesis of rubber and kept it in a secret place. According to him, his companion received a lot of pleasure and never doubted his maleness.

In this case, the sexual virility constituent of masculinity was assured.

Among lesbian trans women, in the initial moments of a sexual relationship, there is tension about the use of vibrators and other fetish objects. Carmen underwent the gender reassignment surgery. She had sexual relations with men, but at a certain point fell in love with a woman. They started going out. At a certain moment, her girlfriend asked her: *penetrate me*, and showed her a vibrator. At that moment, Carmen thought, *God almighty, what’s happening here... I had a penis, I got rid of it, and now I have to use a plastic one stuck on a belt?* [Interview carried out March 2002 in Barcelona. Carmen is a member of the Collective of Trans Women of Catalonia, Spain]. The whole process of the reconstruction of her place as a lesbian woman was tense and painful. For Carmen, the psychiatric work which she had to do was fundamentally to free herself of the labels.

For Manolo [Interview carried out in March 2002 in Barcelona], a gay trans man, the big difficulty was to be accepted among the gay men. It is as if his body, minus a phallus had no function. The obsession with the phallus immediately made him undesirable. This is the strength of heteronormativity: it organizes subjectivities in the scope of the genitalization of desire, at the same time, reinforcing the binary model for active versus passive in non-heterosexual relationships. But, he said: *they’ve got dicks, I have several, in various colors and sizes. I can be penetrated via the anus or the vagina, and I can also penetrate.*

Conclusion

The trans experiences show the characteristics of truths constructed socially for gender, for sexualities and subjectivities. In this experience, what is established as the norm is revealed dramatically. The lack of tools – including linguistic ones – for understanding them in the scope of human differences pushes them into the field of disorders or aberrations.

Ultimately, it is the gender norms which shall contribute to the shaping of a medical verdict about the levels of femininity or masculinity present in the applicants for surgery. It is these norms which shall be cited, in a series of discursive effects which link to the norms, at the end of the process of judging whether a person is a “real transsexual”. There are no clinically appropriate or repeatable tests, nor are there any simple tests free of ambiguities. What is frightening is noting

that so little (alleged) scientific knowledge generates so much power. Where transsexualism is concerned, the supposed objectivity of the clinical tests makes no difference.

There is no “trans identity”, except for positions of identity, organized through a complex web of identification which is implemented through movements of denial and affirmation of the models made socially available to define what may be a “real” man or woman. There is no typical sexual identity for trans people. Their sexualities are made up of the same materials as other experiences: interdiction, desire, rebelliousness, suffering, happiness.

References

1. Bento B. *A (re) invenção do corpo*: sexualidade e gênero na experiência transexual. Rio de Janeiro: Garamond, Clam; 2006.
2. Butler J. Fundamentos contingentes: o feminismo e a questão do “pós-modernismo”. *Cadernos Pagu* 1998; 11:11-42.
3. Butler J. Gênero, Trajetórias e perspectivas. Trajetórias do gênero, masculinidades. *Cadernos Pagu* 1998; 13:30-50.
4. Butler J. Criticamente subversiva. In: Jimenez RMM, organizador. *Sexualidades transgressoras* uma antologia de estudos *queer*. Barcelona: Icaria; 2002.
5. Beauvoir S. *O Segundo Sexo*. Rio de Janeiro: Nova Fronteira; 1987.
6. Kaufman M. *Cracking the armour*: power, pain and the lives of men. Toronto: Viking; 1993.
7. Kimmel MS. *Masculinity as homophobia*. Theorizing masculinities. New York: Sage Production Editor; 1994.
8. Connell RW. *Masculinities*. Berkeley: University of California Press; 1987.
9. Bento B. *Um certo mal-estar*: queixas e perplexidades masculina [dissertação]. Brasília (DF): Universidade de Brasília; 1998.
10. Brasil. Conselho Federal de Medicina. Portaria n°. 1.707/GM de 19 de agosto de 2008. *Diário Oficial da União* 2008; 19 ago.
11. Brasil. Secretaria de Atenção à Saúde. Portaria n°. 457/SAS de 20 de agosto de 2008. *Diário Oficial da União* 2008; 20 ago.
12. Brasil. Conselho Federal de Medicina. *Resolução n. 1.482* de 1997.
13. Brasil. Conselho Federal de Medicina. *Resolução no. 1.652* de 2002.
14. Lionço T. Atenção integral à saúde e diversidade sexual no Processo Transexualizador do SUS: avanços, impasses, desafios. *Physis* 2009; 19(1):43-63.
15. Bento B. *O que é transexualidade*. São Paulo: Brasiliense; 2008.
16. Missé M, Coll-Planas G, organizadores. *El género desordenado*: críticas en torno a la patologización de la transexualidad. Barcelona-Madrid: Egales; 2011.
17. Red por la Despatologización Trans del Estado español. [site na Internet]. [acessado 2012 jul 09]. Disponível em: <http://www.stp2012.wordpress.com>
18. Psiqweb. [site na Internet]. [acessado 2012 jul 09]. Disponível em: <http://www.psiqweb.med.br/site/>
19. Bento B. Gênero: uma categoria cultural ou diagnóstica? In: Arilha M, Lapa TS, Pisaneschi TC, organizadores. *Transexualidade, Travestilidade e Direito à Saúde*. São Paulo: Comissão de Cidadania e Reprodução; 2010. p. 167-204.

20. Preciado B. *Manifiesto contra-sexual* prácticas subversivas de identidad sexual. Madrid: Pensamiento Opera Prima; 2002.
21. Halberstam J. F2M: The making of female masculinity. In: Janet P, Shildrick M, organizers. *Feminist theory and the body: a reader*. New York: Routledge; 1999. p. 210-228.
22. Halberstam J, Volcano DL. *The drag king book*. London: Serpent's Tail; 1999.
23. Cabral M, organizador. *Campaña por la convención de los derechos sexuales y los derechos reproductivos*. Lima: Fundación Ford; 2004.
24. Miskolci R, Simões J. Dossiê Sexualidades Disparatadas. *Cadernos Pagu* 2010; 28:120-170.
25. Giami A, Bail JL. HIV infection and STI in the trans population: A critical review Infection à VIH et IST dans la population « trans »: une revue critique de la littérature internationale. *Revue d'Épidémiologie* [serial on the Internet]; 2011 Aug [cited 2012 May]: [about 21 p.]. Available from: <http://www.sciencedirect.com>
26. Ramsey G. *Transexuais* perguntas e respostas. São Paulo: Edições GLS; 1996.
27. Stoller R. *A experiência Transexual*. Rio de Janeiro: Imago; 1982.
28. Benjamin H. *The Transsexual Phenomenon*. New York: Julian Press; 1966.

Artigo apresentado em 26/07/2012

Aprovado em 04/08/2012

Versão final apresentada em 19/08/2012