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For trans emancipation

transsexuality and anarchism

Cello Latini Pfeil

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07.10.2020

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self-determination, so that we have access to the instruments of corporification, be they performative, clothing, hormonal, surgical or otherwise; the defense of equality, so that all bodies and corporealities are able to live in freedom of expression and identification; the defense of the principles of mutual aid and federalism, of solidarity and cooperation, as something that is already being exercised in various existing communities. As Bakunin (1975, p. 22–23) put it, “my personal freedom, thus confirmed by the freedom of all, extends to infinity”. In this way, tranarchism is a movement for collective emancipation, and as long as we emancipate ourselves from cishnormativity, it will not be possible to claim emancipation.

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Abstract

In this research, my main interest is to associate trans narratives with anarchist political philosophy as a lens of analysis. I understand that the liberation of corporalities is fundamentally bound to the libertarian principles of self-government and self-determination, that is, in any ideal that defends freedom and the emancipation of trans identities. To reinforce the need for trans people to self-determine, I compose this study based on narratives that are mostly trans, integrating them with libertarian rhetoric from anarchist authors.

Keywords: transsexuality; anarchism; cishnormativity; self-determination; tranarchism.

Introduction

The main objective of this study is to relate gender studies — with a focus on the inflections on cisgenderity and the crossings of transgenerities — to anarchist principles, by detailing the dynamics that constitute cisgenderity and the institutional operationalization of its normalization. The revolutionary aspect of trans movements encompasses the struggle against all kinds of impositions aimed at non-normative beings. If one assumes that cishnormativity is sustained by oppressive and violent structures, then from a theoretical point of view, there is no ideology that could better contribute to the emancipation of trans and cis people than anarchist ideas.

Errico Malatesta (2009, p. 04) defines anarchism as “the method for achieving anarchy through freedom and without government, that is, without authoritarian bodies which, by force, even if for good ends, impose their own will on others”. Authority, for the author, would be the imposition of desires, forces and aspirations, and would be unnecessary and harmful to social organization. Instead of benefiting

society, authority benefits itself by extracting advantages from marginalized social groups. In considering the implications that trans people face, it becomes necessary to understand different forms of transgression, complex and non-fixed subjectivities that survive the impositions of sexcentrism, sexism and heterosexism (JESUS, 2013). From this perspective, I intend to illustrate that the fundamental anarchist principles of equality, self-government and self-determination, mutual aid and federalism are inherent to combating cisgender normativity as unceasing defenses of liberation and emancipation, constituting a concept described as tranarchism.

Throughout this study, I introduce certain basic notions of trans movements in order to highlight the normative characteristics of cisgenderism; then I examine the constitution of cisgenderity and its violent aspects; I emphasize trans people's lack of autonomy to self-determine, focusing on medical knowledge and the violence that results from its imposition; and present the increasing violence experienced by trans people when accessing places regulated by a normative and aggressive hierarchy. Initially, I contextualize the emergence of discussions about transsexuality in medicine and the subsequent responses to pathologization. From there, I move towards an understanding of what transgenerity is and present examples of the dynamics that accompany the search for 'cis passability', that is, to 'camouflage' oneself as being cis in a cisheteronormative society. In my view, this strive for cis passability may be an attempt of self-preservation. Understanding it requires a greater comprehension of the elements that constitute cisgenderity, and this can be done by studying the impediments that trans people face in order to be recognized and respected. Cisnormativity is self-denouncing in its own mechanisms of normalization.

The idea of a 'true transsexual' coordinates many of these impediments, based on the argument that only 'true transsexuals' could be recognized as trans. If there is a system of con-

freedom, pushing us to oppose anything that curtails it, regardless of the regime of power in force, and moving us towards the desire for everyone to be effectively free to live as they wish.

This does not mean suggesting something fixed and universal. The condemnation of authority does not imply the institution of an equally imposing system, transforming oppressed values into oppressor values, but rather the opposition to an authoritarian regime that determines who deserves to live and who deserves to die. The authoritarian regime operates in schools, in advertising, in politics, in repressive forces, in traditional and conservative values, in the ideals of the way one should behave, identify and relate to others. The emancipation of one must mean the emancipation of all, and the self-determination of trans people requires this struggle to be collective, as do the libertarian ideas for a society of solidarity.

Conclusion

Semantically, 'anarchy' means the denial of authority, of the State, of oppressive hierarchical structures, of discrimination. Anarchists are united by the denial of authority and the struggle against it. All anarchists are united by the denial of authority and the resistance to it; we defend the unnecessary-ness of government, and this can also apply to the normative gender structures that govern us.

In developing this study, I have proposed linking the struggles of trans and gender-dissident people to anarchist struggles against the powers of the state, in such a way that they are not dissociated from fundamental anarchist principles — the defense of freedom, so that we can in fact move on without the imminence of a political regime that forces us to live in marginality and to make ourselves invisible in order to inhabit strictly cisgender spaces; the defense of self-government and

power of the State would be based on the principle of mutual aid, solidarity and cooperation, allying with movements of “Gays, women, radical workers and others who are in revolt with the system” (ERVIN, 2015, p. 19), and this includes trans movements, especially with regard to mutual aid. It is in this sense that we can think of *tran anarchism* in the sense of emancipation; an anarchic strand that understands trans knowledge as revolutionary in its emergence.

The meaning of emancipation

In both of these cases — Operation Tarantula and the accusations of ‘deception’ — Mbembe’s necropolitics is operationalized, whether through a State or a culture of annihilation. Referring to Lanz, it becomes clear that if we are non-beings, we are annihilated to the extent that we strive to exist, to be and to build a place that is not a non-place; in other words, a place that is detached from the cisgender and heterocentric norms (JESUS, 2013) that delegitimize us. Combating this structure does not happen without movement, without demands. Our libertarian orientation leads us to confront the domination of the State, the norms that restrict our freedoms, with the continuous demand for equality and free expression.

Advocating the abolition of the State, defending a society based on voluntary cooperation, direct democracy and autonomy is directly linked to the fact that anarchists “oppose all forms of class, sexual and racial oppression, as well as all political manipulation by the State” (ERVIN, 2015, p. 129), and are in favor of “broad sexual, racial, cultural and intellectual diversity, rather than sexual chauvinism, cultural repression, censorship and racial oppression” (ERVIN, 2015, p. 129). In order to claim to be an anarchist, we must unite the intolerance of hatred with “the love of mankind and the desire for all others to have equal freedom” (MALATESTA, 2009, p. 7). According to the Italian anarchist Malatesta (2009), anarchism is fundamentally based on

trol and tutelage over trans people, it relies on the idea that they would never be capable of self-determination. By rejecting the core characteristics of cisgenderity — pre-discursivity, binarity and permanence (VERGUEIRO, 2015) -, transgenderity reinforces the argument that dissident corporealities are the expression of a libertarian critique. This non recognition of trans identities is expressed in the absence of official documentation of the violence we endure, and the holders of authority — which can be medical, legal, police, educational, etc. — reinforce the system of exclusion that relegates trans people to marginalization, prostitution and violence. Therefore, an important purpose for this essay is to point out the constant delegitimization of trans people’s existences; to denounce the necessity of proving that we are who we are to cisgender people; to analyze constraints and impediments to health systems and other cisgendered environments; to comprehend the cisnormative tutelage regime — and, finally, to demonstrate that this encourages us to resist authority and to defend liberty, equality and self-determination.

The transsexual phenomenon and the conceptualization of cisgenderity

Conceptualization of the term and history of activism

From the 1960s onwards, the so-called ‘transsexual phenomenon’ began to attract a major medical interest. In 1966, Harry Benjamin published *The Transsexual Phenomenon* and stipulated that the appropriate ‘treatment’ for trans people — in this case, most, if not all, of his patients were trans women — would be endocrinological and surgical, providing a certain congruence between ‘biological sex’ and gender identity. In this way, the trans individual would transit from one extreme

of the binary to the other, in the pursuit of a cisnormative plateau. Although trans people had to undergo a series of psychological and psychiatric assessments to ascertain – or delegitimize – their gender identity, Benjamin refuted any kind of psychotherapy or psychiatric care for his patients, since such interventions sought something akin to gender reversal’ therapies. And, for the endocrinologist, the ‘cure’ for transsexuality involved a ‘complete transition’. Currently, such therapies are banned by the Brazilian Federal Council of Psychology.

In opposition to Benjamin, psychiatrist Robert Stoller, still in the 1960s, believed in the efficacy of psychiatric care and promoted such ‘gender reversal’ therapies. Surgical interventions were considered avoidable mutilations and psychotherapeutic treatment was considered the solution. Stoller believed that trans people should be convinced that their self-perception was nothing more than a psychiatric comorbidity, a delusion, and that they would regret carrying out any intervention on their own bodies. This notion of regret is associated with what Bento & Pelúcio (2012) call the “suicidal gaze”, i.e. the argument that the trans population is characterized by high suicide rates precisely because of post-surgical/post-transition regret – whatever transition means... Benjamin and Stoller were remarkable and decisive figures in the formation of trans movements, in the need for these movements to arise. The term transsexuality, as it is known to us today and coined by cisgender researchers, emerged in the 1960s to designate individuals considered to be deviant in terms of gender expression and identity. In 1973, the sexologist John Money, a forerunner of the theory of sex roles, came to understand transsexuality as gender dysphoria and, in 1980, transsexuality was included in the International Code of Diseases (BENTO, 2006). It is worth noting that Money was responsible for the arguments behind the non-consensual and systematic mutilation of intersex infants.

of defense, not even when they were groundlessly and formally accused of transmitting HIV and framed for the crime of venereal contagion. In less than a month, the operation was concluded, but more than 300 transvestites were arrested, being victims of rape, torture and risking their lives (REDE TRANS BRASIL, 2017). Operations like this are widespread and constant in other territories.

Murders also occur in what Talia Bettcher (2007) calls ‘deception’. When a transfeminine person has a relationship with a cis man without having declared themselves to be trans, it is common that, the moment the cis man ‘discovers’ that she is trans, he rapes, beats and murders her. In these situations, trans women and transvestites are seen as ‘deceivers’, as if they had ‘passed’ for cis women and deceived the men, who supposedly feel ‘violated’ and therefore commit murder, usually preceded by torture and rape. This violence mostly affects black trans women. With this in mind, Bettcher (2007) states that

In a world that constructs us as either deceivers or pretenders to begin with – invariably denying our authenticity and preventing our very existence, surely “gender deception” must be seen as one laudable tectic of attempted survival in what appears to be an exceptionally violent, no-win situation. (BETTCHER, 2007, p. 60)

If questions arise about a trans person’s place in the world, we must pay attention to factors such as race, class, family, schooling, place of residence, sexuality, corporeality etc. Therefore, we simply cannot imagine the struggle for the liberation of trans people without defending the struggle for the emancipation of all people that are subject to various forms of oppression. As Kom’boa Ervin (2015, p. 129) states that the unions signed between the revolutionary movements may allow the liberation of “not just rich, white, heterosexual men”, it is essential to add ‘cisgender’. The struggle against the oppressive

The documentation of violence and murders against trans people is also hampered: “the number of occurrences of this type [homicides] may be even higher due to the high rate of underreporting” (REDE TRANS BRASIL, 2017, p. 4). According to Rede Trans Brasil’s Dossier “The Geography of Trans People’s Bodies” (2017), it is common for murders of transfeminine people to be reported as murders of cis homosexual men, and for murders of transmasculine people to be reported as murders of cis lesbian women. Even after death, trans people’s identities are disrespected; if their documents are not rectified, since the process usually requires raising financial resources and the bureaucracy subjects us to countless constraints, their names are disrespected in death records; in short, “the State, in reality, is the one that most violates this group, not recognizing their gender identity” (REDE TRANS BRASIL, 2017, p. 22) and funding extermination policies against trans people.

The murders of trans people undergo an effort at justification, in which both the aggressors and the State elaborate justifications that legitimize violence and marginalization. Mbembe’s (2016) concept of necropolitics summarizes the connections between sovereignty and death. Understanding sovereignty as “the ability to define who matters and who doesn’t, who is ‘disposable’ and who isn’t” (MBEMBE, 2016, p. 135) allows us to insert it into the politics of annihilation that traverses trans people, so that we constantly find ourselves at the mercy of social, political and institutional violence.

One materialization of this politics of annihilation is Operation Tarantula, which began in February 1987. Operation Tarantula aimed to ‘clean up’ the streets of São Paulo by criminalizing prostitution, with a focus on travestis: “punishment, within this rationality, stems from who you are, not necessarily from what you have done” (CAVALCANTI et al., 2018, p. 181), that is, travestis occupy a sub-human position and can be targeted for extermination. The men authorized to exterminate them were not exposed to prosecution. Travestis had no right

Currently, the formation of NGOs and entities of trans people combats the pathologization of trans identities. Besides being a movement for individual self-affirmation, the struggles of trans people are characterized as liberation activism. These resistance collectives arose out of a need to defend themselves against systematic harassment against the trans population. In the United States, Amigo-Ventureira (2019) refers to two historical events that impacted and fueled global resistance movements. The first one, in 1966, took place in San Francisco, California, when the police forcefully removed several customers from the Gene Compton Cafeteria. The LGBTI+ community reacted and several people were arrested. The second incident, in 1969, took place at the Stonewall Inn, which sparked the Stonewall Uprising against police brutality. Despite its popularity as the spark for a social movement of gays, the confrontation with the police was massively attended by trans people, especially non-white trans women. The protagonists of the revolt were Marsha P. Johnson and Sylvia Rivera, founders of Street Transvestite Action Revolutionaries (STAR), in 1970. The former event prompted the creation of organizations such as COG (Conversion Our Goal) in 1967, which supported other groups in California, eventually becoming the National Transsexual Counseling Unit (NTCU) in 1968. The NTCU is the first global organization to defend trans people. Other organizations arose, such as FTM International in 1986 by transmasculine people, as a reaction to the erasure of transmasculinities in the organizations of the time; ILGA (International Lesbian, Gay, Bisexual, Trans And Intersex Association), founded in 1978, which has more than 670 organizations in various countries; and Transgender Nation, which was formed in 1992 (AMIGO-VENTUREIRA, 2019).

The repercussions of these events led to the formation of other groups of trans people in various countries, including Brazil. It is important to note that there is no such thing as

a predominant one. The concept of federalism as “a form of social organization in which self-determined groups freely agree to coordinate their activities” (ERVIN, 2015, p. 122) comes to fruition, due to the political fragmentation of these collectives. By not being institutionalized at any governmental level, these associations organize autonomously. And by not being controlled by a dominant party, there is no centralization of power, which reminds us of the opposition of anarchist movements to the formation of hierarchies. Among trans movements in Brazil, we highlight ANTRA (Associação Nacional de Travestis e Transexuais), registered in 2002, but formed and structured since 1992, starting as the Association of Transvestites and Liberated Persons (ASTRAL), in Rio de Janeiro; Rede Trans Brasil, founded and registered in 2009, in Rio de Janeiro; IBTE (Instituto Brasileiro Trans de Educação), founded in 2017; IBRAT (Instituto Brasileiro de Transmasculinidades), founded in 2012; Revista Estudos Transviades (Transviades Studies Journal), a platform for publishing scientific, literary and artistic contributions conceived by and for transmasculine people, founded in 2020, among others. On January 29, 2004, the Brazilian Ministry of Health launched the national campaign “Travesti e Respeito” (“Travesti and Respect”), conceived by travestis. The campaign is considered the first national initiative against transphobia. This date became the Day of Visibility for Travestis and Transsexuals and is celebrated annually.

From 23 October 2007 until 2012, the international *Stop Trans Pathologization* campaign mobilized against the pathologization of trans identities, including in Brazil. In 2007, the campaign reached 17 countries in 29 demonstrations (BENTO & PELÚCIO, 2012). It was the first major global mobilization against the psychiatrization of our identities, against the affirmation of GID (Gender Identity Disorder) in the ICD (International Code of Diseases) — published by the World Health Organization — and in the DSM (Diagnostic and

2015, p. 59). Following this line of reasoning, we understand it applies to trans movements as well.

The principles of freedom and equality are mutually necessary, leaving no use to authority. The exercise of authority is also discursive and is expressed by the denial of trans identities. In short, it is expressed by the determination of cisgenderity as ideal. A symbolic violence, which turns into material violence, occurs when we are prevented from using the toilet or going to spaces labeled by a certain type of cisgender sociability. When we are questioned about the way we present ourselves in the world and we lie, we try to prevent this violence from spreading. When we strive for cis passability in order to make ourselves invisible, we try to protect ourselves from the various transphobias to which we are submitted.

And a trans body serves a purpose?

Alongside this exclusion, our bodies are consumable: Brazil is the country that consumes the most pornography featuring trans people and is the country that murders trans people the most. What purpose does a trans body serve? Which spaces is it forced to occupy, and from which spaces is it banished? These questions already denounce violence: by examining the social places we inhabit, in all their possibilities, we perceive a process of dehumanization. For Lanz (2016), to be trans is to be a non-being, because it means being in a non-place, a place of not belonging. Our bodies are narrated by a language that is not ours and by individuals who stigmatize us. In order to get a sense of this violence, we have to turn to non-governmental sources, since statistical surveys on the trans population are not carried out by official government organizations. This is the first sign of the government’s negligence in recognizing our beings. Independent research into the lives of trans people in Brazil is hampered by the disrespect and trivialization of gender identity.

tual aid, the weaving of a collective based on the fight for basic rights. In these groups, when a trans person is experiencing difficulties, they can be referred to contacts who will take them to a shelter. In a federalist sense (ERVIN, 2015), these groups and associations aim to guarantee the political and economic survival of marginalized groups.

Expressions of these support networks are the shelters, organizations to guide and welcome LGBTQIA+ people in vulnerable situations, raise funds, promote cultural acts and research, such as Casa 1 and Coletivo Arouchianos, in São Paulo; Casinha and Casa Nem, in Rio de Janeiro; Casa Aurora, in Salvador; Instituto Transviver, in Recife; the NGO Transvest, in Belo Horizonte, among other organizations. These organizations are based on the principle that the care and recovery of a trans person is a collective achievement; they are based on cooperation and solidarity, and operate on the principle of mutual aid. A number of trans clinics have emerged as a result of initiatives by trans people, through pressure of social movements. The ‘illegal’ trade of testosterone, for example, among transmasculine people is not just for profit — considering that the networks in these dynamics involve collective contributions, price reductions or even donations — but for the realization of what the State prohibits: the free expression of our identities.

Analyzing the expansion of the Black movement under libertarian principles, Kom’boa Ervin (2015) briefly expresses the concept of self-determination by understanding that the desirable and necessary support of white workers for the Black movement cannot override the autonomy of the movement in relation to its own interests. By defending self-determination, we also defend self-government. The people must govern themselves, our movement must be self-incentivized and independent of political parties and State leadership, since “Anarchists believe that the first step towards self-determination and social revolution is Black control of the Black community” (ERVIN,

Statistical Manual of Mental Disorders) — published by the American Psychiatric Association. Therefore, October 23rd is recognized as the International Day of Action for Trans Depathologization, with hundreds of support groups and networks around the world joining in, and for this reason it is recognized as a milestone in the history of trans movements. In 2018, the Brazilian Federal Council of Psychology launched Resolution 001/2018, which establishes depathologization and defends the self-determination and autonomy of trans people in relation to their identities. Trans movements therefore go beyond the barriers of identification: according to Amigo-Ventureira (2019, p. 17), activism aims to win fundamental rights, such as the “derecho a la libertad, a la educación, a un trabajo digno, a la libertad de expresión, a la seguridad de su persona y, como derecho humano más fundamental, a la vida”.

Cisgender passability: imposition and invisibilization

In a cisnormative and binary structure that invalidates deviant corporealities, Letícia Lanz (2016) considers that transgenerity is both revolutionary and reactionary. In the same way that it disrupts barriers to identity and expression, transgenerity can be reactionary when it resumes cisgender and heteronormative patterns of behavior. As Amara Rodovalho (2017, p. 368) observes, “you give in to the stereotype as much as it makes sense for the person and, with that, you try to minimize the wear and tear, the violence of delegitimizing their existence: that’s the idea”. A transmasculine person who reinforces virility, masculinity and abhors the feminine is conforming to the structures that oppress them, which in itself is a form of oppression — against ourselves. The need to be perceived as cisgender in order to be respected is in itself a form of violence, since the ‘respect’ we receive depends on the invisibilization of our identity. A transfeminine person who reinforces passivity,

submission and abhors characteristics that are socially read as masculine is conforming to the structures that oppress them, precisely because they are exposed to constant oppression. So it is not a matter of being reactionary or of reproducing gender stereotypes, as cisgenderity usually claims; on the other hand, it is a matter of reproducing violence in the trans experience, through the cisnormative capture of our subjective constitutions.

Although gender rules imposed on transgender people are the same as those imposed on cisgender people, the way they affect a variety of people is radically diverse. The conformity of the non-conformists to behaviors that are socially in line with the way they identify themselves comes either from a personal and spontaneous desire for a given performance, which may or may not relate to normativity, or from a defense tactic, since the less one looks trans, the less one is vulnerable to gender violence. And yet, what does it mean to look trans? The image of transgenderity that permeates conventional perceptions is one of ambiguity, androgyny, while the image of cisgenderity represents congruence between the gender assigned at birth, the individual's identifying gender and the bodily expressions adopted; it reflects binarity. To better understanding the issue, it is necessary to utilize the concept of 'cisgender passability'. Passability operates as a disguise. The pursuit of cis passability — with the aim of 'passing as' cis — would therefore be a way of becoming invisible in a context in which being visible is dangerous; it would be an attempt to survive. Sexism, or the reproduction of oppressive attitudes towards others, is not totally related to the search for cis passability, but it is part of it.

Concerning trans people, the conflict between what one is and what one appears to be is permanent, because no matter how much cis passability a trans person accrues, they will never be cisgender, and they will never be able to completely reiterate gender stereotypes and insert themselves into the bi-

up being reproduced by many trans men” and, although hypersexualization is also directed at cis black women, they face different demands. In other words, different forms of violence are directed at these different social positions occupied by the same person at different times. The possibility of expression is taken away from the trans body: when it conforms, it is violated, and when it transgresses, it is also violated.

Hence, being trans is, first and foremost, the marking of transience, the defiance of rigidity; it is the disruption of fragile and, accordingly, continually reinforced barriers. The trans body represents a danger because “it reveals the artisanal nature of the construction of all bodies (including non-trans bodies), as well as the artificiality that sustains their boundaries and which can easily be blurred” (CAVALCANTI et al., 2018, p. 187). Insofar as one's body gains intelligibility through sex and gender, then the only viable way of reading a trans person — or rather, the only possible place for them, in a cisnormative perspective — is the place of their transgenderity, which inserts them into a minefield of systematic violence.

If the freedom of a people is their ability to self-govern, from an anarchist perspective, to define their own future, then the freedom of a person is their ability to self-determine, including access to healthcare (such as ambulatory clinics) and the recognition of their identity. Attempts to circumvent this system are rarely individual; they are permeated by a network of cooperation, whether in relation to the purchase/application of hormones and other devices or the very relationships that strengthen us. It is common for younger transmasculine men to ask their elders about hormone therapy, surgery and body modifications. There are countless virtual groups on numerous platforms that provide this support. I have personally accompanied trans men on their first visits to the ambulatory in my city, and I have also been accompanied by friends. We exchange contacts with doctors, surgeons, psychologists and psychiatrists who we know will not be prejudiced. There is a network of mu-

Although we both suffer sexism, misogyny and transphobia at some point, the white trans man will not experience racism, he will not experience or realize his cis passability because someone looked at him as a potential mugger or the police stopped him in a certain context. The way a black trans man experiences transphobia is different from the way a white trans man will experience it, and this also applies to the racism experienced by a black trans man, which will be different from the racism experienced by a black cis man. It is these specificities that will situate my speaking place in the world, and these social markers need to be problematized, understood and taken into account. (SANTANA, 2019, p. 99)

A white trans man does not experience his transness in the same way as a black or latino trans man. The transphobia directed at these different groups manifests itself in different ways. According to Santana, a black trans man – in a masculine social reading – migrates from an already violent place where he is hypersexualized to a place where he is read as a threat. This may lead him not to desire that certain elements go through the ‘transition’, such as having his documents altered. João W. Nery and Eduardo Maranhão Filho (2013, p. 410) report the story of Beto, a trans man who has no desire to rectify his documents: “I’m brown, I live in the Northeast and I’m always stopped in the street to be inspected. I prefer to have female documents because at least then I have the Maria da Penha law to protect me. It’s crazy to end up in a men’s prison”. Besides, the idea of masculinity in white and black trans men is not the same either. The migration from a feminine social place to a masculine social place also expresses a migration of violence. As Santana (2019, p. 100) points out, “this perverse racism that affects and hypersexualizes our bodies also ends

nary. The reactionary aspect of transgenerity is not what one is, but what one appears to be in the eyes of a cisnormative and racist society. The ‘implicit’ need to hide is in itself a form of violence. In addition to it, there is symbolic and discursive violation, present in dialogues that are at first harmless. The ‘be a man’ culture rejects the existence of transmasculine people as belonging to a masculine universe. Is a man who has a vagina a man? ‘Be a man’, like ‘cover your legs, sit up straight, don’t raise your voice’, is no more than discursive violence. Despite its symbolic nature, it is through these statements that material violence is justified. This ratifies the revolutionary significance of transgenerity, given that every trans person ends up shattering the barriers imposed on them.

The term cisgender appeared decades after the term transgender/transsexual, in the late 20th century, and means, according to Amara Rodovalho (2017), “the opposite of trans, whatever that means”. According to Viviane Vergueiro (2015), the concept of cisgenderity, originated “from the criticism of gender as a binary, essentialized and stable concept”, refers to gender identities that are considered natural, normal and correct. As a cisgender normativity that does not admit the existence of non-conforming identities and expressions is institutionalized, the conceptualization of cisgenderity denounces the fragility of the assumption of binarity and the rigidity of gender concepts. The use of this concept to designate individuals who are considered “normal”, in terms of gender and sexuality, is a way of showing that they are not outside, but rather inserted into the dynamics that protect them. It is clear, therefore, that cisnormativity presupposes cisgenderity as natural, promoting its universalization and, consequently, an abnormal quality to transgenerity.

Understanding the apparatus of cisnormativity

In order to understand cisnormativity, it is important to discuss the concept of cisgenderity from a non-normative perspective. According to Vergueiro (2015), cisnormativity is based on three factors: pre-discursivity, binarity and permanence. Even before we learn to communicate, particular parts of our bodies come to define particular aspects of our lives. When a doctor examines a child's anatomy and says 'it's a boy' or 'it's a girl', they are not doing so based on the child's self-declaration. This is pre-discursivity. Similarly, when an intersex child is born, there is no hesitation in performing surgical procedures to modify their physical conformation, and not with the child's consent, in order to adapt them to what is expected of a female or male body. This sort of intervention, with the intention of adapting the patient to a binary physiological model, is in line with an already violent and invasive cisnormativity.

Whereas there is no hesitancy to perform surgical procedures on intersex bodies (without the person's consent) in order to conform them to a binary cisgender ideal, there is constant — and interminable — hesitancy on the part of medical services to admit trans people onto hormone therapy, or to perform surgical procedures for transgenitalization. In other words, there is no hesitation to forcibly and violently insert a person into binarity, but there are constant obstacles to accepting a person's autonomy with regard to gender diversity. The confrontation over permanence is expressed here: by assuming the endosexual and cisgender image as a norm, a congruence between the physiology and psychology is assumed.

These principles affect our lives at all times, influencing our behavior, our language and our senses. Despite the constant presence of these vectors, the places that best demonstrate these normative mechanisms are the so-called 'transsexualization programs', i.e. medical institutions that impose very precise and archaic regulations regarding trans people's 'treat-

Since cisgenderity is an element from which cisnormativity derives, it can be assumed that, fundamentally, transgenderity rejects the pre-discursiveness of sex, the imposition of the gender binaries and the fixity of identifications. Therefore, we are witnessing a rupture in the barriers to expression, an appropriation by trans people of symbols that were not meant to be theirs. When a trans man is presented as a woman and/or read as a woman — according to the gender he was assigned at birth — he is vulnerable to two types of gender violence: not only misogyny, but also the denial of his identity. It is a violence that resists time and circumstances, because wherever a person is, whoever they interact with, their self-affirmation will always be put to the test: by hiding, their identity is invisibilized and veiled; by asserting themselves, their identity is rejected and discredited. Trans people "know that they are first and foremost their bodies, they know that society will not let them forget this at any time, especially travestis" (RODOVALHO, 2016, p. 25). Not only are we merely bodies and nothing more, but we are also the representation of that which should not be transposed; we symbolize that which could not be done. Freedom, then, is not simply the ability to express oneself as one wishes, but to know that if one were to express oneself in any other way, there would be no danger.

Libertarian perspectives

Migrations of violence

One could easily view trans experiences as laboratories of violence, as we migrate from one violence to another. It is incongruent to state that gender transition might lead to some sort of privilege. The migration of violence is observed by Santana (2019) in the experience of black trans men:

health and begin administering hormones: hormonization, permission to have sex reassignment surgery and, until recently, the rectification of civil documents — all of this requires medical approval that the patient is truly trans; that they are not part of the ordinary population, i.e. those who, in order to exist, do not need a diagnosis. This is, in itself, violence, and it is present not only in trans clinics, but also in access to other health institutions. Because of this impediment to accessing basic healthcare, Viviane Vergueiro (2015) states that

What I would want from a health system would be, fundamentally, for my body to exist, and for my bodily autonomy to be properly informed by research that thinks of it in its complexities, and not as a mythological homogeneous social group created by pathologizing medical systems that seem to care more about our monitoring, control and academic+economic exploitation than about our well-being. (VERGUEIRO, 2015, p. 128)

Health and psychosocial care spaces subject trans people to a cisnormative hierarchy, supported by the three pillars identified by Vergueiro and demonstrated in the reports cited above. As previously noted, pre-discursivity “locates a certain truth about human (and non-human) bodies in certain parts of the body” (VERGUEIRO, 2015), and discredits the determination of their own truth from non-conforming bodies. Pre-discursivity goes hand in hand with binarity, that is, with the notion that there are only two possible generified alternatives for the body. There is no room for non-binary gender identities, intersex beings or people who go beyond the limits of cisgenderity. Thus, the traits of pre-discursivity, binarity and permanence “can be thought of as producing cisnormativities, when these genders are idealized and others are pathologized/inferiorized” (VERGUEIRO, 2015, p. 192).

ment’. What better way to study cisgenderity than through the devices that exacerbate its normativity?

The obstacles imposed by medical institutions with regard to trans people’s autonomy over their bodies are directly linked to the idea of a ‘true transsexual’, which was established in the 1960s. According to Bento and Pelúcio, the first medical records on the ‘transsexual phenomenon’ emerged in the 1950s, based on the writings of endocrinologist Harry Benjamin. As already mentioned, Benjamin advocated sex reassignment surgery as “the only possible therapeutic alternative for transsexual people”, using “criteria he considered scientific so that it would be possible to diagnose ‘the true transsexual’ and thus authorize the intervention” (BENTO; PELÚCIO, 2012, p. 570). Only a ‘true transsexual’ should have access to their desired physical transformations. Thus, the demand for surgeries and other organic procedures related to non-cisgender gender identities intensified during the 1960s and 1970s, alongside the emergence of increasingly rigorous diagnoses of transsexuality.

Bento and Pelúcio (2012, p. 572) note that “transgender people are perceived as having a set of common indicators that position them as disordered, regardless of historical, cultural, social and economic variables”. The documents analyzed by the authors, including the DSM-V and the ICD-10, now updated to ICD-11, reiterate this pathologizing view in academic and medical environments, despite recent changes in terminology. These concepts are perpetuated in the continuous requirement for psychiatric and/or psychological evaluations so that the trans person may do what they please with their body. In other words, our bodies are not our own. The diagnosis of a true transsexual is, in itself, a relation of power, so that self-affirmation of one’s transsexuality is not sufficient for someone to be considered trans.

The examination of transsexuality in a person who wishes to undergo reassignment surgery lasts at least two years and consists of constant psychological tests. At the end of the gru-

eling procedure, “the medical team may conclude that he/she is not a transsexual” (BENTO, 2006). One of the criteria generally used by medical personnel to determine a person’s transsexuality is their gender expression, which must conform to gender norms. Thus, in order to be considered eligible to undergo certain surgical and hormonal procedures associated with gender identification, patients are compelled to conform to a cisheteronormative and heterosexual behavior, socially constructed in its entirety and often not consistent with their singular experience.

Bento also observes the presence of an invisible protocol among hospital staff and personnel. The glances and veiled comments directed at trans patients gradually molded their behavior to the prevailing gender norm, as they placed them in a position of aberration, of ‘something strange’. At the same time, they were infantilized and lost all autonomy over their expressiveness and their bodies, in the name of their supposed well-being. Therefore, we could conclude that, formally, self-determination — or, in the pathologizing health sphere, self-diagnosis — is not a possibility, since it challenges the authority of health professionals.

However, according to Bento (2006), in reality

what actually happens is self-diagnosis. Throughout the time they have to attend transgenitalization programs, transsexuals will play a convincing game with team members in order to obtain a diagnosis that authorizes surgery. (BENTO, 2006, p. 135)

Self-diagnosis is a reality, for trans people force themselves into a cisheteronormative model of behavior in order to convince doctors that they really are trans. Thus, not only in the Transgenitalization Program studied by Bento, but also in other instances of access to hormone therapy and health care, trans people “construct a biographical narrative and develop

body modification. When the aforementioned institutional devices do not recognize the existence of transmasculine people, we observe their continuous invisibilization and the consequent exclusion they experience when trying to access health technologies.

These conceptions reflect the dynamics of pathologization, for which trans people must undergo the cisgender sieve. Prior to attending the trans clinic in my hometown, I had consulted a cisgender endocrinologist. When I asked her if she required a psychiatric evaluation before allowing me to start hormone therapy, she said yes. When I asked why, she said “do you know how many people regret it later?”. The acclaimed regret cited by the doctor is based on what Bento & Pelúcio (2012) call the suicidal gaze, as mentioned earlier. According to the authors, this argument arises from the need to operationalize a “rigid protocol that forces trans people to undergo therapeutic follow-up as a way of protecting them from their own desires”, preventing us from managing our own choices, as our “subjectivities [would be] disconnected from reality and, therefore, unable to manage their [our] choices” (2012, p. 576).

That said, according to the suicidal gaze, the issue of regret that culminates in destructive behaviour — note: from the individual towards themselves, and not from society towards them — emerges in this context as an attempt to perpetuate the medicalization of people who do not conform to the norms of behaviour and desire. Instead of a policy of care, we perceive a policy of tutelage. Underpinning this process is the assumption that trans people would never be able to understand themselves or determine their own identity, just as we are taught in regards to governments when presented as indispensable, denying us the possibility of self-government. In short, both for trans people and for general society, tutelage is the law, which is nothing more than governance over one another.

Those who wish to undergo hormone therapy are not only subjected to endocrinological examinations to ascertain their

to change my gender anymore?” (CONSELHO FEDERAL DE PSICOLOGIA, 2019, p. 31)

Another interviewee, a 24-year-old brown heterosexual trans man, made similar statements:

The person is led to believe that they have that psychological problem and that’s why they feel that way. They’re not homosexual, they behave that way because they have a psychological disorder. That’s how it’s treated: “Oh, you’re gay, but we’re going to make you straight, okay?” But they (the professionals at the Psychosocial Care Center) make you believe, from therapy onwards, that the feeling you have of not belonging anywhere, of feeling confused, of having no place in the world, is due to a psychological disorder. (FEDERAL COUNCIL OF PSYCHOLOGY, 2019, p. 63)

The Transsexualization Process, instituted in Brazil in 2008, is no exception to these violent discourses. As an example, it was only in 2013 that the Brazilian Ministry of Health extended it to trans men and travestis, as its services were limited to trans women. The process ended up reproducing a racist and binary perception of trans people, through the erroneous differentiation between trans women and travestis, which proposed an ideal of a ‘sanitized’ trans woman with a desire to be ‘cisgendered’ — in general, to access the services, the trans woman should be passable, white and belonging to a wealthier social class.

Whenever we state that there is a conceptual difference between trans women and travestis, in regards to how they manage their own bodies, we replicate the transphobic notion of universalizing trans people’s desires to undergo or not undergo

performances that aim to convince team members that they are a man/woman in a mistaken body” (BENTO, 2006, p. 135). I experienced this during my appointments at the trans clinic in my hometown: even though there was no explicit request, even though the clinic was a receptive environment with educated professionals — which is not the case in all clinics — my performance as a transmasculine demanded a masculine gender expression.

I was once read as a trans woman because of a pair of (apparently feminine) sandals I wore. At my first appointment with the endocrinologist, I related a false and rehearsed story about my identification as a trans man. I said that I had been deeply uncomfortable with my body since the age of 10, and that this had intensified since menarche — something that was not true. After meeting other trans men who attended the clinic, I found that I was not the only one to lie, or to exert a false masculinity on appointment days simply to avoid possible invasive questioning. In medicine, the discourse that we hate our bodies, that we were born in the wrong body and that the right physique must be cisgender — as well as white, thin, heterosexual etc. -, is also reinforced. To be officially trans with a psychiatric/psychological report attesting to our psychic condition as transsexuals, having undergone a series of psychological and endocrinological evaluations that attest to our true condition as something-not-quite-right, requires us to: perform a standardized and presumably sexist heterosexuality; choose standardized and cisheteronormative clothing; we must want to modify our bodies; we must hate our bodies and who we are in order to justify the modifications we desire to perform; we must want to look/be cisgender; we must surrender our autonomy and our conscience about who we are to institutionalized medicine. Of course, doctors’ authority over us violates our freedom. From the moment that certain corporealities are established as the norm by health institutions, any violence directed at abnormal bodies is easily justified. As an example, again referring to Ver-

gueiro, we have the naturalization of biological sex through pre-discursivity, through the idea that sex precedes discourse and therefore belongs to nature. Specific violence is directed at intersex, trans, homosexual, asexual and bisexual bodies; in short, bodies that are physically and symbolically operated on for deviating from the authoritarian standards of normality.

Reactions in defense of self-determination

There are, however, initiatives that oppose this authoritarian system of tutelage [in Brazil]. In 2017, the Brazilian Federal Court was sued by a group of psychologists over CFP Resolution 001/1999. This resolution of the Brazilian Federal Council of Psychology contains instructions for psychologists regarding their patients' sexual orientation, opposing the pathologization of homosexuality — and we can extend this to non-heteronormative sexualities — and “reversion” therapies. After receiving a complaint from a person who underwent the process of sexual ‘reversal’ — the gay cure — the CFP’s Human Rights Commission discovered other cases of attempts to ‘reverse’ non-normative sexual orientations, expressions and gender identities. Such therapies, based on a pathologizing principle, were attempts to annihilate the subjectivities of those who presented themselves spontaneously or forcibly to the sessions (CFP, 2019).

As a reaction to these complaints, in January 2018, CFP Resolution 001/2018 advocated the depathologization of trans identities, based on people’s autonomy and self-determination regarding their gender identity. The resolution considers the concepts of gender expression, gender identity, cisnormativity and self-determination to be relevant. Self-determination is legitimized as the means by which psychologists should recognize the identities of transsexual and travesti people. To reiterate this statement, in 2019 the Brazilian Federal Council of Psychology organized reports by LGBTI people about their ex-

periences, with a section criticizing the historical role of psychologists in pathologizing sexualities and gender identities. In the report of a 21-year-old brown heterosexual trans man, the generic attitude of doctors when they encounter trans people in their offices is evident:

He [the doctor] was a bit taken aback and said: “But I don’t think that’s it, I think you’re insecure about it.” Then I was like: “No, but I’m really sure about this decision.” And he said: “You know that it’s a drastic change and that you’ve already managed to go beyond the...” — I can’t remember now. Then I said: “I know that, unfortunately, that happens.” He said: “Well then, in these 21 years you’ve already had a life with this name, you’ve already had a life in this gender and you know that if you change it, you’ll change your life completely.” I said: “I know and that’s what I want, I want to make that change.” Then he started questioning me, and I already regretted having contacted him because I knew it wasn’t easy, but at least he should have tried to talk to me, to try to understand my situation better, rather than questioning me as if I had always been wrong. Then he said things like: “I’m going to prescribe this medicine for you and in a month’s time you can come and see me and we’ll see how this situation is going to be.” From what I saw, from what I researched, it was an antidepressant. Then there was that question: “But does he think it’s because of depression that I’m trying to start the gender transition? Does he think that if I take this medication, in a month’s time I’m going to come and tell him that that’s really it, I don’t want