



Trans Identity: psychological evaluation for gender-affirming surgeries

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Abstract: The article aims to understand how psychological evaluation can facilitate the emotional aspects of patients who will undergo gender affirmation surgery. To respond to the research theme, we talked, at first, about the concepts of gender, gender identity and transsexuality. As well as, research into how the pathology of transsexuality has historically been established. Subsequently, historical milestones are presented about the beginning of trans genitalization surgery, its precursors and professionals in the area who gave visibility to the transsexual movement from studies on the subject. Finishing with the necessary requirements for the subject to be able to perform the procedure by the Unified Health System - SUS. It leads to a reflection on the importance of the process of psychological preparation for trans genitalization surgery and how the process of psychological evaluation for gender affirmation surgery and the role of the psychology professional in meeting this demand, which seeks to work the singularity of the subject, his fears and longings that may come along the transsexualizing process.

Keywords: Gender Identity. Transsexualizing process. Psychological Evaluation

1. Introduction

Long before our birth we are assigned a sex, female or male, this is determined on the basis of our genitalia. Therefore, those who have a vagina are considered women and those who have penises are considered as men. After our birth these differences become increasingly stereotyped through the culture to which we were inserted, thus, it is determined the types of toys and games that are acceptable for each sex, as well as the color of clothing to be worn by each subject according to their biological sex.

When we become adults this standardization of expected behavior for each sex is being routed through social collections and oppressions, with this it is said which areas of activity are considered as feminine and which are male, what behavior is expected that each subject has, and if it is appropriate to their gender, in this way the roles that should be followed according to their gender are established.

Those who do not identify with the sex that was

designated at birth are now stigmatized, marginalized and persecuted due to the conviction that it is something that escapes the naturalness or even because it is people with some psychopathology. As is the case with transgender people.

We can understand how gender the sex that was attributed to us at birth, female or male, this is our biologically determined sex. As for gender identity, it refers to how we identify, and may or may not agree with what was attributed to birth. Transgender individuals, in general, feel that their body is not in agreement with the way they see or feel, in this way, they seek for the adequacy of their body the image they form of themselves, for this they can resort to haircut, change of the way they dress, treatment with hormones and surgery to refit sex.

Sexual reassignment surgery is a right upheld by Ministerial Decree No. 457 of August 2008, which guarantees health care by the Unified Health System (SUS) for transsexual people. The transsexualizing process is

carried out by a multidisciplinary and interprofessional team, which seeks to support the biological, social and psychological aspects of individuals with indications for surgical interventions. Throughout this process, for the construction of the diagnosis of transsexuality and the beginning of body changes, the individual will come across a thorough clinical investigation that includes the complete understanding of the subject's life history, psychological tests and regular therapy sessions for a minimum period of two years. This protocol is performed in order to answer possible doubts regarding transsexual identity or if there are any symptoms of mental disorder.

Psychological assistance, within the transsexualizing process, aims to raise the issues to be worked by the multidisciplinary team, which usually permeates surgical interventions. In addition to the conflicts experienced between biological characteristics and their gender identity, transgender subjects may encounter social and family rejection, situations of prejudice and embarrassment. Since, due to ignorance and lack of information, society still looks at this theme strangely, inserting it in a place that falls ill.

Throughout this process, the role of the psychologist assumes an indispensable function, welcoming the singularity of the subject, providing emotional support in the pre- and post-surgical, as well as favoring depathologizing conducts. Psychological evaluation, in the context of sexual reassignment surgery, does not aim to grant permission for the transsexualizing process to happen or not, its intention is to work on how this subject sees and feels belonging in society, as well as seeks to evaluate the emotional impact implied in body modifications.

Thus, the research aimed to: Understand how psychological evaluation can facilitate the emotional aspects of patients who will undergo sexual reassignment surgery. The elaboration of this article is justified by contributing as a social tool, allowing an understanding of the concepts of gender, gender identity and sexual reassignment surgery, thus aiming at breaking social pre-concepts, since debates on this theme are little explained.

In addition, it is also justified by seeking a deconstruction of the stereotype of transsexuality, which has been correlated with the non-normativity of gender, framing these subjects as people suffering from psychological disorders. As well as it aims to lead to a reflection on the role of the psychologist in the process of psychological evaluation for cases of sexual reassignment. Therefore, it is necessary to discuss and distinguish the issues of gender, gender identity and transsexuality.

Gender, Gender Identity and Transsexuality

Studies on gender began in 1980, with the struggle of feminists, the term aimed to bring ideological neutrality, thus refusing the biological aspects related to sex. Currently, although there is a diversity of studies on this theme, it is common to have confusion to differentiate sex and gender, so many people believe that both words carry the same

meaning, however, when we refer to sex we are talking about the biological aspects of it (penis/vagina). The concept of the word gender refers to sociocultural customs, which is responsible for determining social roles according to biological sex, so it is said which behaviors are male and which are acceptable as feminine (FILHO, 2005; SCOTT, 1989; JESUS, 2012).

Long before birth the body is marked by the social environment to which it is inserted, thus, expectations and deductions are created for this body, as will its tastes, behaviors and subjectivity. When there is the discovery of sex, and throughout our development, we are taught to have appreciation for toys and games, colors, to behave, to dress, and to have professions that, socially, are in agreement with biological sex. They teach that women should act in one way and men in another, as an attempt to mold us to a heteronormative reality, with this, certain patterns become naturalized and the expectations generated before the birth of this body come to materialize (BENTO, 2006).

Socially, the conviction was created that the definition of the subject as a man or woman is related to his genitals, but what guides us as such are not our reproductive organs, biologically, they are not able to shape our behavior or even define our tastes and abilities. We are part of this role through the culture to which we are, and through it our bodies are marked long before birth (BENTO, 2006; JESUS 2012). In this sense Jesus (2012, p. 8) endorses that "being male or female, male or female, is a question of gender. Therefore, the basic concept for understanding man and woman is gender." Thus, we can understand that the idea of gender permeates biological sex, it is not the anatomical characteristics that define whether the subject is male or female, but rather the way the individual expresses himself/her social and his perception of himself.

Gender identity refers to the gender that the subject identifies, and may or may not be in conformity with what was conferred on him at birth. This identification process is related to the personal experiences of each subject, thus going through a constant transition, so behaviors, tastes, preferences and activities are not fixed, they are learned throughout life (BRAUNER; GRAFF 2012; JESUS 2012)

When working with the concept of gender identity we find two more definitions that make up this identification, the cisgender and the transgender. Thus, a subject is understood as cisgender those who identify and recognize themselves in their biological sex, that is, to be born with a penis and see themselves as a man, or to be born with a vagina and identify as a woman. In the case of transgender people, there is no identification with the gender designated at birth, thus identifying themselves with the opposite gender, so people who are anatomically masculine identify themselves as women and those born with female genitals identify themselves as belonging to the male gender (PERNAMBUCO, 2012/2013).

Although homosexuality is no longer part of the list of diseases, being removed in 1980 from the Diagnostic and Statistical Manual of Mental Disorders (DSM) and in 1990

from the International Statistical Classification of Diseases and Related Health Problems (ICD) there are still areas of studies that defend similar terms and foundations, such as the category sexual identity disorder of the ICD-10 that becomes an extension of the diagnosis of homosexuality (BUTLER, 2009). The above-mentioned author defends the idea that this change in nomenclature only reinforces and the continuity of homophobic thinking established by the American Psychiatric Association (APA), even if in a more discreet way. The ICD-10 in F64.0 states that transsexuality:

It is a desire to live and be accepted as a person of the opposite sex. This desire is generally accompanied by a feeling of malaise or inadaptation by reference to their own anatomical sex and the desire to undergo surgical intervention or hormonal treatment in order to make your body as much as possible the desired sex (1993, p.42).

Thus, for the ICD-10, transsexuality is seen as a sexual identity disorder, accompanied by other types of sexual disorders such as bivalent transvestic, sexual identity disorder in childhood, among others. Another fact to be questioned that gives the understanding of transsexuality as a psychopathology is the use of the suffix "ism", so the word transsexuality becomes transsexualism bringing with it a notion of pathology.

According to the thought of Preu and Brito (2019) another points to be repelled is the active imposition of DSM as a power device, which, in 1980 in its third edition, began to include transsexuality as a category of psychiatric nature. After going through some updates and winning, in 2013, its fifth publication, which is currently in force, transsexuality continues to be seen and understood as a pathology by the APA, one of the points to be highlighted that lead us to have this understanding is the change of nomenclature that went from Gender Identity Disorder to Gender Dysphoria.

The term dysphoria, according to the Michaelis dictionary (2018), refers to "mood instability accompanied by malaise, restlessness and often choleric reactions". It is used in the DSM-V to describe symptoms present in different mental disorders, some of them being Bipolar Disorder and Related Disorders, Depressive Disorders, Body Dysmorphic Disorder, Eating Disorders and Personality Disorder "*Boderline*" (PREU and BRITO, 2019, p.141).

Still in agreement with the thinking of the authors mentioned above, when relating dysphoria with gender, for APA, it brings a discontent to the gender designated at birth, although its definition is used more specifically in the diagnosis. According to Butler (2009) the diagnosis carries with it an emotional burden that can cause strong impacts on the subject's life by labeling him as a mental disorder patient, another clash faced is the need for a mental health certificate to go through the transsexualizing process. In these cases, the therapist should focus his/her work on the emotional issues that led the patient to make the decision for the surgery, thus

predicting possible postoperative regrets.

Sexual reassignment surgery

The first accounts of transsexuality were recorded in the 1st century D.C., by philosophers of the time, who mentioned the eunuchs, responsible for caring for the wives of their masters, these were men who dressed and behaved like women, even having their genitals severed. We also find accounts of marital relations of Roman emperors, such as Nero and Elagabal, who married their slaves after they were subjected to the extirpation of their genitals and to have the conception of a female genital. We still find personalities such as the abbot of Choisy who, in childhood, was treated as a girl by her mother and when becoming an adult takes on the personalities of the Countess des Barres and the Lady of Sancy and the knight d'Éon, captain of dragons in 1761 who began, in 1770, to declare herself as a woman (SOUZA, S/D; 2014).

Although reports of transsexuality have existed for centuries, it was in 1830 that the first research was carried out by the German professor, Carl J. Friedrich, later continuing, in 1839, by Jean-Etienne Esquirol. However, it was not until 1910 that the term transvestic, presented by the German sexologist Magnus Hirschfeld, was used to name people who identified with the sex opposite their biologically determined sexologist. Hirschfeld believed that the gender identification of the subject was not linked to his sexual orientation, so the subject could identify with the opposite sex, his biologically, and still feel sexual attraction to him (SOUZA, 2014).

In 1880, the first narratives of transsexuals who wished to perform the surgery for readjustment of sex began to emerge. The first vaginoplasty were performed in 1917, in ex-combatants who had been emasculated and began to develop intersexual behaviors. The procedure was performed by the plastic surgeon Harold Gillies, who, after two years, was responsible for performing the first phalloplasty, surgery to create/enlarge the phallus (SOUZA, S/D; CASTEL, 2001). However, there is no consensus regarding the precursor of sexual reassignment surgeries. To Fugie; Arán, Zaidhaft and Myrtle (2008) the first trans genitalization surgery took place in Denmark in the 1950s, performed on a former American soldier by surgeon Chistian Hamburger. According to Souza (S/D), authors such as Alexandre Marques da Siqueira and George Jorgenson also differ their opinion about who would be the pioneers in performing the surgical procedure. However, all have a point of convergence, stating that it was after the work, *The Transsexual Phenomenon*, by endocrinologist Harry Benjamin, that the term transsexual became known.

Benjamin believed that sex was determined for various reasons, such as chromosomes, genetic, anatomical conditions, genitals, sex glands (testicles and ovaries), hormonal, psychological and social factors. Thus, what determines the subject as a man or woman is the overlap of one of these factors in relation to the others added to the

interferences of social standards and behaviors. Thus, according to Benjamin's theory, the subject should not be determined, as male and female, based solely on his genitals (Arán, Zaidhaft and Murta, 2008).

Benjamin defended the idea that transsexual, homosexual and transvestite were different, so developed a way to classify and differentiate them on a scale, the endocrinologist included characteristics that he believed to belong to the true transsexual, for him the existing patterns that would characterize them are constituted by an aversion to his genitals, as well as the conviction of belonging to the sex opposite to his determined biologically, a strong and persistent desire to make body modifications to adapt your body to the image you have of yourself and an intense pain for not being able to feel belonging to that body (JESÚS, 2013; JUNIOR MILK, 2008).

Because they feel that their body does not conform to their gender, transgender people seek to adapt their body image to their gender identity. Thus, they resort to changes, such as the way of dressing, changes in the hair, and may or may not involve hormonal treatments and surgical procedures. Trans genitalization surgery includes several surgical procedures such as mastectomy, hysterectomy, and sexual reassignment or trans genitalization surgery (JESUS, 2012; BRAUNER and GRAFF, 2012). Although there is a social belief that all transsexuals wish to undergo the surgical process, it is worth noting that not everyone seeks gender affirmation surgery, since what defines the gender identity of the subject is the way they recognize and express themselves socially, not requiring a surgical intervention for this.

Psychological assessment for sexual reassignment surgery

The search for the adequacy of the body to its gender identity is not a process that aims to determine surgical interventions as a goal to be achieved, there are people who seek hormonal treatment, changes in haircut and the way of dressing, however do not express the desire to go through surgical procedures. However, throughout the transsexualizing process the subject may feel the need to make physical changes, this procedure, in Brazil, covered by the Unified Health System (SUS) and guaranteed by the Ministerial Ordinances GM/MS 2,803 of November 2013, which defines the National Guidelines for Trans genitalization Surgeries by the SUS, and Ordinance No. 457 of August 2008 that regulates the Trans genitalization Process by the SUS, defining the accreditation standards for hospitals and the guidelines of specialized care. This ordinance certifies that there is both diagnostic and therapeutic assistance for subjects who have indication for the trans genitalization process, as well as must have technical conditions and physical facilities, equipment and human resources that are appropriate to this type of care. (FREITAS, PEREIRA and MOTA, S/D; RODRIGUES, CARNEIRO, NOGUEIRA, S/D; MINISTRY OF HEALTH 2008/2013).

Trans genitalization/gender affirmation surgery consists of surgical procedures for readjustment of genitalia and breasts in order to approximate appearance with that of the identification sex. The legalization of surgery was initially authorized based on the resolution of the Federal Council of Medicine (CFM) no. 1,955/2010, which grants permission for "neo vulvoplasty" surgeries (construction of the female genitalia), as well as complementary procedures on gonads and secondary sexual characters as a treatment for cases of transsexuality. However, only on an experimental basis, it authorizes the surgeries of "neo phalloplasty" (construction of the male genitalia). In accordance with this resolution, for the performance of the surgeries it was necessary to have a minimum age of 21 years and to comply, for a minimum period of 2 years, with the criteria of follow-up by the multidisciplinary team. On 20 September 2019, this resolution was repealed and no. 2,265/19 was accepted. Among its main changes we have the reduction of the minimum age for surgical interventions, starting to be 18 years and follow-up, for the diagnosis of transsexuality, becomes by the multidisciplinary and interdisciplinary team, reducing its time to 1 year (Federal Council of Medicine 2010/2019).

The conception of the diagnosis of transsexuality is determined after a period of evaluation that includes steps such as: the understanding of the life history of the candidate to the transsexualizing process, in which the desires are expected to be externalized, feelings and fantasies surrounding sexual orientation, psychological personality tests that aim to investigate whether the subject is not affected by personality/mental disorders, therapy sessions that will support the work of the psychologist, administration of hormones that will favor the emergence of female or male physical characteristics and the real life test, which includes daily experience dressing in clothes consistent with the identification sex (BENTO, 2006; BRAUNER and GRAFF, 2012).

According to Benedict (2006, p. 48):

The transsexualizing process is composed of the requirements that the Reassignment Programs define as mandatory for the "candidates". The protocols will achieve these obligations regarding the time of therapy, hormone therapy, real-life testing, personality tests, in addition to routine examinations. If the "candidate" achieves all the steps and requirements established, he/she will be able to trans genitalize surgery.

Body modifications begin with hormone therapy, which seek to alter physical characteristics. Androgens are administered to transsexual and progesterone men for transsexual women. It is indicated to start the administration of hormones after psychotherapy sessions. Psychological follow-up, in cases of evaluation for sexual reassignment surgery, in addition to working on the emotional aspects of the transsexual subject, aims to resolve the doubts of the team regarding the transsexuality of the candidate, also favoring an understanding of the psychological issues of the same. Psychological evaluation, in preparation for trans

genitalization surgeries, helps to obtain elements that ratify, or not, the need for surgical interventions and so that there are no regrets on the part of the trans subject after surgery, as well as to perform psychological preparation for the body modifications that will happen, before and after surgery (BENTO, 2006; PALLA et al., 2013).

Psychological evaluation aims to favor the self-knowledge of the subject, enabling the expression of emotions with sculptural, acceptance of the demands and psychological suffering resulting from the non-identification with his biological gender, the interventional proposal consists in obtaining certainty, on the part of the candidate, if he is fully aware of the probable risks, and of the complexity and the permanent and irreversible character of the surgery. It is also part of the interventional process to understand the demand that is leading to decision-making by surgery, for this it is necessary to understand how the search for body transformations took place, since the longing for changes can be motivated by social prejudice and situations of vulnerability, thus, the subject can create expectations that when performing surgical interventions their problems can be overcome. In these cases, it is essential to work the expectations of the subject so that there are no future frustrations, since prejudice is rooted in society, so regardless of body changes, clothing and hormonal treatments it will continue to exist (PALLA et al., 2013).

Still in agreement with the thought of Palla et al. (2013), it is necessary, in these cases, that the work of psychological evaluation be carried out in conjunction with psychotherapy sessions, aiming to facilitate the expression of emotional demands for the elaboration of their psychic suffering resulting from the social prejudice suffered. Throughout the sessions, the idealization of the patient in relation to his expectation for the result of surgical interventions and what this procedure means for the subject will be worked on. According to the author mentioned above, the main evaluative instrument for this demand is semi-structured interviews, it is necessary that the objectives are well outlined and favor an investigation of the main elements that facilitate the process of knowledge of the patient and its demand.

For some candidates, surgical interventions are fundamental elements for their self-recognition, since the gender designated at birth is the generator of psychic suffering due to non-identification with it. Demands can also arise in which the need for body change of the subject is secondary, such as the implantation of breast prostheses, but without the desire for interventions in the genitalia. In the course of the transsexualizing process, the role of the psychologist aims to ensure the depathologization of care, as well as to ensure that the subjectivity of the subjects is respected, understanding and welcoming their concerns in an integral way, however it is essential to have a thorough look, since when it is observed elements that can refer to other forms of psychic suffering, the psychologist should ensure the appropriate referral to the demand presented (PALLA et al., 2013; GASPODINI and RISSI S/D).

Psychological assistance is intended to assist the candidate, on the effectiveness of his demand, for this also information that is not related to trans experience, such as possible traumas, body dysmorphia or even other psychiatric diagnoses is evaluated. Thus, it is essential to have a close eye on the discourse of those who request to perform surgical interventions. The psychological evaluation, performed adequately, has a strong influence on the positive postoperative results, however it is recommended that psychotherapeutic follow-ups are also part of the post-surgery process, since this subject will start a phase of adaptation to his new body image, and new demands and insecurity may arise in relation to this new body (CFP, 2013; SALVADOR, 2014; FREITAS, PEREIRA AND MOTA S/D).

In this sense, it is essential that throughout psychological follow-up the patient can bring up his feelings in relation to what he idealizes that will change in his life after surgery to affirm the gender, both in the affective and professional and family spheres. According to Palla et al. (2013), it becomes indispensable the work of the patient's fantasies in relation to what he expects to be his life after body changes, it is necessary to understand how this patient deals with frustrations, since there may be complications in the postoperative period and the result may not be expected. Thus, it is necessary to identify the fears before the surgery, as well as its pros and cons, to analyze how these hesitations are present both in the patient's life and of those around him in his social cycle, family and close friends. Finally, it is necessary, in the psychological evaluation for gender affirmation surgery, to confirm whether the patient has full understanding and ability to judge to understand the dimension of the procedure to which he will undergo, as well as the risks and impossibility of reversal of the surgery. It is also emphasized that it is necessary that the multidisciplinary and interprofessional team clarify the patient, as well as those who are connected to him, how the surgical procedures will take place, their stages and particularities, so that the patient can have more security and autonomy over the interventions performed in his body.

2. Conclusions

It is understood that the care of candidates for sexual reassignment surgery seeks to promote the reception of demands and humanization of the service, not being restricted or based on surgical procedures as a goal to be established, thus, we seek, through a care free of prejudices and judgments, respect for human dignity. Thus, the process of psychological evaluation, for gender reaffirmation surgeries, seeks to understand, in a deep way, the psychological demands of the subject, aiming to offer elements that help the understanding of what surgery means to him, what is his real motivation and whether surgical interventions will actually meet his expectations.

Given the permanent and irreversible nature of the surgery, it is essential to understand how the subject sees himself in this body and how he feels belonging in the world, so that conscious decisions are made, thus avoiding future regrets

and frustrations. Thus, there is a need for a psychological evaluation with an sensitized look, to evaluate whether in fact the subject feels belonging to the gender opposite his, biologically, not only with regard to the physical part, but also psychically. Thus, it is essential that it is clear that the desire for trans genitalization surgery is not restricted only to an anatomical dissatisfaction, but that it actually feels trapped in a body that does not reflect its gender.

It was observed that it is extremely important that throughout the work of psychological evaluation the emotional aspects of the candidate for surgery are worked, in this perspective the surgery should not only emerge as a way to resolve a certain conflict, but rather a mechanism that provides a fullness with regard to identification with the idealized gender. It is also essential to work on how this subject deal with the prejudice suffered, considering that this, because it is a social construction, will not disappear after surgical procedures. Thus, it is expected that at the end of the psychological evaluation all doubts regarding the life history of the candidate for surgery are elucidated, bringing to light desires, feelings and fantasies that surround their expectations, thus basing the work of psychological evaluation.

References

- [1] BENTO, B. A reinvenção do corpo: sexualidade e gênero na experiência transexual. Rio de Janeiro: Garamond, 2006.
- [2] BUTLER, J. Des-diagnosticando o gênero Universidade da Califórnia, Berkeley, EUA. 2009. Tradução de: André Rios. Revisão Técnica: 3 Márcia Arán. Disponível em: <<https://www.scielo.br/pdf/physis/v19n1/v19n1a06.pdf>> acesso em: 24 janeiro de 2021.
- [3] BRASIL, Ministério da Saúde, Portaria nº 457 de 19 de agosto de 2008. Diário Oficial da União. Poder Executivo. Disponível em: <https://bvsms.saude.gov.br/bvs/saudelegis/sas/2008/prt0457_19_08_2008.html> acesso em 03 junho 2020.
- [4] BRASIL, Ministério da Saúde, Portaria nº 2.803 de 19 de setembro de 2013. Diário Oficial da União. Poder Executivo. Disponível em: <http://bvsms.saude.gov.br/bvs/saudelegis/gm/2013/prt2803_19_11_2013.html> acesso em 24 janeiro 2021.
- [5] BRAUNER, M. C. C.; GRAFF, L. (jan./mar. 2012) Aspectos bioéticos da cirurgia de redesignação sexual sob a ótica da realização do direito fundamental à saúde. Disponível em: <<http://repositorio.furg.br/bitstream/handle/1/5169/Aspectos%20bio%C3%A9ticos%20da%20cirurgia%20de%20redesigna%C3%A7%C3%A3o%20sexual%20sob%20a%20%C3%B3tica%20da%20realiza%C3%A7%C3%A3o%20do%20direito%20fundamental%20%C3%A0%20sa%C3%BAde.pdf?sequence=1>> acesso em 02 julho 2020.
- [6] CASTEL, P.H. Algumas reflexões para estabelecer a cronologia do "fenômeno transexual" Disponível em: <https://www.scielo.br/scielo.php?pid=S0102-01882001000200005&script=sci_arttext> acesso em: 22 outubro 2020
- [7] CONSELHO FEDERAL DE MEDICINA Resolução CFM nº 2.265/19; nº 1.955/10 <<https://portal.cfm.org.br/buscar-normas-cfm-e-crm/?page=1&uf=&ano=&numero=&assunto=&tipo=R&text>> acesso em: 24 de janeiro de 2021.
- [8] CONSELHO FEDERAL DE PSICOLOGIA Nota técnica sobre o processo transexualizador e demais formas de assistência às pessoas trans. Disponível em: <<https://site.cfp.org.br/wp-content/uploads/2013/09/Nota-t%C3%A9cnica-processo-Trans.pdf>> acesso em: 15 junho 2020
- [9] FABRIS, A. T. Disfarce e identidade: o corpo travestido <http://www.encontro2014.sp.anpuh.org/resources/anais/29/1405360254_ARQUIVO_AnnateresaFabris1.pdf> acesso em: 15 junho 2020
- [10] FREITAS, B. M.; PEREIRA, R. S.; MOTA, H. E. S. Avaliação psicológica para cirurgia de redesignação sexual em população transexual no Brasil. Disponível em: <<http://ulbrato.br/jornada/wp-content/uploads/2018/10/avaliacao-psicologica-para-cirurgia-de-redesignacao-sexual-em-populacao-transexual-no-brasil.pdf>> acesso em: 02 junho 2020
- [11] FILHO, A. T. (jan.-jun. 2005) Uma questão de gênero: onde o masculino e o feminino se cruzam. pp.127-152. Disponível em: <<https://www.scielo.br/pdf/cpa/n24/n24a07.pdf>> acesso em 12 julho 2020.
- [12] FUGIE, É. H. Transexualidade e redesignação do sexo: reflexos jurídicos da transexualidade nas relações afetivas. S/D. Disponível em: <<http://www.ibdfam.org.br/img/congressos/anais/96.pdf>> acesso em: 12 de julho 2020.
- [13] GASPODINI, I. B.; RISSI, V. Processo transexualizador: Apontamento sobre o papel do(a) psicólogo(a) Disponível em: <[https://www.imed.edu.br/Uploads/vanessarissi3\(%C3%A1rea4\).pdf](https://www.imed.edu.br/Uploads/vanessarissi3(%C3%A1rea4).pdf)> acesso em: 22 de junho 2020.
- [14] JESÚS, B. M.; CAMPANHA PELA DESPATOLOGIZAÇÃO DA TRANSEXUALIDADE NO BRASIL: SEUS DISCURSOS E SUAS DINÂMICAS. 2013. Disponível em: <https://files.cercomp.ufg.br/weby/up/109/o/2013_-_BENTO_MANOEL_DE_JES_S.pdf> acesso em 11 novembro 2020.
- [15] JESÚS, J. Orientações sobre identidade de gênero: conceitos e termos. Brasília, 2012. Disponível em: <[file:///C:/Users/andinho/Desktop/artigos%20tcc%20p%C3%B3s/ORIENTAESSOBREIDENTIDADEDEGNEROCONCEITOSETERMOS-2Edio%20\(1\).pdf](file:///C:/Users/andinho/Desktop/artigos%20tcc%20p%C3%B3s/ORIENTAESSOBREIDENTIDADEDEGNEROCONCEITOSETERMOS-2Edio%20(1).pdf)> acesso em 03 junho 2020.
- [16] LEITE JÚNIOR, J.; NOSSOS CORPOS TAMBÉM MUDAM": sexo, gênero e a invenção das categorias "travesti" e "transexual" no discurso científico Disponível em: <<https://docero.com.br/doc/s05nv5>> acesso em 11 novembro 2020.
- [17] ORGANIZAÇÃO MUNDIAL DA SAÚDE. Classificação de transtornos mentais e de comportamento da CID-10: Descrições clínicas e diretrizes diagnósticas. Porto Alegre: Artmed, 1993.
- [18] PALLA, A. C. F.; ALENCAR, A. K. S.; ALMEIDA, H. B.; ROCHA, M. S.; ORSINI, M. R. C. A. Uma proposta de psicodiagnóstico no contexto da cirurgia de transgenitalização Disponível em: <<https://revista.pgskroton.com/index.php/renc/article/view/2457>> acesso em: 02 de junho 2020.
- [19] PERNAMBUCO. Protocolo de atendimento as demandas LGBT pelo Centro de Combate a Homofobia 2012-2013. Recife: S/E, S/D.

- [20] PREU, R. O; BRITO, C. F. (2019) Patologização da Transexualidade: uma leitura crítica das transformações ocorridas nas três últimas versões do DSM. Niterói, v.19, n.2, p.134-154. Disponível em: <<https://periodicos.uff.br/revistagenero/article/view/31328/18417>> acesso em: 24 janeiro 2021.
- [21] RODRIGUES, L.; CARNEIRO, N. S.; NOGUEIRA, C. Contributos da Psicologia Social Crítica e dos Direitos Humanos para a Abordagem das Transexualidades. Disponível em: <(1) (PDF) Contributos da psicologia social crítica e dos direitos humanos para a abordagem das transexualidades | Nuno Santos Carneiro - Academia.edu> acesso em 02 junho 2020.
- [22] SOUZA, K. C. de A. A necessidade de regulamentação jurídica da transexualidade: uma questão de efetivação dos direitos fundamentais. S/D. Disponível em: <<http://www.publicadireito.com.br/artigos/?cod=286674e3082feb7e>> Acesso em: 18 julho 2020.
- [23] SCOTT, J. Gender: a useful category of historical analyses. Gender and the politics of history. New York: Columbia University Press, 1989. Tradução de: Christine Rufino Dabat e Maria Betânia Ávila. Disponível em: <https://edisciplinas.usp.br/pluginfile.php/185058/mod_resource/content/2/G%c3%aanero-Joan%20Scott.pdf> acesso em: 15 julho 2020.
- [24] [SALVADOR, J. Estudos de segmentos de cirurgia de redesignação sexual em transexuais masculinos para o feminino In Dissertação de mestrado, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brasil. Disponível em: <https://www.lume.ufrgs.br/bitstream/handle/10183/110312/00949733.pdf?sequence=1&isAllowed=y>> Acesso em: 02 junho 2020