

CERTAIN REPERCUSSIONS OF THE TRANSSEXUALIZATION PROCESS IN THE MENTAL HEALTH OF TRANSGENDER MEN

DETERMINADAS REPERCUSSÕES DO PROCESSO TRANSEXUALIZADOR NA SAÚDE MENTAL DE HOMENS TRANSGÊNEROS

CIERTAS REPERCUSIONES DEL PROCESO TRANSEXUALIZADOR EN LA SALUD MENTAL DE HOMBRES TRANSGÉNERO

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Objective: to analyze the repercussions of the transsexualization process on the mental health of transgender men. **Method:** qualitative research carried out in two embracement spaces for transgender people in the northeast of Brazil. The participants were 18 transgender men who experienced the transsexualization process through the Unified Health System. Semi-structured interviews were conducted between September 2019 and March 2020, which were analyzed through the analysis of thematic content. **Results:** four categories emerged that evidenced factors that can generate psychic suffering in transgender men, such as self-repression, discomfort before the beginning of body modifications and lack of support from the social network. The strategies used to deal with mental distress was also a point that became evident. **Final considerations:** it was possible to perceive that the feeling of transmasculine people, when starting the process of body modifications in the Unified Health System, tends to be one of satisfaction with the results achieved.

Descriptors: Transgender Persons, Mental Health. Transsexualism. Sexual and Gender Minorities. Sex Characteristics.

Objetivo: analisar repercussões do processo transsexualizador na saúde mental de homens transgêneros. *Método:* pesquisa qualitativa realizada em dois espaços de acolhimento de pessoas transgêneras no nordeste brasileiro.

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Participaram 18 homens transgêneros que vivenciavam o processo transexualizador pelo Sistema Único de Saúde. Realizou-se entrevistas semiestruturadas entre setembro de 2019 e março de 2020, que foram analisadas por meio da análise de conteúdo temática. Resultados: emergiram quatro categorias que evidenciaram fatores que podem gerar sofrimento psíquico nos homens transgêneros, como a autorrepressão, o desconforto antes do início das modificações corporais e a falta de apoio da rede social. As estratégias utilizadas para lidar com o sofrimento psíquico também foi um ponto que ficou evidente. Considerações finais: foi possível perceber que o sentimento das pessoas transmasculinas, ao iniciarem o processo de modificações corporais no Sistema único de Saúde, tende a ser de satisfação com os resultados alcançados.

Descritores: Pessoas Transgênero. Saúde Mental. Transexualidade. Minorias Sexuais e de Gênero. Caracteres Sexuais.

Objetivo: analizar las repercusiones del proceso transexual en la salud mental de hombres transgénero. Método: investigación cualitativa realizada en dos espacios de acogida de personas transgénero en el noreste brasileño. Participaron 18 hombres transsexuales que experimentaron el proceso transsexual por el Sistema Único de Salud. Se realizaron entrevistas semiestructuradas entre septiembre de 2019 y marzo de 2020, que fueron analizadas mediante el análisis de contenido temático. Resultados: surgieron cuatro categorías que evidenciaron factores que pueden generar sufrimiento psíquico en los hombres transgénero, como la autorrepresión, La incomodidad antes de que comiencen las modificaciones corporales y la falta de apoyo de la red social. Las estrategias utilizadas para lidiar con el sufrimiento psíquico también fue un punto que se hizo evidente. Consideraciones finales: Se pudo observar que el sentimiento de las personas transmasculinas, al iniciar el proceso de modificaciones corporales en el Sistema Único de Salud, tiende a ser de satisfacción con los resultados alcanzados.

Descriptors: Personas Transgénero. Salud Mental. Transexualidad. Minorías Sexuales y de Género. Caracteres Sexuales.

Introduction

In this research, *transgender people* was adopted as an umbrella concept that goes against the cisgenity, which tends to include trans women, transvestites, trans men, transmasculine people and non-binary trans people. Transgender people or simply trans people are those who do not recognize themselves in the gender compulsorily assigned at birth based on external genitalia⁽¹⁾.

The whole process of self-recognition in (un)certain gender can happen from childhood to adulthood and tends to imply physical, psychosocial, family, legal, among others changes, in the life of trans people⁽¹⁾. Regarding the body modifications that some trans people can access, it is considered that, over the years, the search for these technologies has been increasingly demanded by health services, which pushed the social movement to pressure the government and achieve success, consequently, in the implementation of the Transsexualization Process (PrTr) in the context of the Unified Health System (UHS)⁽²⁾.

The PrTr was established in 2008 by the Ministry of Health, ensuring people's right to plastic surgery and a set of strategies for health

care, processes, such as cross-hormonation, for example, allowing the billing of specific trans care procedures, thus being included in the table of procedures of the UHS⁽³⁾. Cross-hormonation, which can be used by trans men and/or transmasculine people, usually consists of the administration of testosterone orally, transdermally or intramuscularly⁽⁴⁾.

Initially, only trans women had access to this care technology. Only after the Ordinance n. 2803/2008⁽⁴⁾, trans men and transvestites also began to have access, with the right to be assisted by an interdisciplinary and multiprofessional team, composed by endocrinologist, clinician, urologist, gynecologist, obstetrician, psychologist, nurse, among others. PrTr is considered an important advance of universalization as a principle of the UHS for the trans population in Brazil, although it needs to be advanced⁽³⁻⁴⁾. It is understood that these advances, concerning technologies for the care of trans men and transmasculine people, must contemplate care in the puerperal gravid cycle, and improvement of surgical techniques, for example.

The lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) population is one of the most subject to discrimination, prejudice and violence, which has a direct impact on mental health and the deprivation of their rights. These show symptoms of anxiety and depression, as well as suicide attempts more often than the cisgenderian population, which has a direct relationship with LGBTphobia that structures society^(3,5). With the beginning of PrTr, it is possible that there is a contribution in relation to the mental health of trans people, improving their quality of life and their well-being⁽⁶⁾.

In a study⁽⁷⁾, which conduct interviews with five trans women, aiming to seek information on some issues regarding the process, also emphasized how important PrTr was for the participants to perform transgenitalic surgery and the result left most of them satisfied. The participants reported having been reborn after the surgical procedures and being much better with themselves. In addition, it is worth noting that, in the context of the COVID-19 pandemic that the world has faced, it has become essential to think about the LGBTQIA+ population, how the global emergency situation experienced exacerbated disparities in mental health, such as symptoms of depression and anxiety, and probably has widened the gap of mental health care for these individuals.

Although reported in the national literature, few experiments were directed to psychosocial support of trans youth in the pandemic period. Studies have shown that during this period, there were interruptions or delays in receiving hormones, surgeries were canceled or postponed, as well as the psychosocial support of the LGBTQIA+ community reduced, which has increased even more the levels of mental suffering of the population⁽⁸⁻¹⁰⁾.

This research is assumed to be based on the autobiographical reference and the subject's narrative, which allowed the participant to narrate his experience around the established object of study⁽¹¹⁾. Given the above, the objective was to analyze the repercussions of PrTr on the mental health of transgender men.

Method

This is an exploratory study with a qualitative approach⁽¹¹⁾, based on the International consolidated criteria for reporting qualitative research (COREQ), developed in an embracement and care service for trans people, which is a reference for the Northeast Region, located in a university hospital.

The service is located in the capital of Pernambuco and offers comprehensive care to trans people since October 2014. It is the only one in the North and Northeast to perform transgenitalic surgeries. The service has a multiprofessional team that covers Social Service, Nursing, Psychology, Speech-Language Therapy and Medicine with specialties such as: Endocrinology, Dermatology, Plastic Surgery, Gynecology, Urology, among others.

For the selection of participants, an intentional sample was used⁽¹²⁾. The inclusion criteria were: people over 18 years who self-recognize as transgender men/transmasculine people, whose PrTr was being performed in the service that was the stage of this study. The exclusion criterion was self-declaration as another gender identity experienced by the person. The fieldwork took place between September 2019 and March 2020.

Semi-structured interviews, notes and field diaries were used for data collection. The semi-structured script addressed issues related to health issues, construction of care strategies and therapeutic itineraries. It should be noted that the collection instruments were subjected to a pre-test, in the same scenario in which the research took place. This step was important for the collection procedure because it improved the researchers' approach.

The interviews were conducted in two locations, depending on the availability of daily service. The presence of researchers was communicated to the coordinator of the trans person's embracement space, in order to verify the availability of possible participants. The interviews were conducted in the endocrinology outpatient clinic, located on another floor of the building, on specific days aimed at the care of trans men. The participants were 18 transgender men. The interviews were recorded on audio devices, with an average

duration of 12 minutes each, and were transcribed by the data collection team.

The analysis occurred simultaneously with data collection, and the number of participants was established as no new data emerged from the completed interviews. The collection was completed with 18 participants, who provided depth and comprehensiveness between the interconnections of the problem investigated⁽¹³⁾.

Data analysis was based on hermeneutics-dialectics, which consists of the interpretative reflection that is structured in praxis and in the search for a critical understanding of reality. For analysis, the empirical categories were built based on the paths narrated by the interviewees who pointed out aspects related to mental health. Thus, a floating and exhaustive reading of the content of the narratives was performed, following three steps: ordering, classification and final analysis of the data⁽¹⁴⁾.

The analysis consisted of the classification of the interviewees' speeches, components of the empirical categories, horizontal and vertical syntheses, and comparison between the information, divergent and complementary. Data organization was guided by thematic content analysis, consisting of isolating themes from a text and extracting the usable parts, to allow comparison with other texts chosen in the same way⁽¹¹⁾.

To maintain the anonymity of those who agreed to collaborate in the research, the interviews were numbered sequentially and the names of

the respondents were replaced by "I" followed by the respective number of the interview.

Five authors of this study self-identified as cisgenders and one author identified herself as a trans woman. The first authors were responsible for research, field work development, work orientation and data analysis. The last author participated in the field work, transcriptions and data analysis.

This study obeyed the ethical principles of Resolution n. 466/12, of the National Health Council, and is a cut from a larger research, approved by the Research Ethics Committee (REC) of the *Hospital das Clínicas* of the *Universidade Federal de Pernambuco* under Opinion n. 3.126.843/19.

Results

Regarding the sociodemographic characteristics of the 18 study participants, the mean age was 26.3 years, varying between 18 and 42 years. Among them, 5 (27.7%) are students, and of these, one also has a paid job besides the study; and 13 (72.3%) perform some kind of paid work. The degrees of schooling are varied, being 1 (5.5%) with incomplete high school, 7 (38.8%) with complete high school, 7 (38.8%) with incomplete higher education and 2 (11.1%) with complete higher education. Concerning marital status, 12 (66.6%) reported being single, 5 (27.7%) are married and 1 (5.5%) reported being in a stable union.

Chart 1 – Summary Matrix of sociodemographic data of participants. Recife, Pernambuco, Brazil – 2022. (N=18) (continued)

Participant	Age	Profession	Marital status	Education
E1	27 years	Tattoo artist	Single	Incomplete higher education
E2	24 years	LIBRAS interpreter	Married	Incomplete higher education
E3	19 years	Student	Single	Incomplete high school
E4	23 years	Self-employee	Single	Incomplete higher education
E5	28 years	Cashier	Single	Complete high school

Chart 1 – Summary Matrix of sociodemographic data of participants. Recife, Pernambuco, Brazil – 2022. (N=18) (conclusion)

Participant	Age	Profession	Marital status	Education
E6	25 years	Hawker	Married	Complete high school
E7	33 years	Policeman	Stable union	Complete higher education
E8	18 years	Student/Intern	Single	Not informed
E9	37 years	Motoboy	Married	Complete high school
E10	27 years	Student	Single	Incomplete higher education
E11	42 years	Janitor	Married	Complete high school
E12	22 years	Student	Single	Incomplete higher education
E13	25 years	Support analyst	Single	Complete higher education
E14	26 years	Motoboy	Single	Incomplete higher education
E15	18 years	Administrative assistant	Single	Complete high school
E16	26 years	Salesman	Married	Complete high school
E17	25 years	Student	Single	Incomplete higher education
E18	29 years	Bartender	Single	Complete high school

Source: created by the author.

From the empirical data, four thematic categories emerged: Psychic distress of transgender men before and during PrTr; The impact of PrTr on the social network of transgender men; Physical and psychic well-being of transgender men with the beginning of PrTr; and Strategies for transgender men to deal with psychological distress.

Psychic distress of transgender men before and during PrTr

The psychic distress was reported by the interviewees both before and during PrTr. Self-repression and the process of self-acceptance were cited as reasons associated with suffering before starting PrTr, which may trigger suicidal and self-injurious behaviors, in addition to the common mental disorders, such as depression and anxiety, as highlighted in the following statements:

The self-repression, my life was a hell because I self-mutilated, cut myself, hurt me, punched things to find

out what was wrong with me, and nobody helped me, nobody sat down and asked me what I felt. (I1).

I was not a happy person before, I was an antisocial person, I was a person who did not even leave the room, I had depression. (I7).

I thought I was a homosexual person. Over time I was realizing myself transgender, due to the discomformity with the body, the difficulty in accepting my period, my voice and the shape of my face. From then on things started to get harder[...] I did not just want to relieve the pain, I wanted to end it for good, so I have tried five times to kill myself with medicine and cuts in my body, but I have been stopping it. (I15).

The lack of understanding of oneself as a transgender person, body and voice discomfort before PrTr was initiated were also reported by study participants as triggers for intense mental distress.

I used to be a very shy and reserved person, did not want to show me, was ashamed of my body [...] I had a small group of conversations on the internet, then I used to send my voice altered because I was ashamed of my voice. (I2).

At first when I discovered it, I did not know that it existed. Until I really figured out what was happening to me, what

was transgender, what did I identify myself with? It was very complicated, very hard. (I4).

During PrTr, mood changes and worsening of depression and anxiety symptoms were also reported after the beginning of the hormonization.

When you discover yourself trans, you get a little disturbed, because you start to ingest the hormone [...] and this hormone, it messes with your psychological [...] you begin to demand from yourself, you do not see result and ends up that your head, it is full of things and it is only disturbance, and whether you want to or not, this affects your psychological. Not seeing result, your psychological, it is affected even more. (I16).

The impact of PrTr on the social network of transgender men

The social and support networks of these men, which are formed by family, friends, girlfriends and/or boyfriends or even groups of trans representants, were other themes that emerged. This network seems to interfere in a positive and protective way in the mental health of these men when it is found support judged as necessary in relation to PrTr. This issue is evident from reports like these from the interviewees, as follows:

Everyone in my family, to say so, family I consider in the case [support]. My mother, even though she is complicated, she supports me, she gives me support in everything, my aunt also, who is a wonderful person. I have no problem with that. (I8).

My mom supported me because my family is basically her. My girlfriend also supports me, she is also trans, my friends also support me. (I10).

My mother was always a partner, my former boss was a person who helped me a lot, was someone who gave me a lot of hand and was always very close to me [...] today I have no problem with acceptance, recognition, I have none. And I am very happy the way I am, and I am very grateful for everything that has happened, for everything and for everyone. (I16).

The social network can also be a risk factor and illness for trans people when there is a lack of this support, which may cause suffering, since the close people and the family itself can start to demonstrate rejection and repression after self-recognition of the person as a transgender person and, even more during PrTr by the processes of body modifications that begin to become more evident. This inadequate support of the social network of the trans people interviewed was identified in speeches as the following:

Nobody wanted me the way I was, nobody even bothered to know what was going on inside my body, inside my head, why I used to lock myself in the room those nights, why I did not go out, why I did not eat. (I1).

My wife, only she and my friends [support]. Family was terrible. My brother assaulted me, this before I took the hormone, when I had just told him who I was. My mother blamed me for the aggression. My brother does not treat me either as a woman or a man because I threatened to put a lawsuit. And I have no bond of proximity with him, we only speak the basics. (I12).

My mother does not support me in this. So I think that is the only thing that keeps me from being happy. (I15).

The existence of a weakened social network causes great psychological suffering in the life of the trans person, as was exposed by the participants of this study.

Physical and mental well-being of transgender men with the beginning of PrTr

The third category concerns the physical and mental well-being of transgender men with the beginning of PrTr. After starting this process, especially with the hormonization and psychotherapy, some of the participants reported feelings of physical and mental well-being, as well as improvement in their quality of life, self-esteem and in relation to self-care.

For me, the issue of hormone treatment was important. It made me better, I felt better, it makes difference. In my life, it made a huge difference, the treatment and mastectomy [surgical procedure that consists of resection of both breasts with repositioning of the nipple areola complex]. (I8).

Now I take pictures all the time, I always look in the mirror and it is gratifying. So my mental and physical health has improved a lot too, because I feel stronger, I eat better, I sleep better. Just not having a weight on your head of what you do not see, I have no words to say how rewarding it is. (I9).

The whole process helps in emotional health, body modifications, and then you start to feel good about yourself. It helps, of course, we feel better, happier, self-esteem improves. (I12).

From the mental point of view, having acquired characteristics and forms that I wanted, that I did not know how to do it, but then, from the moment I started accessing the service and researching, I found that I could make use of the hormones and that I could characterize myself in the way I saw myself internally. And that was what helped me a lot. (I17).

Strategies of transgender men to deal with psychological distress in the context of PrTr

The last category of the study is formed by the various strategies that transgender men presented to deal with psychological distress, such as the search for psychotherapy and art:

My current patience is still small, but I managed to work better. I believe that nothing should have changed, I just learned to work with what happened. But I have already looked for other means to let go of what was happening. (112).

I attended sessions, on my own, because I wanted to, by my choice. Psychology. Out of here to better understand some personal issues. (114).

I write poetry and this is a way to put out what I am feeling. (115).

Discussion

Studies report that the incongruence between gender and sex attributed to birth can cause constant suffering, and this incongruity brings discomfort with the body itself and a significant mental distress^(5,15). Another study also problematized about this feeling of incongruity imposed by cisnormativeness and emphasized that the feeling of impotence between the real image and the psychic can lead the person to self-harm and suicide or attempted suicide⁽¹⁶⁾.

Such sufferings, if not identified, and care may lead to the development of minor mental disorders, such as depression and anxiety, showing the importance that health services have in the embracement and care of the LGBTQIA+ population^(5,16).

Regarding cross-hormonation, another study⁽⁵⁾, which interviewed trans women and transvestites who made use of hormones, reported mood changes with the hormonal treatment. However, when the participants were asked about a possible improvement of these mood changes with the absence of hormones, the answer was almost always negative. On the other hand, a study revealed that cross-hormonization tends to relieve depressive symptoms and increases individuals' quality of life, since the effects of the hormones interfere in the psychological sphere, especially regarding expectations and frustrations related to PrTr⁽⁵⁾.

Besides everything, it is also important to note that there is a waiting time for some of the procedures offered by PrTr in the UHS, such as the hormonization itself, and especially plastic surgery, and this factor is a generator of suffering and frustration. The study reports that this long wait can be seen as a violence for trans people⁽¹⁷⁾. Another study also discussed the issue of this long wait, and states that this delay generates anxiety, beyond the lack of perspective on when trans people will get access to the desired surgeries⁽¹⁸⁾.

One of the important points for the trans population is social support. The subjects' speeches evidenced the importance of social support that can come from parents to friends and trans representants. Research conducted with trans, transvestite and non-binary people emphasized how much support networks affect the construction of self-esteem in these people⁽¹⁵⁾. This emotional support and the feeling of belonging may have a protective function in relation to behaviors inherent to psychic suffering, such as self-harm/suicide⁽¹⁹⁾.

Regarding social support, it should be noted that the social network is an important element of support. The data show that, if it is weakened, it will cause great psychological suffering in the life of the person. Study with transgender women mentioned some experiences of prejudice, stigma and lack of information experienced by them, which can hinder the formation of their identities and the search for solid and respectful affective relationships⁽²⁰⁾. It is worth mentioning that, when dealing with trans people and transvestites, one must think about the idea of a weakened network, whereas, even with the advances achieved in the health field - such as access to trans-specific care in the UHS -, and human rights - such as trans quotas in universities, social relations of these people are not always broad and satisfactory⁽¹⁵⁾. When conducting a (self)ethnographic study, a racialized and class cut revealed the loneliness faced by trans women and black transvestites, poor and peripheral in the city of Salvador⁽²¹⁾.

In this sense, a study with 242 trans men emphasized that 80.7% of the participants reported that the place with the greatest

disrespect and lack of support is their own home, and how much this hostile family environment can generate psychic suffering⁽²²⁾.

Nevertheless, it is possible to see that the (lack of) support and recognition of these trans men through their social networks have direct repercussions on their mental health, which can thus help them in relation to PrTr or end up making this whole process difficult, making it painful.

Regarding the beginning of PrTr, the speeches of some participants evidenced the feeling of physical and mental well-being and satisfaction with the desired body changes already achieved. A study with trans people who were undergoing PrTr in a specific health service highlighted in the speech of these people the importance of trans-specific care in improving quality of life, since it offered the possibility of performing plastic surgery for people who wanted to⁽⁶⁾. Another study revealed the satisfaction of the results of the transsexualization process and how much they affect positively the well-being of trans people, the same way dissatisfaction is related to the decrease of this well-being⁽²³⁾.

Another important point to be highlighted is the importance of a multidisciplinary and multi-professional team in the integral care to the UHS user, so that mental health follow-up occurs simultaneously and in completeness to the other services offered. A study pointed out some perceptions regarding the objective of this follow-up not meeting the purpose of having decision power between allow or prevent surgical procedures or related to transition⁽²⁴⁾. The logic of psychosocial support to trans people in the context of health needs necessarily to primate for the autonomy of the person in relation to his/her care process and not a dimension of health that is impositive and prescriptive. In the context of creative strategies to face mental suffering, participants of this study showed that art can be a valuable resource, in the form of writing poetry. A study discussed expressive writing as a process that alleviates suffering and seeks physical and mental well-being, based on a therapeutic logic. As well as highlighting that writing can often also be a powerful mechanism to cope with stress⁽²⁵⁾.

This study contributes to the reflections about the complexity of the transsexualization process and the services available; however, due to its research locus, it does not aim to generalize its results.

Final Considerations

The data of this study allowed the observation of factors that can generate psychic suffering in transgender men, such as self-repression, discomfort before the beginning of body changes in the UHS, as well as when there is a lack of support from the social network. The strategies used to deal with mental distress was also a point that became evident in the participants' speeches. In addition, it was possible to see that the feeling of transmasculine people, when starting the process of body modifications in the UHS, tends to be satisfaction with the results achieved.

However, when recognizing some factors that will possibly affect the mental health of transgender men before and during access to body modification processes in an accompanied in the UHS, the psychological suffering that surrounds the lives of these people when there is no access to specific trans care in the system. Thus, it is urgent to discuss the risk factors for this suffering and protective factors to mental health that can be worked by health professionals and their own support network to improve the well-being of trans men and transmasculine people.

Moreover, the health needs are recognized, which should be focus of public policies aimed at the LGBTQIA+ population, especially of transmasculine people, who were the focus of this research. Thus, it is urgent to develop strategies and policies that enable the improvement of health care and quality of life, as well as to reduce the psychological suffering of this population before and during the processes of bodily modifications, which are the right of trans men and the duty of the State to guarantee their access to them.

Collaborations:

1 – conception and planning of the project:
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Competing interests

There are no competing interests.

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