

“Male body with female gestures?”: a transvestite’s image made by nurses

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This is a qualitative research based on the Theory of Social Representations aiming at describing the transvestite’s image revealed by nurse(s). The Free Word Association Test (TFAW) was applied, consisting of the stimulus ‘Transvestite’, for 110 Postgraduate nursing students, from a public university located in Salvador city, Bahia state, Brazil. Twenty of them answered the semi-structured interview. The TFAW data processed by the free software *Ensemble de Programmes Permettant L’analyse des Évocations* (EVOC) subsidized the corpus organization of the interviews guided by the content analysis. The investigated group revealed an image about the transvestite from elements of biological and social, sexual orientation and gender identity dimensions, pointing towards the emergence of a progressive perspective on the way of being a transvestite.

Keywords: Social representation. Transvestite. Nurse. Image.

Introduction

Men and women aim at finding a balance between the materiality of their own body and their self-image regardless their sexual orientation¹. Taking into account the gender identity and expression based on femininity, people who refer to themselves as transvestites can adopt body modification practices towards tailoring their bodies more appropriately according to the way they feel they belong². In this perspective, the body (re)building is configured as an ongoing search, since it must be built and rebuilt for attaining femininity; nevertheless, without resulting in becoming a woman. The purpose is to construct an original and own feminine image, aiming at producing the meaning of what is perceived as beautiful in itself.

The transvestites, seen as unintelligible object human beings³, live on the margins of society, carrying with them the burden of living beyond the binary gender division. Although they invest heavily in an image contemplated as feminine, they suffer for not having their identity recognized, giving rise to a chaotic life context, marked by prejudice and segregation³.

The vulnerability situations underline aspects that make up a representation on the transvestite's image that is anchored in stigmatizing and stereotyped beliefs, based on standards that regulate what is considered normal or abnormal⁴. This context leads us to reflect upon the unrestricted relationship among transvestiality, prostitution and violence, which pervades the social imaginary and the transvestites' social isolation. Broadly, they are invisible in the daily life of the cities during the day and show up at night in the sexual market, where they can be seen, welcomed, desired and paid for.

With reference to the Theory of Social Representations, all things or people that were banished or exiled from the concrete borders of our universe always possess imaginary characteristics, pre-occupying and disturbing exactly because they are present even when they do not show up⁵. It is possible to witness the decoding system of reality, through the medium of social representations, which translates the unfamiliar into something coherent to the reference points and, as a result, into something common and familiar, "as a schematic content or a figurative model pervades the social environment while the group builds its reality"⁶ (p. 20). With regard to transvestites, their presence is perceived even when they try to pass (un)noticed.

People of different races, with diverse beliefs and identities, stand before the social mandate of the nurses, in their action spaces, and that demands these professionals to adopt a technical but also an ethical and solidary posture. In this perspective, it must be considered that the relational context between nurses and transvestites is not free of social influences, which can guide them. This happens regarding professional conduct and positions taken in attendance and care services, ranging from the drafting of images, ideas, notions and positions, until the existence or nonexistence of care protocols and therapeutic itineraries to this population segment in the various levels of care.

The encounter between nurses and transvestites produces senses and meanings for both parties. This leads us to reflect upon the fact that there are no pre-established outcomes in this relationship. The transvestites carry with themselves a set of demands that require understanding and individualized forms of care, in the same way as it happens to anyone.

The transvestites' body modification practices may lead them to face health-threatening situations or complications. In this case, when accessing the health services, the transvestites occupy a common space with the nurses, for the latter must provide the former with continued care and act without prejudice. Given this commonplace existence and the conception that social representations are composed of dimensions related to attitude, information and the representation field or image⁵, a crucial question must be contemplated: what are the nurses' social representations about the transvestites? From this perspective, this paper aims at describing the transvestite's image revealed by nurse(s).

Representations are constituted of imaginary formations, and sometimes they are an intrinsic part of their design. Hence, the representations can also express or come to constitute an imaginary, triggered as a collective process by incorporating the social representation of numerous groups and by linking them to the affective dimension in social representations⁷. Therefore, approaching the transvestite's image from the nurse's social representations comprises in accessing a broad and complex content, closely linked to a socio-cognitive set resulting from the interpretation of the symbolic and social universe⁷. The representations exert influence on the relationships, determining communications, behaviors and practices that guide both social and health actions⁸ connected to the transvestite's segment.

Given the imaginary is a collective phenomenon with strong psychosocial components not yet systematically explored, its essence is composed by the social memory, inhabited by ideas and images that arise from it and from the unconscious⁷. In this manner, as the nursing profession is historically and predominantly performed by women, the discussions about this professional category 'genderified'⁽⁹⁾ in the feminine and its representations on other feminine subjects become important to identify how the nurse(s) accommodate the welcoming and the care service, taking into account that this body, although based on 'femininity', neither recognizes itself as a woman nor as a man, but rather as a proper and legitimate identity.

⁽⁹⁾ According to Connell⁹, "[...] the noun *gender* has been unfolded into *gendered*: a term translated here into "genderified" – indicating that a person, a group, a space etc. was touched or had gone through the network processes included in the genre dynamics." (p. 8-9)

Methodology

This qualitative research, applying the theoretical framework of Social Representations Theory (SRT), was carried out with 110 nurses. Nurses were chosen as a focus group to be investigated not only because of their bond to a Postgraduate Program in Nursing, but also due to acknowledging the contingent of this professional category in the health teams of the different levels of care and the characteristics of their professional practice. Nurses primarily maintain direct contact with users and relatives for a long time during health care processes. They perform technical procedures, as well as educational, administrative and managerial tasks. As an inclusion criterion to participate in this research, the nurses to be interviewed must have been properly enrolled in one of the *Lato Sensu* or *Stricto Sensu* courses offered by the Postgraduate Program of the School of Nursing at the Federal University of Bahia (UFBA) in the first semester of 2015. This School stands out in the Brazilian scenario as a pioneering nursing institution in the debate on the issues of gender and feminism.

From October 2015 to March 2016, there were 136 nurses enrolled in the masters, doctorate or specialization courses or taking part of the Nurse Residency

Program. Twenty-six of them were not willing to participate in this research due to medical or maternity leave and/or because they were in the process of presenting their monograph/master's thesis/doctoral dissertation and/or preparing their defense.

The majority of the research participants were female (98) and enrolled in *Stricto Sensu* master (37) and doctoral (30) Nursing degree programs. The others (43) were enrolled in specialization courses and/or in the Nurse Residency Program. Their age ranged from 25 to 55 years, but predominantly from 25 to 35 years (93). Most of them reported they were brown-skinned, Catholics and employed at the time of data collection, acting primarily in the care service sector, while a small number (18) reported working for the care service concurrently with teaching.

As the application of multi-techniques satisfies the principles of the Social Representations Theory, the information in this study was obtained through the use of two specific and complementary techniques: free word evocation technique and semi-structured interviews. The former corresponds to a projective technique which, through the Free Association of Words Test (FAWT), allowed, by applying the "transvestite" stimulus, the access to semantic elements and imagetic features of the object studied, while for the latter a previously prepared script was applied, focusing on the aim of this research.

The FAWT application requires that the researcher helps the research participant to get familiarized with the instrument to be applied, clarifies the preference for not using phrases and highlights the time limit for the response, since the faster the greater its effect and validity¹⁰. The FAWT was applied individually to 110 Postgraduate students who accepted to participate in the research with previously scheduled days and times and average duration of 10 minutes. Each participant was asked to write three to five words or expressions related to the term "transvestite", afterwards listing the words according to their order of importance, and then justifying their choice for the most significant evocation.

The data were processed using the software *Ensemble de Programmes Permettant l'Analyse des Évocations* (EVOC), which allowed a lexicographic analysis, disclosing the social representation structure based on the frequency of evocation (Freq) and the Average Order of Evocation (AOE)¹¹. The frequency refers to the number of times that a specific word was evoked by the research participants, whereas the AOE shows the evocation sequence or position on a 1-5 scale. Regarding the EVOC data processing, there were found structural elements allocated in quadrants known as central nucleus, first periphery, second periphery, and contrast zone.

On the whole, the central nucleus terms are closely related to sociocultural and ideological conditions and social norms and values, being strongly influenced by these elements, determining the subjects' behaviors and actions that represent them¹¹. Due to their ability to connect themselves to the collective memory, they are resistant to changes and hardly accessible to the immediate context. Hence, they are structuring of the social representations of the investigated group. The first periphery includes the most important peripheral elements for the frequency of evocation. Nevertheless, it is less relevant according to the deponents. The contrast zone terms are reported by a smaller number of subjects, who refer to them as very important¹².

The FAWT data disclosed significant aspects of the social representations of the investigated group concerning the transvestite, thus justifying the relevance of

such representations being covered in greater depth in the interviews, which were conducted individually with twenty of the 110 research participants. For this stage, the inclusion criterion adopted was that the research participants had at least one year of experience in assistential, teaching or management activities. The number of research participants was defined by the repetition of information on the object of study, based on the data saturation criteria¹³. The average length of each interview, conducted on a scheduled day and time, was about 35 minutes.

The interviews were fully transcribed and subjected to content analysis¹⁴ regarding the intersection of communication analysis techniques, which aims to obtain, through objective and systematic procedures for describing the messages content, indicators that accept the inference of knowledge related to their conditions of production/reception¹⁴. In light of this, the organization of the material to be analyzed followed a three-phased model of distinct and interrelated stages: 1) pre-analysis; 2) material exploration; and 3) treatment of data and interpretations.

The interview contents were identified and grouped by excerpts based on continuous and detailed readings of the selected material, following the similarity principle, composing the context units and thematic categories. For this paper, the category called "Male body with female gestures" was explored, portraying the transvestite's image and reflecting terms that make up the central nucleus, the second periphery and the contrast zone.

The research project was approved by the Research Ethics Committee of the Federal University of Bahia, through the technical opinion nº 1.203.257. In the research development stage, all ethical principles established by the 466/2012 Resolution of the National Health Council¹⁵ were met.

Results and discussion

By applying the FAWT, 528 words evoked by the 110 participants for the term 'transvestite' were identified, being found 49 different ones. The words *homosexuality*, *prejudice*, *identity*, and *feminine makeup* ranked high in terms of frequency, placing them as the probable central nucleus of the investigated group representation.

The term *homosexual* emerged bound to the sexuality of men who have sex with men, an identity that surfaces as a marker of the gender duality, without necessarily being associated with the biological sex. The term *prejudice* refers to preconceived concepts linked to socially negative values attributed to the transvestites and which are an intrinsic part of their life experience. The term *feminine make-up*, consecutively, is connected with the participants' evoked cognitions that are related to props socially considered as feminine. The words presented in the central nucleus were significant in the interviews content, prompting the category "Male body with female gestures", whose analysis revealed the transvestite's image related to biological, social and sexual orientation and gender identity.

The reports generated by the software *Ensemble de Programmes Permettant l'Analyse des Évocations* (EVOCA) showed the following results, which confirm the biological dimension attributed to the transvestite's image: the term "feminine makeup", which integrates the central nucleus, was evoked 30 times (frequency of evocation) on an Average Order of Evocation (OME) of 2.467, on a 1-5 scale; the

term "woman", which was present on the first periphery, was evoked 21 times and acquired an OME of 2.952; the term "man", present in the contrast zone, was evoked 17 times and attained an OME of 2.118; the expression "man who wants to be a woman", also present at the same quadrant, was articulated 18 times and presented an OME of 2.778. The predominance of this dimension can be justified by the dichotomous, socially and historically constructed idea of men and women/male and female, in accordance with the recognition of the only distinct sexual and social bodies. Notwithstanding, these ideas neither present themselves homogeneously nor impermeably, given that, in this case, the body "presents the mark", being "the own mark in the flesh"¹⁶ (p. 421).

In view of the evoked terms in the FAWT and the interviews content, it can be inferred that, according to the research participants, the transvestite's image is anchored to hybrid body characteristics. Some of the excerpts mentioned below, extracted from the conducted interviews, portray such characteristics:

"Watching *men* who are tall, who have a loud voice, hair, clothes, breasts and butt, that shocks!" (P5)

"[...] a person who behaves, dresses and wears makeup, but who behaves himself [herself] in a different way from his [her] biological organ, and he [she] tries to wear clothes, a garment different from his [her] biological gender. His [her] way of talking, of behaving... It is clear that the clothes are the most evident part of a person who calls himself [herself] a transvestite, but the way s/he walks, the way s/he talks, the way s/he approaches you is different." (P15)

"[...] usually by his [her] clothes, in a greatly exaggerated feminine production, a lot of makeup, a lot of brightness, a lot of clothes." (P17)

"That's why I promptly thought of something different, too. Then, I think it's very conflicting because what's different [...], what doesn't fit the standard, is not accepted by many people. The staff mentioned quite a lot about [their] different traits. [...] They said: "Oh, he looks like a woman! His hair, the way he is dressed'. That caught a lot of the staff's attention [...]." (P12)

The biological and body components, objectified in a heteronormative and deterministic dimension, are highlighted in the interviews content, as shown in the excerpts below:

"I have soon thought of the being man, who dresses himself as a woman." (P1)

"[...] it's a gender expression which indicates that what is most commonly seen is that the man in our society, who has a phallic organ, who is born as a *man*, and he transforms himself. I think that the term transvestite comes from that." (P8)

"She arrived [at the health care service]. We did not recognize that, actually, she was biologically a *man*, who had just a tone of voice that arouse our suspicion."
(P7)

"We look at someone and think: 'He's gay'. We look at somebody and think that... but no! The transvestite does not [act like that]. He [she] is there, showing [what s/he is]."
(P10)

The possible (non)conformity between the genitalia and the body, pointed out by the research participants in relation to the transvestites, is also discussed by Santos¹⁷, according to whom the hybrid body of transvestites and their fluid performances, which are a characteristic trait of transvestilities, raise doubts towards the codes of intelligibility¹⁷. Hence, stigmas are still attributed to the transvestites' body because of their similarity to a female body, ruled by the feminine and by the gender system violation¹⁸. Based on this evidence, the individuals who refer to themselves as "normal" begin disqualifying the transvestites to (re)affirm their "normality". Due to the way transvestites are seen and classified, as they are neither men nor women, they start to be seen as "strange" and different from people who state they are "normal" and/or consider themselves as "normal"⁴, even though this may not be the way the transvestites perceive themselves.

For the research participants, the transvestite is a different person for distancing herself from the standard patterns. This difference is underlined by a performativity adopted from a female referential that does not match her biologically. By surpassing the regulatory norm, both regarding the image and the possibilities of pleasurable relationships, the transvestites are pushed aside and considered to be abject beings¹⁸. The transvestite's ambiguity is primarily marked by masculinity¹⁹. This idea partially reflects the presence of the term prejudice in the central nucleus.

Today, the transvestites delimit an inquiring place for violating the logic of the naturalized sex and for wanting and (re)building the feminine image¹⁷. Regarding this issue, it is imperative to observe that the transvestite's image, in spite of the similarity to women's appearance, has its own characteristics, having a unique beauty pattern that translates what is considered pretty by the people of their segment. The feminine for the transvestites is not the same as the feminine for women, given that it is a feminine image that does not abdicate from masculine characteristics for it constitutes a constant flow between these two poles, almost as if each context or situation propitiated a specific mixture of gender ingredients²⁰.

The transvestites' image, although anchored in contradiction, seems to be bound to a fluidness typical of their experiences. The research participants signal the rise of a broad perspective on the transvestites' way of life, acknowledging the limitation and possibility of transcendence of the biological dimension and the possible dissociation between the biological body and gender, going beyond the idea that it is the anatomy that defines someone.

The interviews content shows a biological dimension displacement attributed to the transvestites, at the same time that it reaffirms the existence of a fluidness that imprints their life context. Nevertheless, that fluidness does not emerge in the terms evoked in the FAWT for the transvestite's stimulus.

The fluidness perspective exposes the research participants' sensitivity to issues involving the being transvestite, as it is not just limited to inflexible normative categories, as shown in the excerpts below:

"[A transvestite] [...] is someone who was born a *man*, but who dresses and behaves as a woman and who sometimes uses a female name. [A transvestite] does not unquestionably wants to stop being a *man* [...]. There is also a woman who wants to be a *man*, who behaves like a *man* [...]. [A transvestite] can suddenly assume both *identities*." (P13)

"[...] the transvestites expose to society that the fact that a person has a penis, or a vagina, does not necessarily mean that s/he is a *man* or a *woman*." (P3)

The "fluid" character of these experiences is echoed by Jaqueline de Jesus²¹ as well, when she reports that the transvestites' experience feminine roles without recognizing themselves as men or women, but rather as members of a third gender or of a non-gender²¹. The mobility in different gender and sexuality spheres allows transvestites to go through a multiplicity of discourses about the subject positions available in society²². This movement can only happen for those who have capable performance and corporality in the enunciation situation¹⁹.

Under the strain of gender binarisms (male versus female), the transvestites experience one gender at a given time and begin to reject and criticize it at another, never experiencing both gender roles simultaneously²³. The (re)building of the transvestite's body is composed of a continuous search²⁴. Her body is neither given nor finished, as it must be rather built and rebuilt in the search for a unique, own femininity². For that reason, seeking an ideal image, the transvestite often makes use of additional resources, such as industrial silicone, hormone therapy, surgeries and aesthetic procedures.

The human body has been treated not only as matter, but also as a sensory stimulation generator, producing knowledge forms in the environment it exists²⁵. Keeping this in mind, the transvestite follows her course as a provocative image, since her identity, as well as the (re)creation of her body, may produce the most diverse reactions, whether being related to emotional, social and health issues, or related to the self-image, anatomy and physiology of her body.

The term homosexual (Freq. 20 / OME 1.650) emerges as one of the central nucleus elements. Its position attributes to it the characteristic of the nurse's representational field about the transvestite. Moreover, its position requires rigor and traces historically built conceptions about sexual orientation.

Attributing to the transvestite a homosexual sexual orientation implies a misconception, as these terms are not synonyms². While the latter refers to the affective and sexual field, the former is connected with the way the person recognizes herself/himself and feels s/he belongs to². The following excerpts show this situation:

"We think that the transvestite is a *homosexual*, that the transformist is *homosexual*. We lump everything together and do not distinguish one from the other." (P1)

"In addition to having the *homosexual* sexual option, then I see no difference."
(P4)

"(...) When the word transvestite is mentioned, it sounds like the speaker is referring to any other *homosexual*." (P17)

Defining the transvestites simply as a homosexual implies producing a situation of invisibility on this segment, forasmuch as, in doing so, one fails to recognize their commitment to the construction of a body that represents their self-image, the characteristics and practices that are peculiar to them and, therefore, their particular existence form and identity. In Brazil, there are conventions that associate homosexuality with female gender performances in male bodies, being those understood as offensive, prejudiced and violent practices¹⁹.

The research participants' opinions reveal the confluence of the transvestite's gender identity and sexual orientation. Neither is a dimension connected to another nor is there a sexual orientation norm according to gender²¹.

The term identity (Freq 27 / OME 2.556), which is present in the central nucleus, acquires significance in the selected interviews excerpts, as the research participants attribute an identity to the transvestite's image/person. In other words, they understand it as a self-conceiving way, as a form of presenting yourself to other people, relating it to issues of a subjective order, as it can be illustrated in the excerpts below:

"[A transvestite] [...] is someone who wants to change herself and wishes to expose what she believes to be, revealing her identity." (P7)

"They are ordinary people, just like any other person, who only differ in assuming in their own body, in their phenotype, the feminine *identity*. I think it's the society that sets a burden on these people because they dress like a woman and have the desire to be a woman. It sets a burden on them that I can't see."
(P4)

"I'm like that, I want people to see me that way. That's why I wear this outfit; that's why I wear this *makeup*, I wear high heels..." (P10)

"They are people like anyone else who face a heavy challenge of being in a body that doesn't fit with their mind. They have a *feminine* mind, a feminine gender, feminine traits, grimaces, speech, clothes, posture, but only that they live in a masculine body [...]." (P2)

The excerpts from the interviews conducted in this study confirm the significance of the term *identity*, in spite of the fact that the research participants do not attribute to the transvestites an identity of their own, since their identity still pervades the socially defined masculine and feminine gender binarisms. An identity is never descriptive, but rather normative and full of social expectations, inasmuch as it evokes a number of statements, which are not only of gender and sexuality, but contemplating social markers like color/race and social class¹.

The cognition prejudice (Freq. 67 / OME 2.687) emerges in the central nucleus and attributes a social dimension to the transvestite's image, whereas it is indicated by the interviewed nurses as a reality widely experienced in different scenarios and moments by the people who belong to this segment, as shown in the following excerpts:

"They drop out of school because they are excluded for being transvestites. ... The body changes that this reality brings, followed by the social identity [raises doubts]: Is it a man who becomes a woman or a woman who becomes a man? As for the social aspect, it is that other person who doesn't recognize herself/himself psychologically, socially, and consequently s/he leaves school. The school isn't permeable to those people due to their sexual orientation, because of their body image. Those people start suffering in such a way that they prefer to leave [school]." (P5)

"I think she experiences several situations of prejudice and social acceptance. For example, if she arrives in a certain place and it has man's restroom and woman's restroom, what is she going to do? Which restroom is she going to use? Therefore, these are issues that she often has to deal with and that must really cause a lot of suffering." (P13)

"(...) I have many students who either assume their homosexuality or who are already homosexual but do not assume that, but that doesn't happen with the transvestites! We have a course that has already been implemented for 8 years. We are already going to graduate the 5th group of students and we haven't had any of them [any transvestites]." (P10)

Gender identity comprises complex processes, either demanded by the primary socialization process or directly or indirectly charged by the society in which we live, where heterosexuality is considered as the only normative model²⁵. Consequently, a lot of prejudice takes place regarding the people who infringe the rules of normality - a situation that is further intensified when the subject concerns the transvestites, since they do not refer to themselves as male or female.

Given this ongoing social tension faced by the transvestites, it is understood that the image, as a constituent element of social representations on this segment, is adjusted as an interaction context with other social groups. In the meantime, one should not neglect the dynamicity of the transvestites' representations and their identity, as well as how these elements influence their social space.

It is understood that all people have characteristics that differ them from the others. Nevertheless, taking for granted an image that does not dialogue with the biological sex seems to extrapolate the social norms, thus leading the transvestites to be considered "abnormal". It is true that if the interpretative basis is the structure conceived by heteronormativity (a male body, male practices and heterosexuality), there will be estrangement from particular expressions, as in the transvestites' case.



Final considerations

The present research aimed at describing the transvestite's image revealed by nurses, which is inscribed from the elements of biological and social dimensions, sexual orientation and gender identity, allowing us to understand that the transvestites are seen as men of homosexual sexual orientation, who wear props to experience an identity guided by the female image. Hence, the nurses' social representations investigated in this study point towards an introduction to the knowledge about the transvestites, even when the discussion on gender issues is added to the academic education.

The transvestite's identity, reasoned as a gender experience, is understood by the group of nurses surveyed in this study as an element tied to sexual orientation. This representation points to the need of professional development to these nurses regarding non-hegemonic identities, inasmuch as the absence of such debate may influence nursing care actions directed at transvestites.

Even though the transvestite's image is strongly connected to the biological aspect, it is also related to a dynamicity that is particular to this social group. These aspects indicate a possible emergence of a comprehensive perspective about the transvestites' way of being from the research participants' perspective. Therefore, although the existence of some restriction is recognized, there is a possibility to overcome the biological dimension to conceive disaggregation between biological body and gender, thus reaching the notion that it can be defined from manifold arrangements.

Taking into account that nurses sensitized by a capacitation in gender and sexuality issues can play an important role in the humanized welcoming service to transvestites, it is relevant to evaluate the social representations influence on their social context. This is a central issue, since these representations may be an element that can both favor the expression of the transvestite's ways of life or become the very obstacle to their existence.

Finally, to reflect upon the heterogeneous, deep and broad requirements that involve transvestibility will certainly contribute to the male and female nurses, in their various performance areas, for reevaluating particular care modes, elaborating care protocols, capacitating professionals and contributing in order to sensitize the team to respect differences and human rights, which are elements that contribute to offering to transvestites a comprehensive humanized care and the strengthening of the nursing practices and public policies guided towards this segment.

Authors' contributions

The author Ester Mascarenhas Oliveira conducted the conceptual drafting, object delimitation, research design, data collection, discussion, paper drafting, manuscript revision and approval of the final revised version. The co-author Jeane Freitas de Oliveira participated in the object delimitation, research design, paper drafting, manuscript revision and approval of the final revised version. The co-author Carle Porcino has actively participated in the first drafting of the paper, discussion of the results, manuscript revision and approval of the final revised version. The other co-authors contributed to the paper drafting phase and approval of the final revised version.

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