

Psicologia e a despatologização da transexualidade

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ABSTRACT: Transsexuality is a complex and universal phenomenon, occurring at various times and different places in the history of civilization. At the present time is defined as the persistent desire to live and be accepted as a person of the opposite sex. These individuals may experience psychological discomfort because of their biological sex and crave to undergo surgery or hormonal treatments to redefine their bodies. The aim of this study was to know the opinions of psychologists about the process of depathologization of transsexuality. A descriptive, qualitative and quantitative field study was carried out with a sample composed of nine clinical psychologists from three different approaches: psychoanalysis, cognitive-behavioral and humanistic-existential, with more than 10 years of experience. To achieve the goals we used two instruments: 1) demographic questionnaire. 2) semi-structured interview designed specifically for this job. Data collected by interviews were analyzed by the technique of Thematic Content Analysis. The results showed that all respondents are in favor of depathologization process these identities. Nevertheless, these professionals understand the transsexual experience in three different ways: scientific, victimizing and common sense. Only one interviewee psychologist met transgenders. However, they expressed technical preparation or readiness for counseling this population. And on the proposals for depathologization issued a clinical suggestion and other sociocultural. It is concluded that knowledge about transsexuality is under construction, because the interviewees still confuse the concepts of sexual orientation and gender identity.

Keywords: Transsexuality, Depathologization, Psychologists.

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RESUMO: A transexualidade é um fenômeno complexo e universal, ocorrendo em várias épocas e lugares diferentes na história da civilização. Na atualidade, é definida como o desejo persistente de viver e ser aceito como uma pessoa do sexo oposto. Esses indivíduos podem apresentar desconforto psicológico por causa de seu sexo biológico e almejam submeter-se a cirurgias ou tratamentos hormonais para redefinir seus corpos. O objetivo geral deste estudo foi conhecer as opiniões dos psicólogos sobre o processo de despatologização da transexualidade. Realizou-se uma pesquisa de campo, descritiva, de natureza qualitativa e quantitativa, com amostra composta por nove psicólogos clínicos de três abordagens distintas: psicanálise, cognitivo-comportamental e humanista-existencial, com mais de 10 anos de atuação. Para alcançar os objetivos propostos, foram utilizados dois instrumentos: 1) questionário sociodemográfico. 2) entrevista semiestruturada elaborada especificamente para este trabalho. Os dados coletados pelas entrevistas foram analisados pela técnica de Análise de Conteúdo Temática. Os resultados apontaram que todos os entrevistados são favoráveis ao processo de despatologização dessas identidades. Todavia, esses profissionais compreendem a experiência transexual de três formas diferentes: científica, vitimizadora e senso comum. Apenas uma psicóloga entrevistada atendeu transgêneros. No entanto, todos expressaram preparação técnica ou disponibilidade para o acompanhamento psicológico dessa população. E sobre as propostas para despatologização, emitiram uma sugestão clínica e outra sociocultural. Concluiu-se que o conhecimento sobre a transexualidade está em construção, devido aos entrevistados ainda confundirem os conceitos de orientação sexual e identidade de gênero.

Palavras-chave: Transexualidade, Despatologização, Psicólogos.

RESUMEN: La transexualidad es un fenómeno complejo y universal, que se producen en distintos momentos y lugares diferentes en la historia de la civilización. En la actualidad se define como el deseo persistente de vivir y ser aceptado como una persona del sexo opuesto. Estas personas pueden experimentar malestar psicológico debido a su sexo biológico y desear que someterse a cirugía o tratamientos hormonales para redefinir sus cuerpos. El objetivo de este estudio fue conocer las opiniones de los psicólogos sobre el proceso de la despatologización de la transexualidad. Lo mismo se hizo mediante la investigación de campo, descriptivo, cualitativo y cuantitativo de la naturaleza con una muestra de nueve psicólogos clínicos a partir de tres enfoques distintos: el psicoanálisis, cognitivo-conductuales y humanísticos-existencial, con más de 10 años de experiencia. Para lograr los objetivos se utilizaron dos instrumentos: 1) cuestionario demográfico. 2) entrevista diseñado específicamente para este trabajo semi-estructurada. Los datos recogidos por entrevistas fueron analizados mediante la técnica de análisis cualitativo. Los resultados mostraron que todos los encuestados están a favor de la despatologización proceso de estas identidades. Sin embargo, estos profesionales a entender la experiencia transexual de tres maneras diferentes: científica, victimista y el sentido común. Sólo un psicólogo entrevistado se reunió transgêneros. Sin embargo, expresaron preparación técnica o la disposición para el asesoramiento de esta población. Y sobre las propuestas de la despatologización emitido una sugerencia clínica y otra sociocultural. Se concluye que el conocimiento sobre la transexualidad se encuentra en construcción, debido a los encuestados todavía confundir los conceptos de orientación sexual e identidad de género.

1 Introduction

Throughout the history of civilization, the concepts of health and illness, normality and abnormality have undergone great transformations, since some practices considered normal in a certain time and in some places may be classified as abnormal or pathological in another cultural, geographical, historical, political and religious context. An example of a paradigm shift is the concept of homosexuality, which in the past has already been considered an abnormality, a sexual perversion, but, with socio-cultural and scientific development, is now a form of a legitimate expression of human sexual orientation.

For Camino¹, the interest of the Brazilian Psychology in the issues of non-heterosexual sexuality is still recent, compared to other international organizations that for many years have been depathologizing these sexual orientations and identities. Taking as an example the process of depathologizing homosexuality, in 1973, the American Psychiatric Association (APA) removes homosexuality as a sexual orientation disorder from its classification, as did the American Psychological Association, in 1975. In the 1990s, The World Health Organization (WHO) will do the same with its classification of diseases.

In Brazil, in 1985, the Federal Medical Council (CFM) issued a publication defining that homosexuality does not constitute a biologically or physiologically based disease or even a psychiatric disorder¹. However, it was only in 1999 that the Federal Council of Psychology (CFP) promulgated Resolution nº 001/99², based on the principle that homosexuality does not constitute a disease, disorder or perversion, establishing norms of action for psychologists in relation to issue of sexual orientation. Therefore, homosexuality is totally depathologized in the country.

In relation to transgender, it is known that this is a complete and universal phenomenon, occurring in several cultures, at different times and places in the history of humanity. The process of depathologizing these identities can be considered a current topic for both science and society. In 2010, France was the first country in the western world to disqualify transsexuality as a psychological disorder³, while in India, Pakistan and Bangladesh, hijras were legitimized and made official with the nomenclature of the Third Sex⁴.

In Brazil, the CFP, considering the right to citizenship, as well as the equality and dignity of the human person, guaranteed by the Federal Constitution, promulgates resolution nº 014, of 2011⁵, allowing transvestites and transsexual psychologists to use their social names in the field of “observation” of their professional identification portfolios⁵. This publication opens precedents for the questioning and consequent change in the way Brazilian psychology understands the experience of transgenders.

In 2013, the publication of the technical note about the transsexualization process and other forms of assistance to trans people becomes a milestone in the depathologization process. As an official document guiding psychologists to promote mental health in this population, the CFP affirms that transsexuality and transvestism do not constitute psychopathologies, although they are expressions of gender and non-normative sexuality⁶. In 2014, the communication campaign for the depathologization of these identities is officially regularized.

Another reason that justifies the importance of researching this issue is the violence suffered by Lesbian, Gay, Bisexual, Transvestite and Transgender people (LGBTs), more specifically transgenders. According to the Gay Group of Bahia⁷, in 2014, there were 326 murders of LGBT people in the country, being that, of this number, 41% were transvestites. In the state of Paraíba, 18 murders occurred, being of two lesbian women, seven gay men and nine transvestites.

It is perceived, through these data, the urgent need to problematize this reality, since transsexual people are victims of numerous attitudes of prejudice and discriminatory behavior, including murder.

In contemporary times, all expressions of lgbt-phobia, such as lesbophobia, gayphobia, biphobia, transvestite phobia, transphobia, are important social determinants to be analyzed and discussed. Even though the objective of this study is not the phenomenon of prejudice and discrimination suffered by transgenders, it is necessary to emphasize them as important sociocultural variables in understanding the health processes and psychological suffering experienced by these people⁸.

In this work, the process of the depathologization of transsexuality was approached from the point of view of the psycho-pathologizing approach, in the perspective of the sociocultural construction and in the discourses of the theoretical approaches of the psychological science. Thus, the terminology transsexuality was adopted, instead of transsexualism, because it is understood that it is a legitimate expression of the gender and human sexuality that produces singular subjectivity.

2 Considerations about sexuality

Before entering the theories about transsexual identities, it is necessary to know some basic assumptions that will help in a better understanding of the diversities of human gender and sexuality. It must be understood that sexuality is a biopsychosocial and historical construction. It is complex, because it involves a range of behaviors, feelings and attractions that cannot always be changed. To understand this multiplicity, it is necessary to know some aspects of this construction. Picazio⁹ presents the theory of the four pillars of sexuality, which are: the concepts of biological sex, sexual roles, sexual orientation and sexual identity.

Biological sex is the terminology assigned according to the anatomical marks, genotypic and phenotypic characteristics of the human body. From the genitalia, the individual will be recognized as male or female. The sexual role refers to behaviors considered appropriate to each gender,

according to the socio-cultural context in which the person is inserted⁹.

Sexual orientation is defined as the direction of erotic desire, the recurrent affective/sexual attraction by a representative of a particular gender. The terminology of sexual orientation is considered, nowadays, more appropriate to define this aspect of sexuality than choice or preference, because it is not a conscious and deliberately altered choice. They are expressions of human sexual orientation: heterosexuality, homosexuality and the various forms of bisexuality, as well as asexuality^{9,10}.

Already the concept of sexual identity is defined as the subjective recognition that the person makes regarding his gender identity. It can be male, female or, even, some combination between the two. However, this identification will not always agree with biological sex^{9,10}. It is this last aspect that will focus this study. Examples of non-binary identities are transgender expressions, such as transvestites and transsexual men and women.

Currently, transsexuality is recognized as the permanent desire to live and be accepted as a person of the opposite sex. These individuals may present great psychological distress because of their anatomical sex and aim to undergo surgeries or hormonal treatments to redefine their sex^{11,12}. While transvestility is characterized as a gender-disagreeing experience of the genitalia, in which the person wears clothing of the opposite gender, even transforming his body, but without the intention of redefining his biological sex¹². It is worth explaining that this division between transvestites and transsexuals is a phenomenon typically Brazilian, since in other countries both identities are denominated transgender.

3 Transsexuality and psycho-pathologizing medical discourse

The psychopathological biomedical discourse started from a biological and evolutionist perspective, in which sexuality has the goal of reproduction, and any erotic experience that does not culminate with this goal is considered a deviation, an abnormality or perversion. Stoller¹³, as representative of this aspect, defends the transsexual experience as a gender identity disorder. However, to carry out this diagnosis, it would be necessary for the bearer to have a sense of permanent identity, that is, a deep conviction that he was born in the wrong body. It should present a gender identity that is different from biological sex, repulsion by the genitals, and, still, a symbiotic relationship with the maternal figure. According to this approach, the transsexual cannot be understood as psychotic, but must be treated through sex reassignment surgery.

Currently, the biomedical discourse has as reference for the realization of its diagnoses the International Classification of Diseases Code – ICD-10, published according to the World Health Organization¹¹, in which the transsexual experience is denominated Gender Identity Disorder. For the new Diagnostic and Statistical Manual of Mental Disorders – DSM-5, issued by the American Psychiatric Association (APA)¹⁴, transgenders left the category of Sex Identity Disorder and were

given the nomenclature of Gender Dysphoria³. In this way, identity is no longer understood as a disorder by itself, but dysphoria, it is¹⁴.

However, there are more than 100 international and multiprofessional organizations working in the world to remove transgenders from pathological classifications, including the network in Africa, Asia, Europe and North and South America. These organizations propose: the removal of the Gender Identity Disorder of DSM-5 and ICD-11; the exclusion of sex reference from official documents; the extinction of binary normalization treatments for intersex people; free access to transsexualization treatments, without the need for compulsory psychiatric protection; and intensifying the fight against transphobia, facilitating the entry of transgender people into the labor market, promoting social reintegration¹⁵.

In Brazil, the Federal Council of Medicine (CFM) published Federal Resolutions nº 1.482/1997¹⁶, nº 1.652/2002¹⁷ and nº 1.955/2010¹⁸, diagnosing the transsexual patient as having a permanent psychological deviation, with rejection of the phenotype and tendency to self-extermination or self-mutilation. This way, it allows the performance of transgenitalization surgeries as a way to therapeutically correct cases of transsexuality¹⁶⁻¹⁸.

Thus, the experience of transgenders is still psychopathologized as a gender disorder in the western world. It is worth stressing that biomedical discourse is a very important variable in the problematization of the depathologization of trans identities, once the transsexualization process is offered by the Unified Health System (SUS) in the country, guaranteed by the same devices that issue the medicalization discourse.

4 Transsexuality and the discourse of socio-cultural construction

By addressing the phenomenon of transsexuality, it is necessary to understand that gender and sexuality are social constructions that are influenced by historical, political and cultural time. According to Foucault¹⁹, in the history of humanity, sexuality is one of the devices of power relations, because one seeks the training of the body through the production of subjectivity that occurs in the field of the imaginary. For this author, the invention of sexuality obeys the normalization of the body through pre-established rules by society in each historical moment.

Beauvoir²⁰ analyzed the role of women in the western collectivity, scandalizing parisian society by stating: “No one is born a woman, but becomes a woman”²⁰. For the philosopher, the sociocultural, historical, political and economic environment will shape the construction of gender identity. According to this approach, it is through social interaction that the individual will become a man or a woman, not because he was born with the anatomical sexed mark that designates him as male or female. The author still affirms that it is through the body, as an instrument of knowledge of the social environment, that the subjectivity radiates. It can be understood, from this

³ Gender Dysphoria: refers to the suffering that may accompany the incongruity between gender expression and biological sex (APA, 2013)¹⁴.

perspective, that gender identity will be constituted through the child's relations with his socio-cultural environment and that the formation of the feminine or the masculine will not be aligned with the biological sex of the birth.

Butler²¹, disrupting the alignment of the naturalistic trilogy of sex-gender-desire, states that gender is a performance strongly built by culture with the goal of perpetuating dominant heteronormative models. But some bodies have fled the normative system, deconstructing the dichotomy of sex as something natural and gender as a social construct.

This author criticizes the feminist movement and Beauvoir's ideas²⁰, for accepting sex as something natural and gender as a culturally constructed configuration, since, in this way, the concept of gender identity would be close to the essence, substance of the true self, following the naturalistic paradigm of binary sex.

By deconstructing this understanding, sex ceases to be natural and becomes something constructed by discourse and culture. The gender will no longer represent the true self, but will be understood as a mutable and contextual phenomenon, configuring new forms of subjectivity²¹. It is understood, through this theoretical perspective, that the expressions of the transgender are ruptures with the heteronormative model of the binary sex. However, even being transgressions, they produce subjectivities.

Based on this brief theoretical presentation, the general objective of this research was to know the opinions of the professionals of psychological science about the process of depathologization of transsexuality. The specific objectives were: to identify the sociodemographic profile of the professionals; areas of action and the psychological theories that consolidate their interventions; to investigate the knowledge of the psychologists about the phenomenon of transsexuality; to verify if the professionals feel prepared for the care of transsexuals; and analyze the work of these professionals in the services provided to this population.

5 Methodology

This article is derived from a descriptive, qualitative and quantitative field research with nine clinical psychologists from three approaches: Psychoanalysis, Cognitive-Behavioral and Humanistic-Existential, with more than 10 years of performance. To reach the proposed objectives, two instruments were used: 1) sociodemographic questionnaire; 2) instrument composed of 11 items, elaborated specifically for this work. The data collected by the interviews were analyzed using the Thematic Content Analysis technique²², being discussed based on the theoretical reference, used in the body of the work. This study was carried out considering the ethical aspects pertinent to research involving human beings, in accordance with Resolution nº 466/12²³.

6 Results

Below, it is the table relating to the sociodemographic data of the participants interviewed:

Table 1 - Socio-demographic data

	GENDER	AGE	MARITAL STATUS	RELIGION	EDUCATION	APPROACH	TIME OF PERFORMANCE
Subject 1	M	34	Married	Atheist	Specialist	Cognitive-Behavioral	12 years
Subject 2	F	62	Married	Catholic	Master	Humanist	35 years
Subject 3	F	44	Married	Spiritist	PhD	Psychoanalysis	21 years
Subject 4	F	49	Single	Catholic	Master	Humanist	25 years
Subject 5	F	50	Married	Catholic	Master	Humanist	20 years
Subject 6	M	39	Married	Without religion	Specialist	Cognitive-Behavioral	14 years
Subject 7	F	61	Divorced	Without religion	Specialist	Psychoanalysis	19 years
Subject 8	F	64	Married	Catholic	Specialist	Psychoanalysis	14 years
Subject 9	F	35	Married	Catholic	PhD	Cognitive-Behavioral	14 years

Source: Own elaboration.

According to the table above, nine psychologists were interviewed, seven of whom were female and two were male. Age ranged from 34 to 64 years. The marital status was seven married, one single, one divorced. In religion, five are Catholics, one spiritist, one atheist and two others denominated themselves without religion.

Three professionals from each approach were interviewed, that is, three from the Cognitive-Behavioral approach, three from the Humanist-Existential approach and three from the Psychoanalytical perspective. The time of clinical performance ranged from 12 to 35 years. The Thematic Content Analysis generated a general knowledge based on eight categories and seventeen subcategories, according to the table below:

Table 2 - Categories and subcategories

CATEGORY	SUBCATEGORY
Care for people with sexual issues	Affirmative Homosexual care
Specific training to address sexual issues	Affirmative Negative
Perception if there is difference in care regarding gender	Negative Affirmative
Perception about transsexuality	Victimization Scientific Common Sense
Transgender Care	Negative Affirmative

Theoretical preparation to meet this demand	Affirmative
Perception about the depathologization of transsexuality	It is not a disease Affirmative Etiology
Proposals for depathologization	Social Clinical

Source: Elaborated by the author.

7 Discussion

Humanistic-Existential psychologists have stated in the category of Care for the People with Sexual Issues the information that all attend this population. However, they highlighted that they did not deal with the problem of sexuality itself, but with people in their totalities. It was possible to see in these answers a harmony with the presuppositions of the holism advocated by this system of psychotherapy. According to Ribeiro²⁴, Humanist-Existential approaches do not focus on psychopathology, no one heals anyone, but emphasizes potentialities in the healthy aspects of personality. In this group of interviewees the subcategory care for people with homosexual orientation has appeared. It is worth remembering that in the instrument of interview there was no question directed to the concept of sexual orientation.

Regarding the Specific Training to Address People with Sexual Issues, there was ambivalence in the subcategories: affirmative (“yes, through short courses”) and negative. While the category Perception if there is a Difference in Care Regarding Gender, there are two subcategories: one affirmative (yes) and one negative: “No, when you look at the individual as a whole. Regardless of the gender, it is a contact with a human person”.

Regarding the category Perception about Transsexuality, they revealed a subcategory of victimization: “the suffering experienced by these people motivated by prejudice”. In the scientific subcategory, the knowledge was expressed that transsexuality is an identity that presents incongruence between body and soul, which can cause suffering, and is not equal to the construct of sexual orientation. It is observed that this information is also aligned with the humanist perspective, for which psychopathology is understood as a process of alienation, a discrepancy between self-concept and the experience of the people²⁵.

In the Common Sense subcategory, they stated that transsexuality is equal to homosexuality. This information is very present in the large population that does not know the current theories on gender and sexual diversity⁹. The category Transgender Care was revealed as a Negative subcategory, that is, none of the interviewed attended transvestites or transsexual people. Even so, these professionals have stated the willingness to listen and psychologically accompany these

people.

About the category Perception about Depathologization, they presented a subcategory Affirmative: they expressed being in favor, because it is not disease. And, about etiology, they said they did not know for sure, now it was biological, otherwise it was construction. However, they did not report the psychodramatic theory of the psychosocial construction of transsexuality^{26,27}.

In the category Proposals for Depathologization, the social discourse appeared: “to research more to construct a non-pathologizing conception/to be reviewed by ICD-10/the professional should get rid of prejudices”. This thematic unit corroborates the findings of Giongo, Menegotto and Petters²⁸ about the need to problematize the prejudices of health professionals; and a Clinical Proposal emphasizing the need to offer listening through an empathic process. Therefore, Humanist-Existential psychologists have brought some presuppositions of their approaches, such as the concept of totality, the focus on the person and not on psychopathologies, not explaining causalities, but offering empathic listening, without forgetting the social variables of prejudice, problematizing health devices that pathologize.

Psychoanalytic guidance professionals expressed two subcategories in the category of Care for People with Sexual Issues: an affirmative – “Yes. People have issues related to sexuality/sexuality is in the structuring of the subject/It is a strong drive that moves us”. In the other subcategory, it was also evidenced the frequent attendance to homosexuals. In the category Training to Address, they had not done any specific training, except small courses, because the approach itself offers support. While in the category Perception if there is a Difference in Care Regarding Gender, they all stated that there is no difference in care between the sexes, because the essence or problems of the human being are the same.

Regarding the category Perception about Transsexuality, they presented the scientific subcategory “A path of psychic constitution/The transsexual clearly points out that biology does not respond by the subject/subjective identity that is beyond the organ and gender”. This result is based on the freudian theory of psychic bisexuality^{29,30}. Already in the subcategory victimization, they revealed the words about suffering and anguish. And, regarding the Transgender Care category, there was an Affirmative subcategory: “yes, normal”. And another Negative: “I never attended transsexuals”. Regarding the theoretical preparation to meet this demand, they said that they feel prepared.

Regarding the Perception about the Depathologization of Transsexuality, an affirmative agreement was highlighted, justified by the subcategories, that transsexuality is not a disease, and an etiological one: “biology does not respond to the possibilities of psychic constitution”. About the Proposals for Depathologization, two subcategories appeared: a clinic one, based on the possibility of psychological help; and another social one, considering that “the idea is of social assistance/It needs to be discussed/debated in the areas of politics/It has a social issue/the social context is fundamental”.

It is identified that the knowledge raised by the Psychoanalytic psychologists agrees with the theoretical perspective presented by Lionço³⁰, since these professionals understand the experience of the transgender in the light of their clinical approaches, taking into consideration the political and social variables in the understanding of the phenomena prejudice and discrimination, as, also, proposals on the depathologization of these subjectivities. Thus, it is perceived that this clinical bias is dialoguing with the perspective of sociocultural discourse.

It can be observed, through the reports of Cognitive-Behavioral psychologists, that the Care for People with Sexual Issues is performed like any other type of demand. However, the psychological accompaniment given to homosexuals is a recurring phenomenon, even if the interviewees did not have specific training to attend to such questions. Regarding the category Perception if there is a Difference in Care Regarding Gender, it was expressed that, although there is a difference between men and women, the clinical processes and suffering are the same, what is different is the complaints.

In the category of Perception about Transsexuality, even if they understand the phenomenon in a victimizing way – “confusion, complication” – these professionals comprehend that the transsexual experience is not equal to homosexuality, being an identity and not an affective/sexual orientation. They emphasized that it is not a disease and that, if there is any problem, it is dissonance and not the person itself. None of the interviewees had experience in the Transgender Care, however, they stated that they felt prepared to monitor this population psychologically.

As for the category Perception about the Depathologization of Transsexuality, they expressed that it is “a good thing for these unconventional people”. They stressed, once again, that it is not pathology, that they are “ordinary people, they work, love, have friends”. And, about the origin, they affirmed that the etiology is not known for certain, however, they evidenced a biological perspective.

In the category Proposals for Depathologization, they expressed a Clinical subcategory: “A type of clinical procedure that helps people to live their real sexual identity”. And a Social subcategory, prioritizing the need for “dialogue, opening certain channels for the population to understand/ cultural aspects so that people see that there is no difference/it is a cultural issue”. This way, it is observed that the responses of Cognitive-Behavioral psychologists are based on DSM-5¹⁴, since, even though transsexuality is not psychopathological, it is aligned with a biomedical clinical perspective.

8 Conclusion

The present research aimed to know the opinions of clinical psychologists about the process of depathologization of transsexuality: to which all affirmed to be favorable. It was also possible to verify that only one interviewee of this sample attended a person in the transit of the genders,

what makes difficult a more consistent analysis of the work of these professionals in the care of transvestites and transsexuals.

Regarding the knowledge of the psychologists about the phenomenon of transsexuality, it is perceived that it is still under construction, since some interviewees confused the constructs of sexual orientation and gender identity, in addition to associating in their responses homosexual orientation to transgenders.

However, all voiced technical preparation or availability to serve this population segment. Probably, the campaign raised by the CFP for the depathologization of these identities has in some way contributed to this result, since this information are transmitted to all the professionals both through printed information and, also, by electronic means, the official website of this autarchy.

At the end of this activity, it is worth register the difficulties faced to obtain this sample of interviewees, since more than 20 professionals were invited who refused to participate in this research. They claimed to have no time, no health problems and would not like to position themselves on the topic at that time. It is well known that this subject is still delicate, enveloped in taboos, which instigates the processes of prejudice and discrimination. For this reason, the purpose of this article is not to generalize the data obtained in the present research, since they are few in a sample for convenience, but to raise discussions, reflecting on the depathologization process of transsexuality in Brazil.

It is hoped that future research will deepen and problematize this theme, because it is understood how important they are for the construction of a positive view of transgenders, as well as the establishment of inclusive public policies and the development of devices that promote psychological health for this population segment.

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