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Transexuality and Social Policy: Current Directions and Social Emancipation in Portugal

Ricardo Ferreira de Almeida, Nídia Menezes, Ana Branca Carvalho, Joana Brinca
(1. Lamego School of Technology and Management, Polythecnic Institute of Viseu, Portugal;
2. Coimbra University, Portugal)

Abstract: The phenomenon of sex or change is a subsidiary of claims made by groups involved in the process: on the one hand medical knowledge, represented by psychiatrists, endocrinologists, surgeons, among other actors with close scientific ties, and on the other, homosexual rights activists, transsexuals and bisexuals. Among them subtle differences persist and a set of problems intrinsic to gender demarcation persist: the transsexual, one who seeks to make transmutations of bodily symbols manifested in a specific corporality, associated with particular habitus and the emission of carnal communications, is stripped of a culture of vision and division. In this sense, the transsexual question must be analyzed with attention, to correctly weigh social and citizen rights. Using the same formulas to perceive different problems is an error of methodological, ethnocentric, and naturalizing approximation. In this sense, and considering that transsexuals seem to be unprotected against a gay culture, credited in public action and in the meantime depatologized, and in the face of medical knowledge, which insists on the perspective that transsexuality is a pathology measurable in clinical and medical terms and shows fearful of moving forward to a sex-change operation whose error could be dramatic within the national health system, this paper aims to describe the Portuguese set of social policies directed to this group.

Key words: social policy, transsexualism, health care, sociology, social work

1. Introduction

Countless cultures resort to surgical techniques to enlarge the lips, pierce the ears, to give another aspect to the face, chest, or hips, using more or less advanced technologies. Likewise, the development of surgical practice, which has been building its space within the medical institution, often as an aid to healing, pressing, due to the need to affirm the subjectivity that manifests itself in the body, or combated by the naturalization of the body. and the degenerative processes, facilitated, by the influence of technologies, the total manipulation of the body. It is in this context that, using documentary analysis based on the hypothesis that the dilemmas experienced by transsexuals are based on the absence of somatic culture that adjudicates a legitimate and congruent use to the

Ricardo Ferreira de Almeida, Ph.D., Lamego School of Technology and Management, Polythecnic Institute of Viseu; research areas/interests: social science, law, human resources. E-mail: ricardomfa@hotmail.com.
Ana BrancaSoeiro de Carvalho, Ph.D., Professor, Lamego School of Technology and Management, Polythecnic Institute of Viseu; research areas/interests: social science, law, human resources. E-mail: acarvalho@estgl.ipv.pt.
Nídia Menezes, Ph.D., Lamego School of Technology and Management, Polythecnic Institute of Viseu; research area/interests: social science, law, human resources. E-mail: nmenezes@estgl.ipv.pt.

body, we will observe transsexuality as an example of a technological course that favors the full manifestation of self; next, we will discuss the tensions observed in various institutional frameworks regarding gender issues, namely medicine, psychiatry and social activism; later, we will explore the lines of conflict between the parties considered.

2. Surgical Manipulation of Bodies and Desire: A Historical and Theoretical Framework

Knowledge of human matter became viable when the manipulation of human corpses replaced extrapolation based on the dissection of animal bodies: anatomical knowledge was a projection of empirical evidence without scientific filtration, and it stopped for some time, until that the different organs were examined and described with the utmost precision (Wooton, 2017, p. 238). It is during the Renaissance that medical science seeks to incorporate the entire collection of accumulated knowledge, demonstrated descriptively through a work of production of correspondences between body and nature. Thus, recovering the teachings of Galen[1] (120–200 AD), even though he combines dimensions of "scientific thought, metaphysical rationality and remnants of magical beliefs" (Gil, 1980, p. 122), due to the Aristotelian heritage where they are present the four elements, the scholastic speculative knowledge was exchanged for the anatomical search concerned with "putting the explanation to the test" (Gil, 1980, p. 123), in observing and explaining. On the other hand, the way in which scientific knowledge is articulated, entrusted to specialists, and the use made of it, transformed into cultural practice and which legitimizes a specific intervention in the body, conceived a set of corrective dynamics practicable from the 19th century onwards[2].

During this period, the discovery and widespread use of chemical products in medical practice, the expansion of anatomical and pathological knowledge, the evolution of aseptic care and the use of local anesthesia, factors that favored the increase in surgeries, making them more safe. The distinction between "reconstruction", a medical function reported in cases of repair and correction of deformations, and "aesthetics", concerned with removing excess, then appears and refers each part to a specific technique. In the period bordering the two world wars, plastic surgery is projected in the reconstructive task of the mutilated, dealing with problems such as the destruction of dermal tissues resulting from splintering or burns, until an English surgeon, Harold Gillies, begins a systematic work in battle front with a team that would be formed for the respective surgical works. These consisted of extracting tissues from other parts of the body that were not affected for the application of the grafting genus to the affected sites, such as the autoplasty suggested by Blandin in the 19th century. Finally, it must be remembered that the first sex change operation took place at the beginning of the 20th century, described

[1] Galen's works are related to the Hippocratic explanations, which have a philosophical basis initiated in Alcméon (535 BC) with his characterization of health as a complex system of equilibriums, in turn closely linked to the mathematical proportions of Pythagoras and the four elements expressed in the doctrine of Empedocles (492–432 BC). Hippocrates, son of a practitioner of the "art of Asclepius", understands that life is maintained by the balance of the four humors: Blood, Phlegm, Yellow Bile and Black Bile, coming from the Heart, Brain, Liver and Spleen, respectively. For History, this theory would remain linked to Aristotle, who always defended and reproduced it.

[2] Surgical intervention is referred to in 6 out of 72 of the Corpus Hippocraticum; the Roman legions had a surgeon in their ranks; Abulcassis devoted himself to the study of the work of a Byzantine sage, Paul d'Egine, and mainly of his book on surgery, reiterating the mandatory knowledge of anatomy; in the 13th century, the Dominican friar Theodorico de Lucca wrote about pre-surgical anesthetic care and Salicetti said he preferred the knife to Arabic cauterization; Guy de Chaulliac's Chirurgia Magna (1300–1370) became a standard medieval surgery manual; in the 18th century, Gaspar Tagliacozzi repaired facial wounds and reconstructed noses with the skin of the patient's arm and, in Portugal, Amato Lusitano corrects an infantile penile malformation. Finally, it is only with Friederich Dieffenbach, considered the father of plastic surgery, that is distinguished "medical function", referring to all cases involving repair and correction of deformations, "aesthetic function".

in a book and film, subjecting Einar Mogens to a set of treatments that led to his death in 1933.

Plastic surgeons transported the disease from the inside to the outside of the body, progressively gaining the periphery, the boundary of the skin to perform its therapeutic task there. It is therapy that, therefore, and according to some plastic surgeons, a body aesthetic within the cultural canons of the "ideal of beauty", although artificially manipulated, represents an asset for the pursuit of mental health - the cultural exterior determines the interior also culturized. The invisible, in the hands of specialists, becomes something visible, perceived by the "patient", mediator and target of intervention, not socially stigmatized, but valued within a system of social hierarchy.

3. Disciplinary Dialogues, Body Management and Desire

The concern with the personal image and its administration, makes use of surgical and non-surgical techniques dedicated to the need for superficial beautification or deep transformation. If the use of natural cosmetics goes back to the Neolithic period, plastic surgery with reconstructive and aesthetic purposes becomes viable in a normative context based on a global cultural order and scientific narrative that adjusts to technical intervention. The relationship that the individual establishes with his body fits into the parameters of the continuous assessment of the biological gift that dreams of transcending the dilapidation through the use of the great knowledge of medical science, an example of an installed model of scientific rationality. What is found is that "the knowledge of scientific knowledge", explained by the penetration of this operational rationality in the world of social relations, justifies many decisions, such as changing sex.

Until 2013, transsexuality was considered a mental illness, due to the link between the gender disorder and a pathology. In the recent proposal to update the international classification of diseases (World Health Organization, 2019), which refers to the care of patients in public health organizations, gender incongruity - dissociation between biologically designated gender and socially experienced gender - is removed from mental illness field, in tune with the DSM V, which indicates the same need to differentiate gender from gender and classifies gender dysphoria as "general descriptive term (which refers) to affective/cognitive discontent with the assigned gender" (American Psychiatric Association, 2013, p. 541). The same publication clarifies that transgender refers to a spectrum of individuals who "transiently or persistently identify with a gender other than their native gender" and that a transsexual is that individual who has undergone a process of social transition from one gender to another, and in some cases "it also involves the somatic transition through cross-sex hormonal treatment and genital surgery" (American Psychiatric Association, 2013, p. 542).

According to Portuguese law, when a surgical process of gender reassignment begins, which as of 2018 dispenses with the requirement of majority with a medical report but requires the demonstration of the cognitive aptitude of the interested party, the latter must be supported by medical reports provided for in article 77 the deontological code (Ordem dos Médicos, 1981, p. 10), namely psychiatry, endocrinology and clinical sexology. Similarly, the request for a change of sex in the civil registry is a part of the entire identity change procedure, standardized since 2011. Behind are the steps that led to this process, which started with the screening performed by the family doctor, diagnosis and confirmation in specialist consultations, hormonal treatment, real-life testing, and approval of surgeries by the Portuguese Medical Association. Added to this support is the set of public services made available, ranging from private social solidarity institutions (IPSS), such as ILGA (Lesbian, Gay, Bisexual, Trans and Intersex Intervention), Casa Qui or the Portuguese Support Association to the Victim (APAV), until the sexology consultations at the Faculty of Psychology of the University of Lisbon and the telephone

support lines for those interested. On this side, it cannot be said that citizens are helpless by public services and the state.

However, the historical process that led to the current situation was crossed by a set of tensions, subsidiary of the demands by the pressure groups involved: the group of medical knowledge, represented by psychiatrists, endocrinologists, surgeons, among other actors with scientific ties of proximity, and group of gay, transgender and bisexual rights activists. Among them, subtle differences persist and a set of problems intrinsic to the demarcation of gender persist: the transsexual, the one who seeks to make transmutations of body symbols manifested in a specific corporality, associated with particular habitus and emission of carnal communications, is stripped of a culture of vision and division. In this sense, the issue must be analyzed with attention. Using the same formulas to perceive different problems is an error of methodological, ethnocentric, and naturalizing approach.

4. Vision and Division

The tension between transsexuals, who resolved the claim to de-pathologize the transformative function, and medical knowledge, which in some cases operates on a cognitive map naturalizing gender differences and does not understand them as cultural construction, denoting some rigidity and weak effort to entering into dialogue with the conceptual heritage of the social sciences is latent. However, superficial ethnocentrism persists. Provided with a culture of affirmation and demarcation more solid and satisfactorily implanted, the homosexual community gets in friction with the transsexual community because the latter cause a logic problem in the construction of sexuality. After the deconstruction of heterosexual normativity, receiving the help of social activists and feminist authors, not neglecting the recognized research work and the secular theoretical construction of authors in the field of social sciences, it appears that homosexuals do not have cultural tools that allow them understand another sexual alterity judging, paradoxically, sexuality in a dichotomous way and established on two terms that penalize: homosexual and heterosexual.

Being a transsexual means living in a no-man's-land and medical knowledge, evident in the speech, for example, of urologists, reinforces the overlap between genitalia and its normalized use, according to a heterosexual or even homosexual pattern. There is only sex change, not gender, they classify. Transsexuals seem helpless in the face of a dominant gay culture, credited in public action and de-pathologized for almost thirty years, and in the face of some medical knowledge, which insists on the perspective that transsexuality is a pathology measurable in clinical terms and still shows fear of moving forward. a sex change operation, the error of which could be dramatic within the scope of the national health system: there are recorded cases of regret after the surgical operation to redefine gender, it is burdensome for the public service, which fully assumes the expenses and involves health teams. surgeons, psychiatry, endocrinology, gynecology, urology and anesthesia, in addition to having a dedicated multidisciplinary reference unit, the Geno-Urinary and Sexual Reconstructive Unit (URGUS) of the Coimbra Hospital and University Center[3], in addition to identical service at Hospital de São João, in Porto.

Changing sex is profane, for the same medical knowledge that de-patologized homosexuality and for gay culture that does not include sex change in homosexual marking, which uses a body to define sexuality, as in other circumstances with heterosexuals. As in activities that require an objective marking of the body in line with the

[3] According to newspaper I, which accessed data from that service, between 2011 and 2018, about eighty surgeries were performed: phalloplasty, vaginoplasty, mammoplasty, mastectomy, surgical refinement, rhinoplasty, correction of mastectomy scars, among others. Likewise, in 2018, 257 external consultations were carried out in this unit, 92 of which were first consultations and 165 second consultations.

guiding prescriptions of individual practices, summing up culture and sanctioning divergent behaviors, gay culture also naturalizes the objective function of its sexuality after denaturalizing the dichotomous approach to sexuality and, while collective that legitimizes individual practices in the management of bodies, imposes this behavior. Transsexuality implies the disembodiment and incorporation in the normatively idealized by society, using the new genitalia that gives legitimacy to the desire: a biological disconnection is followed by a cultural connection. However, in its entirety and in very specific cases, the transsexual discourse is filled with countless uncertainties.

5. Body Tensions

There are those who do not intend to move towards reassignment and feel comfortable with the lack of gender, reiterating that the fact of having specific genitalia does not mean marking in these terms. Likewise, there are those who seek to operate redefinitions of linguistic classifications, considering that the concepts exclude and stigmatize. Finally, there are those who outright reject that the decision to resolve the sexual identity disorder is left to the discretion of medical knowledge. If Foucault (Foucault, 1984) points out the appearance of a self-centered moral that allowed him to reflect on the moral condition, we believe that today he appears as a key element of an operating complex that combines biology, reflexivity and technique to produce himself as the most congruent image of his individuality. Thus, the proclamation of his duality with simultaneous presence in the fields of nature and culture is evident: nature, because a series of speeches made him believe in this type of apparent exteriority of the body itself, providing it with an epistemology that sustains its expressiveness, being this summary of the second term, culture, which, however, does not end here.

Culture, as a system of knowledge, as Leach (Leach, 1992) says, or of communication, according to Hall (Hall, 1994) or Bourdieu (Bourdieu, 1994), has ramifications that lead to a mosaic of options legitimizing the task, becoming more effective with a globalization of cultural references based on a network of social infrastructures that promote cultural behavior: homosexual, bisexual and transgender groups are active on a global scale. The relationships between body and technology, those that are interesting to deal with, are sufficient to evoke a set of disciplinary and methodological problems that have proven to be the focus of anxiety in the tutelary view of the social sciences.

6. Conclusions

Unlike aesthetic plastic surgery, which seeks to overcome age by transcending its dilapidation, in the case of transsexuality that involves gender reconfiguration, it seeks to surpass the body using technologies aimed at personal emancipation. This is the reference point of the discussion, the search for congruent individuality. However, without a stable narrative that allows to claim a procedure, in confrontation with the heterosexual and homosexual cultures and with the medical-surgical knowledge, all of it populated with tensions and technical instabilities that fears direct interventions in the flesh and drags this fear to the subdisciplines of support, transsexuals suffer the hardships of the desire to be individuals. In this sense, it is important to bring these issues to the debate because sociology must have, as Durkheim claimed, a social justice nature.

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