

Embodiments of Masculinity in Trans Men: Scrutinizing Subjectivation Processes

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ABSTRACT – The objective of this study is to understand the intentionality behind the bodily modifications undertaken by trans men during the gender transition process. Fifteen transgender men, aged between 20 and 41 years, who were undergoing hormone therapy, with or without concurrent surgical interventions, participated in the study. Thirteen interviews were conducted online, while two were conducted in person, following a semi-structured interview guide. The data were transcribed and analyzed using reflexive thematic analysis. The results highlight biotechnological body modifications as the main tools for masculinizing transgender bodies. The motivations reported by transgender men for undergoing the procedures included the desire to align their self-image with their gender identity and the need to recognize themselves and be recognized as belonging to the male gender.

KEYWORDS: Transsexuality, Trans Men, Hormonization, Masculinity, Hegemonic Masculinity.

Corporificações do Masculino em Homens Trans: Esquadrinhando Processos de Subjetivação

RESUMO – O objetivo deste estudo é compreender a intencionalidade das modificações corporais agenciadas por homens trans durante o processo de transição de gênero. Participaram 15 homens trans, com idades entre 20 e 41 anos, que estavam em processo de hormonização, com ou sem intervenções cirúrgicas concomitantes. Foram realizadas 13 entrevistas na modalidade online e duas presencialmente, com base em um roteiro semiestruturado. Os dados foram transcritos e analisados de acordo com a análise temática reflexiva. Os resultados destacam as modificações corporais biotecnológicas como as principais ferramentas de masculinização dos corpos trans. As motivações relatadas pelos homens trans para a realização dos procedimentos incluíram o desejo de alinhar sua autoimagem à sua identidade de gênero e a necessidade de se reconhecerem e serem reconhecidos como pertencentes ao gênero masculino.

PALAVRAS-CHAVE: Transexualidade, Homens Trans, Hormonização, Masculinidade, Masculinidade Hegemônica.

Gender must be understood as the way the reproductive capacities and sexual differences of human bodies are transposed into social practice and incorporated as part of the socio-historical process. In other words, gender is understood as a way of setting order in the social practice (Connell, 1995). In this connection, gender is always understood from a relational status. Hence, we cannot study gender without analyzing men and masculinities. In this context, the concept of hegemonic masculinity, coined in the 1990s, allows us to describe how patriarchal relationships are socially legitimized based on a normative masculinity that, in an aspirational way, intends to incorporate “the most honorable way of being a man” (Connell & Messerschmidt, 2013, p. 245).

Hegemonic masculinity is, therefore, not the pattern of men’s practices in their daily lives, but the inspiration that is produced through models of men who express authority based on legitimized social norms. It is important to consider that this concept is not static and that, in this dynamic and relational conception, hegemonic masculinity is historically constructed and reconstructed at the following levels: (1) Local, present in families, organizations and nearby communities; (2) Regional, concerning the level of culture and nation-state, and (3) Global, built on world politics and trade, as well as the expansion of media through the process of globalization (Connell & Messerschmidt, 2013).

The three levels locate masculinities based on the incorporation of normative and subordinate masculinity practices, the latter in reference to masculinities that diverge from hegemonic ideals (Connell & Messerschmidt, 2013). This means that few men actually achieve hegemonic masculinity in practice (Almeida, 2018). On the other hand, those few who achieve hegemonic masculinity maintain the conviction that it is possible to achieve it, thus (re)creating inspirational masculinity models that present themselves as dominant according to the historical periods. Men who do not reach the idealized standard seek to adapt the notion of hegemonic masculinity in a mixture of regional and local levels, according to their particular realities.

Therefore, the existence of different ways of experiencing masculinity is affirmed, not adhering to the fixed and essentialist notion of an intrinsic masculinity (Santos & Boffi, 2022). This assumption results in two main hierarchies: hegemonic masculinities above subordinate ones and men, as a whole, above women, positioning masculinities over femininity. Thus, in addition to acknowledging the spectrum of diversity within masculinities, the relationships among them – particularly those of alliance, dominance, and subordination – must also be recognized (Connell, 1995).

Connell (2005) considers the corporal dimension of masculinities to be fundamental, maintaining that, as such, this facet cannot be excluded from the analyses: either the body leads and directs the action or it establishes limits to the action. It is in – and through – the body that the symbolic dimension of masculinities can be materialized and this conception results in the (re)production of bodies that contribute to the realization and maintenance of the ideals imposed by the model of hegemonic masculinity (Connell, 2005). This unavoidable characteristic is a strategic part of modern gender ideology; therefore, we ought to understand the relationship between bodies and masculinity and how this connection develops from a queer perspective in a post-structuralist analysis.

In order to understand the production of masculinities we ought to consider the concept of modes of subjectivation (Foucault, 1984). According to Foucault, the ways we become subjects, or modes of subjectivation, develop historically as “practices of the self”, which prevail through discursive practices and powers, and in reference to their historical forms. Subjectivity, then, involves a process of subjectivation, since there is no “constitution of the moral subject without modes of subjectivation” (Foucault, 1984, p. 23). Thus, every experience that is based on subjectivity involves historically distinct ways of experiencing oneself – and, consequently, the experience of subjectivation.

Thus, subjectivity is the expression of how subjects relate to things, to the world, which is why it involves an established relationship with time and history. This notion moves away from the idea of a fixed and stagnant subjectivity, and also describes an association with the body, since the immediate way in which we relate to the world is bodily materiality, not only at an organic level, but also as the

body is built by its relationships with objects in their own existence (Cardoso, 2005).

Returning to the notion of subaltern masculinities, it is understood that, like hegemonic masculinities (Connell & Messerschmidt, 2013), they are constituted in particular contexts based on bodies that embody different meanings and experiences. The transgender men category¹ emerged with certain visibility in the national framework of health, academic studies and social movements from 2010 onwards (Boffi *et al.*, 2024). Male transexperience², alluding to the modes of subjectivation, requires the understanding of the bodily changes involved in the gender transition process. Although this contingency is not necessarily intrinsic to the process, such changes proved to be a central dimension in our study, as it will be clarified later. In this case, from the aesthetic or biotechnological body changes³, bodies cross fundamental socially established limits when imbued with gendered meanings that allow a social bodily reading that assigns them to the masculine, as stated by Almeida (2012, p. 519) in reference to the process called passability.

[...] It is the personal capacity to be recognized as belonging to a gender that was not the one assigned to the subject at birth. This personal capacity involves both a certain manipulation of some physical care characteristic of the intended gender and behavioral attributes that are culturally associated with that gender.

Although the focus of our study is on the forms of appropriation of physical body modifications, we ought to clarify that the idea of “transition” encompasses the use of the most diverse technologies, from hormones to clothes, surgeries and simple accessories that completely change the meaning of the body and the social and individual readings that are made thereof (Boffi, Guijarro-Rodrigues, & Santos, 2022). Non-interventional modifications refer, especially, to the haircut style, which is commonly shorter, to clothing associated with the male gender, to the use of artifacts such as sashes, bandages, adhesive tapes and vests made of elastic fabrics used to minimize or alter the appearance and presence of the breasts – the so-called binders –, which, incidentally, can be harmful to health over time (Sousa *et al.*, 2015). In

¹ Trans men are individuals assigned female at birth, typically based on the presence of characteristics such as a vulva and vagina, who, at some point in their lives, came to identify with the male gender, recognizing themselves as men within the binary gender spectrum. In this study, we chose to use the term “trans men” due to the wide dissemination of this expression currently widespread both in academia and in social movements and among the interlocutors of this research.

² Ávila (2014, p. 34) calls it male “transexperience”, understanding it as a category that refers to “men who were born in female biological bodies and who identify with the male gender and transform their bodies into recognizably male bodies”.

³ Biotechnology(s) is the term that refers to new technologies that act in and on the body, according to Preciado (2018). The author draws attention to these devices as technologies of “incorporation”, which function as inscriptions of identity, emphasizing the need to take into account new technologies of the body for the analysis of gender performance.

the last decade, trans men have also used speech therapy to promote vocal change, starting from the so-called vocal reassignment, in search of a lower tone of voice (Dornelas *et al.*, 2021; Silva *et al.*, 2021).

In relation to the devices referred to as gender technologies⁴, the synthetically produced hormone used in transmasculine hormonization⁵ is testosterone (Lerri *et al.*, 2017). In the context of transmasculinity procedures, Sousa and Iriart (2018) highlight that hormonization constitutes one of the subjects' main health demands; it is the first body modification that trans men carry out at the level of social technologies. This is because testosterone is the hormone responsible for causing body changes that result in the appearance of facial hair (beard), increase in body hair, change in tone of voice to bass, redistribution of body fat, reduction of breast adipose tissue, clitoral enlargement and other modifications that, based on social attributions of gendering, are allocated within the scope of masculinity (Oliveira, 2015; Pedrini, 2017; Preciado, 2018; Vieira & Porto, 2019).

The outcomes described are required in male transexperiences with the intention of appeasing discomforts known as gender dysphoria⁶, understood as the suffering resulting from the divergence between gender identity and the gender assigned at birth. Although this incongruity does not cause discomfort in all individuals, many end up experiencing suffering if the desired physical interventions – which can be obtained with the use of hormones and/or surgery – are not available (Bento, 2016; Vieira & Porto, 2019).

In Brazil, the *Sistema Único de Saúde* (SUS, Unified Health System), a Government National Health Program, is largely responsible for meeting the demands of the most vulnerable trans population (Alexandre & Santos, 2021; Galli *et al.*, 2013; Santos *et al.*, 2019, 2020) despite barriers, such as difficulties of access and lack of supply of specialized services that would ensure quality assistance for all individuals in

the Transsexualization Process (Alexandre & Santos, 2019; Almeida & Santos, 2024; Boffi & Santos, 2023a; Braz, 2019; Moscheta, Souza, & Santos, 2016; Peçanha & Almeida, 2021). Public health policies aimed at the trans population tend to sub-emerge under the effects of cisgenderity as a powerful regulation device for bodies and modes of existence (Vieira *et al.*, 2019). However, testosterone is not included in the National List of Essential Medicines distributed for free by the Unified Health System (SUS), making it yet another medication whose access is directly dependent on patient's financial conditions.

Furthermore, the acquisition of the hormone in the drug stores requires a medical prescription, which is retained with registration of the batch number of the medicine sold, for the health surveillance's department control. The different restrictions make access to the drug benefits more complex, especially for trans people with unfavorable financial conditions. In this connection, "synthesized testosterone, in the form of a medicine controlled by the State and used by trans men, can be seen as a "gender medicine" (Vieira & Porto, 2019, p. 20).

Preciado (2018) argues that sexual hormones must be free to use, which means sale and use without state or medical regulation, relieving the buyers from claiming to be women in order to legally obtain the hormone and to be enrolled in a gender reassignment protocol. The author understands that the democratization of hormone consumption requires the radical modification of sexual and gender topographies, as it involves accepting the techno-constructed, multiple, malleable and changeable character of bodies and pleasures. According to Preciado, resistance to the biomedical control of access to testosterone by trans people is a fissure that the gears of biopower have failed to capture in the great wheel of normalizing bodies. In this perspective, these substances are also part of a power strategy of biopower, insofar as they make the trans body a tool of governance by using the regulated administration of hormones to exacerbate control.

In this framework, the use of self-hormonization is continuously present in the narratives of transgender individuals in Brazil (Almeida & Santos, 2021; Braz, 2019; Lima & Cruz, 2016; Santos *et al.*, 2023), despite potential serious consequences for health due to the drug misuse. Even under medical supervision, the use of testosterone can harm the health of trans men, including atrophy and less lubrication of the vaginal canal – uncomfortable consequences for those who engage in vaginal penetration as a sexual practice – in addition to changes in glycemic levels, acne, liver damage, insomnia, agitation, among other adverse effects (Tramontano, 2021).

Lemos (2018, p. 2) states that "talking about hormone therapy is talking about health, it is talking about biomedicine, it is talking about 'proper' and 'improper' uses of synthetics, it is talking about SUS". Therefore, it is understood that it is necessary to mobilize different resources to facilitate access to testosterone, since the acquisition of the hormone places trans men in different positions in the gender transition

4 Gender technologies (Lauretis, 1994) refer to the social character deliberated by the uses of biomedical technologies, the effects of which can locate subjects between binary gender norms or displace them from such a position. Therefore, gender is observed as a product of the application of different technologies produced in bodies.

5 In this study, we decided to use the term "hormonization" instead of "hormonal treatment" or "hormone therapy", considering the process of depathologizing trans identities, which leads to understanding the processes of body modifications through the bias of subjectivation and health.

6 In reference to the Diagnostic and Statistical Manual of Mental Disorders - DSM-5 (2013), the term Gender Dysphoria describes an individual's affective/cognitive dissatisfaction with their assigned gender, although it is defined more specifically when used as a diagnostic category (Bento, 2016). This diagnostic process contributes to reaffirming the pathologization of transsexuality, since the term "dysphoria" historically reveals the cisnormative crossing that seeks references in cisgenderness for any and all experiences and ways of life, in particular, what is commonly understood as gender. Once again, in order to avoid the pathologization of male transexperiences, in this study the word is only applied as an emic term, that is, occasionally used by trans men themselves to narrate their discomforts, sufferings and anxieties with parts of their bodies in relation to their transition processes.

race. Easier or more difficult drug access can represent the difference between being part of a working-class family or being expelled from home, being subjected to working in low-skilled, low-paid jobs or obtaining better professional qualifications, having legal access to hormones or engaging in illegal networks for buying/selling testosterone or medical prescriptions (Vieira & Porto, 2019).

Therefore, access to hormone therapy involves the availability of financial resources and social capital, characteristics that are often lacking in the living conditions of the trans population and in their personal support networks and contacts. Therefore, self-hormonization can be questioned from at least two perspectives: (1) What are the living conditions necessary to enjoy full access to health and medical care? Who holds these conditions? (2) Should the hormonization (“hormone therapy”) process be controlled by the State and monitored by healthcare institutions, or should it be considered a resource that, ultimately, depends on the individual’s free choice, based on their free will, without state regulation or third-party interference?

Regardless of the prevailing perspective, the use of hormones is a powerful device that interferes with different modes of subjectivation, whether in the individuals’ relationship with themselves or in the bonds established with the world. Testosterone not only changes the way subjects see the world, it also radically alters the body and, therefore, the way subjects will be perceived and decoded by the world. Sampaio *et al.* (2019, p. 49) argue that “hormones modify those who administer them and at the same time are modified in this relationship”, constructing male bodies and female bodies. According to Sampaio and Medrado (2019), since hormones are a class of acting molecules, they have assumed increasing relevance in the forms of “self-relationship” of their administrators, resulting in the production of new conformations of “selves”.

For this reason, the bodily effects of these substances can be unorthodox, that is, the body is plastic and responds to the social stimulus; thus, such processes would be void without the cultural, social and historical meanings that are aggregated to the gender. Although admitting to having initially expected the appreciation of bodily signs that would allow for a masculine reading, Preciado (2018) concludes that the effects of testosterone are not *per se* masculine. What can be said is that these implications have been exclusive properties of cisgender men for a long time. Preciado emphasizes that “masculinity is only one of the possible political (not biological) byproducts of testosterone administration; it is neither the only one nor the one that will be totally dominant in the long term” (Preciado, 2018, p. 152).

In his original analysis of the use of synthetic hormones, based on his personal experience, Preciado understands that the consumption of testosterone does not depend on the construction of gender ideals, but corresponds to the gender materiality (Santos & Boffi, 2022). This means to admit that, of all the bodily changes caused by the use of hormonal technology, the resulting body would not be

understood as male without the existence of a society that interprets these variations as an integral part of a desire for “sex change”⁷. Without this political and social understanding, the application of testosterone would be nothing more than a “molecular becoming” (Preciado, 2018, p. 154).

It is important to consider that body interventions aimed at masculinization are not new procedures from the point of view of culture, science and biotechnology, as cisgender men have been using them for a long time and in a similar way, in order to repair aspects of the body allocated to the senses of hegemonic masculinity (Tramontano, 2017). In this sense, despite the *queer* prescription requiring the deconstruction of notions of man and masculinity based on the binary and established normative standard, the offensive against trans men is groundless, while the use made by the cisgender population is normalized. Only trans men should not (re)produce their bodily and social ideals. Binarism, as a ubiquitous normative mode of thought in Western societies and a tool for legitimizing life, contributes to trans men being stigmatized as the “heroes” of resistance to hegemonic masculinity.

The notion of agency allows us to expand our understanding of these processes. Foucault (1984), when dealing with the modern subject, starts from a perspective of understanding the construction of subjective experience through a disciplinary type of power, which enables the production of a place of interiority and individuality in humans that is characterized by cataloging singularities, producing and investing in individualities instead of questioning and dismantling these encircling factors.

The exercise of disciplinary power does not require the mobilization of major procedures, but acts through common instruments: hierarchical surveillance, the normalizing sanction based on the existence of a punitive modality and the examination characterized by the intensification of individualization through its differences compared to the other subjects. Hence, the body of modern man will be invested with a disciplinary power that specifies interiority and individuality built through mechanisms that aim to gate in the individual in inhabited spaces, having control of his activities and of the organization of his time (Foucault, 1984).

In his theoretical formulations, Foucault did not consider the position of gender when thinking about the constitution of the subject, nor did he extend to the theme of the psyche, this being a specific advance in feminist thought. Butler (2019) resumes and expands the Foucauldian perspective of power, arguing that power is not only something external to the subjects, but something on which the very existence of each one depends, since becoming a subject means being

⁷ It is worth pointing out that the term “sex change” carries a stigmatizing historical component, which permeates the cis imaginary present in common sense, especially among medical professionals, reiterating the process of psychopathologization of trans identities. In this study, the term is applied in quotation marks in order to mark this problematization, given that, in the current theoretical understanding of trans experiences, this term no longer applies.

formed in power relations to which everyone is bound to preserve themselves as intelligible human beings. Thus, for Butler (2019), the process of subjectivation follows the movements of psychic life, since the process of incorporation of social norms goes through the psyche, in which the distinction between inner and outer life is also made, marking a distinction between the psychic and the social domain. From such awareness, possibilities and conditions of resistance and reflexivity emerge, allowing the subject to oppose the abuses of the normalizing power that limits and controls desires, acting from within their own possibilities, within the scope of a livable society.

Butler (2019) states that the desire appears as an elementary component for the subjects to develop their own possibilities of subjectivation, building their strategies of resistance or subversion to the social mandates that limit such possibilities. This process is understood as agency. Therefore, a guiding assumption of this study on the embodiments of the masculine in trans men is the argument that assuming one pole of binarity in an unorthodox way can also have a transgressive and critical potential.

Based on these reflections, this study aimed to understand the intentionality attributed to body modifications made by trans men during the gender transition process.

METHOD

Ethical Procedures

This investigation was approved by the Research Ethics Committee of University of São Paulo (USP), Faculty of Philosophy, Sciences and Letters of Ribeirão Preto (FFCLRP-USP), under advisement n° 3.926.604 and CAAE protocol n° 25897819.8.0000.5407. Participants signed the Free and Informed Consent Form (FICF) in person or digitally after receiving clarification about the study objectives. The first names used in this study are fictitious and were chosen by the participants themselves. Resolution 510/2016 of National Health Council ethical guidelines, which deal with human subject research in the human and social sciences were complied with.

Participants

The study included 15 transgender individuals, aged between 20 and 41 years, who were going through the process of hormonization, which had begun between five months and five years earlier, with or without concomitant surgical interventions. In relation to education, complete secondary education predominated (11 participants), followed by incomplete higher education (four participants), one participant with a postgraduate degree (master's degree) and another with complete primary education. As to professions, self-employment stands out as the main source of income (store attendants, barbers, transportation app drivers, cooks), followed by people working with a formal contract (telemarketing attendant). There was also an investigator on a fellowship and two unemployed participants. Out of the total number of interviewees, eight lived with their parents, three lived with partners and four lived alone. The economic classification indicated a strata dispersion that included strata A (1), B1 (1), C1 (5), C2 (7) and D-E (1), with a marked income disparity (R\$200.00 to R\$4,000.00 monthly wage). Table 1 presents the sociodemographic characterization of the participants.

Instruments

In order to collect data, the following documents were used: (1) Sociodemographic Data Form, developed and used by the Laboratory Health Psychology Teaching and Research Laboratory (LEPPS); (2) *Critério de Classificação Econômica Brasil* (CCEB, Brazilian Economic Classification Criteria), with the purpose of characterizing participants in terms of their position in the social pyramid; (3) Semi-structured interview script, with questions that dealt with the experience of body changes related to gender transition and the meanings attributed to such experience.

Procedures

Participants were initially recruited through social networks. Face-to-face interviews were carried out with the first two respondents, in the period that immediately preceded the COVID-19 pandemic. The remaining participants were recruited using the *snowball* method, which consists of using referral chains, when a participant indicates another potential research participant. This selection strategy has proven useful in qualitative studies as it allows reaching out certain groups considered difficult to have access to (Vinuto, 2014). Due to the pandemic period, the interviews were adapted and carried out online, between March and July 2020, with no negative impact on the methodological quality of the study. On the contrary, the online setting made gains possible, such as the inclusion of participants from different locations across the country, which enriched the review and discussion of the data.

Thus, the favorable points of the interviews mediated by digital technology include: the possibility of greater geographic coverage, with the inclusion of people from different regions and locations; ensuring safety for participants and investigators in the pandemic context; possibility of investigating sensitive topics and having access to socially marginalized groups (Gray *et al.*, 2020). The interviews lasted between 55 and 210 minutes (average 89 minutes) and were audio recorded and transcribed *verbatim*.

Table 1:
Sociodemographic characterization of the participants.

Participants	Age	Sexual orientation	City of residence	Time of use of testosterone	Surgeries performed	Desired surgery
Henrique	22	Bisexual	Sertãozinho-SP	3 years and 6 months	None	Masculinizing chest surgery
Hugo	29	Pansexual	Sertãozinho-SP	4 years	None	Masculinizing chest surgery
Olliver	21	Pansexual	Uberlândia-MG	1 year and 3 months	None	Masculinizing chest surgery
Renato	21	Heterosexual	Uberlândia-MG	3 years and 3 months	Masculinizing chest surgery	None
Pedro	23	Heterosexual	Ribeirão Preto- SP	3 years	None	Masculinizing chest surgery
Felipe	21	Heterosexual	Itaú de Minas- MG	6 months	None	Masculinizing chest surgery
Lucca	25	Heterosexual	Torres-RS	1 year and 9 months	None	Masculinizing chest surgery
Humberto	21	Heterosexual	Uberlândia-MG	1 year and 4 months	Masculinizing chest surgery	None
Ricardo	23	Heterosexual	Canoas-RS	3 years	None	Masculinizing chest surgery
Marcos	20	Heterosexual	São Leopoldo-RS	1 years	None	Masculinizing chest surgery
Leonardo	25	Heterosexual	Vargem Grande Paulista-SP	5 months	None	Masculinizing chest surgery
Peter	24	Heterosexual	Gouvea-MG	1 year and 6 months	None	Masculinizing chest surgery
Christopher	33	Heterosexual	Canoas-RS	2 years and 7 months	None	Masculinizing chest surgery
Gabriel	23	Bisexual	Uberlândia-MG	5 years	None	Masculinizing chest surgery
Yoasi	41	Heterosexual	Fortaleza-CE	5 years	Masculinizing chest surgery	None

Corpus analysis

The reports were subjected to reflective thematic content analysis (Braun & Clarke, 2019), a methodological perspective that is sensitive and capable of summarizing key aspects of a large amount of data, as well as offering a dense description of the *corpus* analyzed (Clarke *et al.*, 2019). The analysis went through six phases. In phase 1, the audio-recorded responses were transposed into text format. Phase 2: the data set was examined, which resulted in the generation of eight codes. Phase 3, the codes were aggregated, which inspired potential analytical themes. Phase 4: the analytical themes were refined, making sure their internal

homogeneity and external heterogeneity were maintained. Phase 5: the analytical themes were named and in phase 6 the entire previous process was described, giving shape to an analytical narrative, based on the research questions and objectives.

In order to systematize the analysis, software QDA Mine Lite (version 2.0.7) was used, which facilitates the coding of the material, ensuring the necessary methodological rigor and enabling the performance of different kinds of analysis. Once the analysis process was completed, the data were interpreted according to the theoretical framework of transmasculinities and hegemonic masculinities.

RESULTS AND DISCUSSION

Analytical theme I: “Who is this person in my body?”: externalization of masculine identity

Contrary to what is commonly found in the literature, in our study the search for the gender transition process of transgender individuals interviewed was not motivated by the desire to be identified as cisgender individuals. The narratives point out the desire to externalize the masculine image that the interviewees had previously created of themselves. In this sense, Vieira and Porto (2019) claim that gender transition is understood by trans men as an identity and bodily process of self-empowerment, that is, the affirmation of their own identity.

Along this path, they seek to appease the differences between the gender identity they have established about themselves and the expression of it for their own recognition and that of the social environment, as a *centrifugal* movement. In other words, it is a movement from “inside” to “outside”, in a search for congruence.

When reflecting on the peculiarities of this subjectivation mode, participant Yoasi accurately described the negotiation he made with himself between “internal” and “external” aspects, highlighting the collective/social as *locus* of emergence of discomforts and confrontations when he referenced the cisgender norms of legitimation: “The body and identity are in constant conflict with the world and, at the same time, with oneself, because these conflicts are

generated from the social, the collective, and are evidenced in the personal level” (Yoasi, 41, heterosexual, five years in T, masculinizing mammoplasty performed).

For Butler (2019, p. 10), “‘subordination’ means both the process of becoming subordinated by power and the process of becoming a subject”, that is, subordination itself becomes necessary for the formation of the subject in a process marked by ambivalence. In this sense, it is possible to reflect that, for transgender individuals, in order to become subjects with full awareness of themselves – both from the perspective of the identity with which they did not identify and the one with which they do identify –, they had to come to grips with the fact that they had previously been subordinated to the powers, in particular, to the cisgender norms. Butler (2019) claims that subjection is inevitably paradoxical.

We are used to thinking of power as something that pressures the subject from the outside that subordinates, submits and relegates the individual to a lower order. But, according to Foucault, if we also understand power as something that forms the subject, that determines the very condition of its existence and the trajectory of its desire, power is not only what we oppose, but also, and in a very marked way, something on which we depend to exist and we shelter, as well as it preserves ourselves as the beings we are (Butler, 2019, pp. 9-10).

Thus, when faced with conflicts between the social and the individual, participants report experiencing dysphoric feelings, which cause difficulties in dealing with themselves in some specific aspects. The reports suggest that dealing with one’s own dysphoria is an individual process that encompasses individual’s specificities. However, the narrative stating it is an experience that changes daily is common, as evidenced by Peter’s report:

[...] there are days when I wake up loving myself and think: *to hell* everything. And I can take a picture without a shirt and post it. But there are days when I wake up and say: “Oh my God, who is this person in my body?” Because it’s not me! [...] due to dysphoria, low self-esteem and non-acceptance, sometimes I can’t accept that this body is part of who I am, so it’s something complicated to explain, it’s a matter of time and moments (Peter, 24, heterosexual, one year and six months in T).

Clearly, the greatest difficulty described by the participants refers to the presence of breasts, also known as boobs or “intruders”. The feeling of discomfort is heightened due to the instantaneousness with which this part of the body is associated with the feminine, especially in a binary and cisgender reading, as described by Pedro:

They always started to bother me in the perception of others, but they were never a problem in my perception. [...] because from the moment people notice that I have breasts, they automatically start to see me as a woman. I can have a beard

on my face and speak with gruff voice, but when they see that I have breasts, all that ceases to exist and the only thing that matters is the fucking breasts that are there. So, my way of hiding or wanting to have the surgery to remove my breasts is because of someone else’s perception; it is a matter of stopping being punished and tied up in a language that isn’t mine (Pedro, 23, heterosexual, three years in T).

Another participant also reported feeling uncomfortable with this association established so spontaneously and automatically by people. He comments: “That’s what bothers me the most, because when people look and can’t decide if I’m a man or a woman, they look down the middle of my shorts, my pants, or they look at my chest” (Hugo, 29, pansexual, four years in T). If dysphoria is described as a painful solitary experience, on the other hand, participants point to the binary cisnormative context as the primary source of suffering. Seeking to ensure a masculine reading by the other, they realize that there is no opportunity or opening to accommodate aspects read as feminine, with emphasis on material bodily attributes that substantiate the relational dimension of masculinity/femininity (Connell, 1995).

As much as they claim that genitalia are the body marker that determines the social reading of sex and, consequently, gender and its social attributions at birth, in adult life the conformation of the genitals starts to play a secondary role for the participants in this study. Few admitted the desire to undergo a phalloplasty surgical intervention⁸. Leonardo (25, heterosexual, five months in T) reports that he is not sure if he would perform this surgery and considers that the idea is maturing, while Marcos (20, heterosexual, one year in T) considers the possibility of undergoing this intervention in the future, as the results are not yet good enough and in the hope of being able to benefit from better aesthetic and functional effects in the future, with the possible improvement of the technique.

Based on reflections on the social context and their experience with peers, some participants stated that they noticed a growing evolution in their body acceptance, which corroborates the notion that, over time, fluidity in dealing with their bodies increases.

[...] at the beginning of the transition, I had a lot of breast dysphoria, a lot, and this made it impossible for me to do things, alone or with friends. It was when I entered this acceptance process that I got to know how to better understand how my body worked and how I was dealing with it. Then I learned how to make the most of the things I was missing (Renato, 21, heterosexual, three years and three months in T).

⁸ Transgenitalization surgery (gender affirming-surgery), aimed at the construction of the so-called neopenis. The surgeon uses grafts from the skin, muscles, blood vessels and nerve endings of the patient’s forearm or thigh to create the neopenis, an organ that is “non-functional”. In Brazil, such surgery can only be performed on an experimental basis.

Even with sharp reflections on body self-acceptance, divergences between the image of oneself and the image projected by society, heightened by dysphoric experiences in the relationship with the body, become the reasons why some trans men justify the initiative of hormonization, in an attempt to accommodate on the “external” plane an image that pre-exists on the “internal” plane.

I thought a lot about the following: “People will call me Marcos, but they won’t see Marcos”. So, I felt that when someone called me Marcos and used he/him pronouns, I felt really good and it made my heart warm up. But, at the same time, in my mind I thought: “People aren’t seeing this; they are saying this to please me”. So having the physiognomy, the masculine aspects, and people uttering the masculine pronouns and seeing that in me... For me, it was necessary to have these two things coming together, because, despite people saying it, I still looked at myself in the mirror and felt sad and evil (Marcos, 20, heterosexual, one year on testosterone).

The metaphor of the reflection of oneself could not be more crystal clear. It has to do with being able to look at yourself in the mirror and seeing an image roughly different from the image you have groomed of yourself. Such identity narratives have meaningful effects that refer to modes of subjectivation (Foucault, 1984) and agency (Butler, 2019). The production of subjectivity in question involves historical ways of constructing expressions of gender and sexuality, with their possibilities for resistance and transformations, which reflect the very dynamics of the relationship with the world. Thus, one can ask the question: is it possible to think about subjectivation without thinking about the historical and political context? Is it, in fact, possible to separate what the “I” has of itself that is intrinsic and what is crossed by social and historical folds in matter? In this regard, it is considered that although the dichotomy between internal and external factors involved in the constitution of a “self” is worth considering, they are only considered for pedagogical purposes. On the contrary, Butler (2019) states that the ambivalence between who we are and how we came to be who we are in the process of subjection is unavoidable, as it will be seen later.

In this aspect, the significant *hormonization* serves the cause of harmonization. Yoasi states that post-hormonization body changes as the consequence of a process of subjectivation that trans people experience:

The transition is infinite, it will never end, [...] I don’t want to be a cis man and nothing I do is related to cisgenderity; on the contrary, it is related to my subjectivities. [...] if you think that I have a beard because I want to be a cis man, you are wrong (Yoasi, 41, heterosexual, five years in T, underwent masculinizing mammoplasty).

Pedrini (2017, p. 35) describes trans bodies through a generative perspective: “There are bodies that cannot hold within themselves and need to spill out through their pores, as what has been offered to them throughout their lives is not enough”. Based on the reports obtained in the present research, we can see the relevance of Pedrini’s above expression (2017) which was proposed to illuminate the creative potential of the trans body, forging new and unusual meanings that set a distance from the cliché (the supposed desire to be on par with the binary model of the cis man) and the commonplace (the supposed desire to subvert nature and dissolve the anatomical distinction between sexes).

In this last aspect, we ought to emphasize that the notion of “sex” as a synonym for “nature” and, therefore, the ultimate truth that should prevail and exhaust the discussion, has advanced a lot with *queer* studies. Our study is, then, aligned with Butler’s notion (2003), which allows us to overcome the notion *sex=nature/gender=culture* by admitting that the ideal of *sex per se* is as performative as the concept of gender. According to Pedrini (2017), the potential of the trans body lies precisely in challenging the binarity and duality enshrined in cisheteronormativity.

Analytical theme 2: “A waiting lifetime”: the resignification of the corporeal materiality of trans men

The possibility of expressing the image they already outlined of themselves is a privileged moment for the participants to reconcile contradictory experiences and alleviate intense and persistent feelings of anguish. It is a comforting experience of reconciling/rediscovers with oneself, based on the reappropriation of the “image in the mirror” (Marcos), the experience of “a liberating moment” (Pedro). It is in this context that the search for body modification processes gains consistency and becomes a necessary and emergency process, as a place of belonging.

Clothing and haircut are the elements that do not require intracorporeal modifications, even though they are presented as areas of strong investment of energy and as construction of meanings for some trans men participating in this study. For this reason, clothing and haircut are the first to be modified or reinvested with meanings connected to the masculine. Pedro comments on one of these moments, often described as an epiphany: “the most liberating moment was the day I got rid of all my so-called feminine clothes I had in my wardrobe. First I took off panties and bras. And I started using the band (Pedro, 23, heterosexual, three years in T)”.

Other bodily changes were also desired by the participants; however, they were modifications that can only be obtained based on biological changes induced by hormonization, which is consistent with the statement by Peçanha and Almeida (2021) that hormones are, generally, the first body

modification technology used by trans men. They are even perceived as the most important tools, even more valued than gender reassignment surgeries, as it will be seen later. The desired changes focused on the appearance of facial hair – the beard, followed by the desire to acquire a deep tone of voice, the redistribution of body fat, the reduction of breast fat and obtainment of muscle hypertrophy.

The process of such identification triggers an emergency search for initiatives and actions to meet them, sometimes resulting in a process of self-hormonization without medical supervision, through illegal obtainment of the hormone on the black market. Five participants started taking hormones without any type of monitoring, some through illegal purchase of medical prescriptions and others through the acquisition of hormones of illicit origin, corroborating the information found in national studies (Almeida & Santos, 2021; Braz, 2019; Lima & Cruz, 2016).

Hugo told his experience of administering testosterone on his own: “I applied myself Sustanon⁹ and discovered that I am allergic to it” (Hugo, 29, pansexual, four years in T). This participant reported an episode of having obtained a medical prescription, after making an unsuccessful attempt to purchase the hormone illegally, when he was scammed and lost money.

I was in a group of trans people and I asked for recommendations from those who sold prescriptions or hormones illegally. I was even passed over by a trans guy who said he sold hormones [...] then in this other group they recommended someone who sells prescriptions, so I bought the prescription and delivered at the pharmacy (Peter, 24, heterosexual, one year and six months in T).

With the illegal purchase of unregulated hormones, health security becomes unfeasible, which once again leads to the need to emphasize the disparities that persist in Brazilian public health, with the government lack of investments in health policies aimed at the trans population. These gaps deepen inequities, perpetuating physical and psychological suffering that culminate in a necropolitical culture (“letting die”), which is further aggravated by the crossing of cis normativities in institutional, social and political settings.

Bringing back memories of body changes desired with the use of testosterone, beard was the most anticipated benefit and considered essential in this process. Further technological devices are added to the use of testosterone in order to achieve this material desire of masculinity faster, as reported by Christopher:

⁹ “Sustanon” is a commercial name for a mixture of testosterone esters used for hormone replacement in cases of testosterone deficiency or in the hormonization process of transgender people.

You have to scalp-rub Minoxidil¹⁰, because my hair takes too long to grow, it grows very thin and takes a long time to thicken. It’s a lot of anxiety and you want details like that to appear quickly, and for the girlish features to fade out” (Christopher, 33, heterosexual, two years and seven months in T).

Regarding their voice, most trans men mentioned their desire to change their voice timbre, although none of them reported that they received speech therapy assistance to promote vocal health, depending exclusively on the results of hormone treatment. Felipe shared his expectations regarding the timbre change: “I felt a lot of dysphoria with my voice, which was very girlish. So, I started a hormonal treatment because of that” (Felipe, 21, heterosexual, six months in T).

Ricardo described how the joint combination of a beard growth and a deep tone of voice gave him access to a masculine social reading readily, being the only participant who expressed his objective to be recognized as a cisgender man:

[...] I wanted to be as passable as possible; it’s like a “face on a badge”: a beard with a slightly effeminate voice, that’s how I would be questioned. So, the voice was the first thing I wanted and I managed to change within a month, after a month and a half of hormones use (Ricardo, 23, heterosexual, three years in T).

Ricardo’s perception of visual recognition, which classifies him as a male subject based on the criterion of bodily materiality, is close to Preciado’s (2018) argument. Thus, the results obtained in this study are congruent with this proposition: transsexual men do not invest in the hormonization process without having high expectations and without allocating meanings in their investments towards the outcomes. They can reach the social and individual appearance of hegemonic masculinity (Connell, 2005), which results from the apparent and visible results of body modifications. However, the question arises: do the participants target hegemonic masculinity in all its social dimensions or do they aim for the place of legitimacy that the approach to this model of masculinity generates?

The narrative of “looking similar”, which configures Ricardo’s desire, refers to passability, the desire to acquire complete bodily adherence to masculine signs, as defined by Almeida (2012), to the point of not being identified as a transgender man but just as a man. This particular idea is present in Butler’s thoughts (2019, p. 15) when he considers that “no subject emerges without a passionate attachment to

¹⁰ “Minoxidil” is the name of the active ingredient in a topical drug that stimulates hair and hair growth. This substance increases the caliber of blood vessels, improving blood circulation in areas such as the scalp and beard, and prolongs the anagen phase, which is the stage of hair birth and growth.

those on whom he fundamentally depends”. However, the author rectifies that such passionate attachment to one’s own subordination is not the final responsibility of the subject. On the contrary, attachment to subjection is generated by the power itself and part of this operation of power can be explained by what the author calls the effect of the psychic. Therefore, the desire for passability can be seen as a result of the power exercised by cisgenderness, as well as the aspiration to locate oneself as a “subject”.

Subordination, according to Butler (2019), is a mandatory submission for the formation of the subject, in addition to being the condition of possibility for the subject’s action – what the author calls ambivalence. Thus, every action of the subject can be understood as an effect of his own subjection, and by opposing subordination he ends up reiterating his subjection – a conception shared by both psychoanalysis and Foucauldian accounts, according to Butler (2019). In this aspect, the author points out that unlike Foucault’s postulations, power as a condition of the subject is not the same power that the subject exercises.

In fact, it is assumed that the subject can also exercise power. In this framework, there is a significant inversion when power passes from a condition of action to the subject’s “own” action (Mattos & Santos, 2022). For Butler (2019), when the subject appropriates power, it implies a change in power, and this appropriated power can act against the power that enabled it to be assumed, because “to the extent that the conditions of subordination make the assumption of power possible, the assumed power remains linked to these conditions, but in an ambivalent way” (p. 21).

[...] power not only *acts on the subject* but also, in a transitive sense, *puts the subject into action*, giving it existence. As a condition, power precedes the subject. However, power loses its priority appearance when it is exercised by the subject, a situation that gives rise to the inverse perspective that power is an effect of the subject, that it is something that subjects effect (Butler, 2019, p. 22, author’s emphasis).

Following this assumption, Butler (2019) establishes that power acts on the subject in two ways: (1) as a formative condition that makes the subject possible; (2) as what is taken up and reiterated in the subject’s “own” actions. In other words, the subject can be both *subject to power* and *subject of power*. Thus, Butler (2019) maintains that, when being the *subject of power*, it is assumed that power is always prior to the subject, is outside the subject and is operative from the beginning; and power is the subject’s desired effect. This second modality clarifies that: (a) if power is the desired effect of the subject, subjection is a subordination that the subject causes in himself. However, as this submission forms the subject and this is a precondition of action, therefore, (b) *subjection also becomes the reason for the subject to guarantee his own resistance and opposition to power*.

In this connection, in an ambiguous condition, power is not only an external condition prior to the subject, but it cannot be identified exclusively as intrinsic to the subject either. What allows the conditions of power to “transit” are the reiterations that are made of it, and the subject is the location of these reiterations. This means that the subject is not fully determined by power, nor is it fully determinant of power. The subject is partially both of these dimensions.

Finally, Butler (2019) reiterates the impossibility of breaking this ambivalence in the subjection process. Although the subject exceeds power by assuming it, he exceeds the power to which he is bound in the beginning, or we can call that “prior” power that made the subject’s action possible.

From this line of argument and its developments, it is pointed out that the identity processes of trans men permeate: (1) the perception of themselves as individuals subject to the power of cisheteronormativity and gender binarity, as norms that limit them and at the same time constitute them; and then (2) they perceive themselves as subjects of power, when they decline the norms, deciding to transition, appropriating powers and medical-legal knowledge (legal and illegal) to carry out body change procedures, which will be better described below.

Finally, the author describes the process that she understands as resistance from a Lacanian sense, in which the notion of social power is restricted to the symbolic field, while resistance is located in the imaginary. In this aspect, based on the discursive construction of the subject, which is constantly in process and incorporates repeated acts over time by and through discourses of power/knowledge, the subject can be constituted by discourse, but not necessarily be determined thereby. There is always the possibility of action (Butler, 2019). The possibility of action for trans men appears, primarily, in the bodily materiality inserted in the processes of bodily modifications, whether surgical or based on cultural signs. These are processes that enable them to be subjects of power and resistance.

In the narratives of all participants, persistent anxiety accompanies the desire to experience the hormonization process with almost immediate results, that is, those that become evident immediately after the first application. In Olliver’s report, this manifests itself in an attempt to optimize the drug’s time of action. The haste to grow a beard led him to the reckless decision of increasing the prescribed hormonal dose from every 28 days, with the application of half an ampoule, to an abbreviated interval of every 15 days, with the application of an entire ampoule. The result was “unbearable pain in the heart, sweating, tiredness and, at the same time, intense adrenaline, much shortness of breath. I was worried, I almost had a heart attack on the street and died” (Olliver, 21, pansexual, one year and three months in T).

One of the surgical interventions sought by participants is hysterectomy, that is, the removal of their uterus, which may also include the removal of adjacent tubes and the ovary. As it involves the removal of internal organs – therefore, not

visible – the justification of trans men for this aspiration is the desire to discontinue the occurrence of menstruation and stop their discomforts and, especially, as a preventive measure in relation to cervical cancer; this second purpose seems to be amplified by the current notion that hormone treatment increases the chances of this type of cancer. Vieira and Porto (2019, p. 18) state that “menstruation demands care that is not dissociated from notions of gender or the construction of sex that separate subjects in the social hierarchy”; this situation also reflects and condenses a deep-rooted notion of femininity in the social imaginary. A systematic review concluded that there is not enough evidence in literature to estimate the prevalence of cancer of the reproductive organs in the transsexual population as a result of hormonization (Joint *et al.*, 2018). Along the same lines, Beswick *et al.*, (2019) state that the effect of hormone therapy in relation to the risks of malignant diseases in trans men is not clear.

Without exception, the research participants mentioned the desire to undergo masculinizing mastoplasty – a current medical term that seeks to differentiate itself from the term bilateral mastectomy, understanding that the removal of the breasts, in such cases, is not a preventive measure against neoplasms affecting this organ. It was found that trans men themselves use the short term *mastectomy*. Discomfort with this part of the body is experienced in a particular way, but it is almost always present at some point in the transition process.

Many respondents reported that they voluntarily deprive themselves of leisure time, especially in clubs and swimming pools, because of their breasts and the concern of social judgment. Pedro (23, heterosexual, three years in T) and other participants say that they have stopped attending events and special occasions due to their breasts appearing under the fabric. Felipe (21, heterosexual, six months in T) reports the habit of wearing very loose clothes and only dark colors so that the breasts will not show. Olliver (21, pansexual, one year and three months in T) states that, for this reason, he discontinued sports and Christopher (33, heterosexual, two years and seven months in T) comments that going to the gym in a top is uncomfortable and “causes pimples” on the back. Thus, the possibility of undergoing surgical intervention to remove the breasts was described as relevant and desired, being meant to ensure freedom and to feel better about themselves, with enhanced self-esteem, greater self-confidence and better mental health indicators.

The participants, who, so far, have had no access to masculinizing mastoplasty, comment on other techniques used by trans men, such as the use of the breasts’ compression bands. Pedrini (2017, p. 36) defines the use of the binder as a “deviation from the route” in relation to the original use of this technological device, whose main function is its postoperative use in situations of trauma to the abdominal region. The author points out the current relationship that users establish with the effects obtained with the use of this technology as “a love-hate relationship of trans men with

the binder”. Peter explains why he uses such techniques, despite being aware of their negative health consequences, in line with the example of other participants who shared similar experiences.

It’s bad, it’s uncomfortable, it hurts, but at the same time it’s the only thing that makes me feel a little more inside myself, because it’s something that disguises a part of my body that I don’t want to be here. So, it’s uncomfortable and comfortable at the same time: it’s uncomfortable to feel the pain of using it, but it’s comfortable to know that I use it and that it helps me in a certain way (Peter, 24, heterosexual, one year and six months in T).

The intense desire to get rid of breasts, incompatible with the representation of transmasculine bodies, arises from the considered factual relationship between a body with breasts being female (Sousa & Iriart, 2018), understanding that the greater visibility of breasts under clothing disconnects the subject, almost automatically, of his masculinity and relocates him in the field of the biological, of “being a woman”. Humberto is one of the three participants who managed to undergo masculinizing mastoplasty – the others are Yoasi and Renato. He reports a series of situations that led him to undergo the procedure at the height of the COVID-19 pandemic:

I used a breast binder and it squeezed me and suffocated me a lot, and I started to have anxiety because of that. [...] That was when I began experiencing anxiety attacks; it really started to bother me. Then a friend of mine, who is trans and had already undergone a mastectomy, said: “You have to do it, you have to. If you look closely, you can see it.” And the pressure helped me to take them off soon (Humberto, 21, heterosexual, one year and four months old, recently underwent masculinizing mastoplasty).

The situation narrated by Humberto illustrates the existence of a hierarchy of prestige and validation that trans men have within the transmasculine community itself. This situation was also mentioned by other participants, in such a way that having undergone masculinizing mastoplasty is a condition signifying “being one step above” other trans men. The condition is seen as the way to obtain the authentication of being “truly” a trans man. This issue of social validation is complex, as it shows the ratification of a hierarchy that reproduces subtle violence between peers, in addition to disregarding disparities in access to surgery.

One of the things that causes the most discomfort, at least for me, is the demand for passability within the transmasculine environment itself. What I see happening a lot here, in the city, is that the subject who has been on hormone treatment for the longest period of time intimidates the person who is just starting, so I think there is a lot of this (Renato, 21, heterosexual, three years and three months in T, performed masculinizing mastoplasty).

The trans community, according to Gabriel, also uses this criterion to obtain validation from the transgender individuals themselves:

[...] for us to be respected, even in the LGBT community and among trans kids, you have to be very passable, you have to be that person that they look at and will never think in this life that you are trans [...]. Unfortunately, I think that cis society already imposes that men and women must have a standard and, among trans people, they also set this standard that, for us to be accepted in the trans community, we have to be within this standard, because if not, it's not good for them (Gabriel, 23, bisexual, five years in T).

The demand that one ought to appear as “masculine” as possible is also a social imposition. The masculinity attributed to this gendered body modeled with testosterone must reaffirm the masculinity of these trans men, as irrefutable proof – because physical appearance carries the sign of visibility – that legitimizes their gender’s identity. Thus the other side of hormonization, involves the reference to the standardization of bodies within the transmasculine community itself, which starts to list, endorse and validate identities within their specific regulations, whose reference is hegemonic masculinity linked to cisnormativity. This conception reiterates society’s cisheteronormative drivers in the production of coherence of the cis body as a legitimate instance and the only possible reference that does not induce violence, including between peers.

A model of cisheteronormative masculinity is then developed based on bodily materiality within the trans men community, which is supported both by the individuals who compose that community and by those who are on the margins or outside it. Thus, trans men who are in a position of dominance can use the dominant standard of masculinity to measure and judge the conduct of other men who do not adhere to body modifications (Oliveira, 2015). According to Ávila (2014, p. 167):

[...] there is a certain “hierarchization” of who is more “trans”... What is at stake is precisely “legitimacy”, that is, who has more legitimacy to talk about themselves: those who made the transition? Those who made the desired body changes?

The narratives confirm the role that changes in the body architecture play in the experience of masculinity production by trans men. Connell (1995) states that the importance of relationships established between different types of masculinities must be recognized; in this case, the relationships identified in this study with regard to bodily modifications and their meanings present themselves as associations of subordination and dominance: binary transmasculinities that refuse body modification – in particular, that referring to the surgical removal of breasts – are subordinated to the transmasculinities standardized within the category itself. Therefore, “in the body there are no merely natural or biological factors that crystallize or unify its position with the world, but a path to be followed that encounters and connects with a series of social, cultural and psychological issues” (Pedrini, 2017, p. 67).

Once again, it is pertinent to resort to the notion of ambivalence between being *subject to power* and *subject of power* (Butler, 2019). The power assumed by the subject, paradoxically, preserves its subordination, at the same time that it opposes to it. In this sense, ambivalence is both resistance and recovery of power (Mattos & Santos, 2022).

Butler (2003) stated that the subject negotiates his constructions. It is precisely at this point of negotiation that the possibilities of subversion emerge. However, as the author warns, there is no possibility of action outside the discursive practices that maintain the subject’s intelligibility. Therefore, repeating and incorporating such practices becomes inevitable, but it is possible, in reiterations, to distance oneself from the primary purposes of power. Therefore, not all and every new possibilities are available, but there is the feasibility of redescribing the existing possibilities in the field of culture. The experience of being a subject of power, when identified within the norms of hegemonic masculinity, is reintegrated into the experience of assuming the position of being subject to the power of other trans men.

For Butler (2003), the possibilities of subversion can only occur within the terms of culture, as there is no reality or possible practices outside of it. The productions and discursive practices themselves assume, in advance, the culturally and socially feasible possibilities (Mattos & Santos, 2022). In such a way, even faced with the possibility of being subjects of power, trans men, like any other individual, will be producing subjectivities regardless of cultural norms and their material signs.

FINAL CONSIDERATIONS

This study aimed to understand the intentionality attributed to the processes of body modification carried out by trans men during the gender transition process. The review of the narratives engendered understandings about the meanings at stake when gender identities are negotiated

through (but not only) the agency that trans bodies make when appropriating interventions that shape body modifications. The analysis revealed an intense negotiation of identities of trans men through their bodily processes, often demarcating differences that perpetuate hierarchies of prestige within the

trans community itself. Therefore, it is not a question of trying to “adapt” or allowing oneself to fit into legitimized forms of gender expression. It is necessary to overcome this stereotypical discourse that still pervades trans studies.

This study shows that the experience of transition is seen by trans men, above all, as a space of freedom and liberation. What these subjects want is to be able to live their gender identities freely and in different ways. One of the

limitations that can be identified in this study is the lack of an intersectional analysis that considers, among other social markers of difference, ethnic-racial relations. However, we ought to observe that the *race* category was highlighted as the main topic of analysis in another article (Boffi & Santos, 2023b). These considerations project the need for future studies that include these aspects in the reading of transmasculine subjectivation.

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