

# Waiting, Patience and Resistance - Anthropological Reflections on Transsexualities, Life Course and Itineraries of Access to Health Services

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## RESUMO

Este trabalho parte de duas investigações realizadas na cidade de Goiânia (Brasil), sobre o tema do acesso à saúde nos marcos do Processo Transexualizador do Sistema Único de Saúde (SUS), com foco na questão da espera. A primeira delas centrou-se nas narrativas de homens trans e a segunda nas de mulheres trans, acerca de suas trajetórias e dos itinerários terapêuticos implicados na chamada transição de gênero. A primeira delas centrou-se nas narrativas de homens trans e a segunda nas de mulheres trans, acerca de suas trajetórias e dos itinerários terapêuticos implicados na chamada transição de gênero. Nosso interesse, assim, é colocar em diálogo elementos etnográficos produzidos nessas investigações, tendo como eixo principal uma discussão em torno das ambivalências e tensões que tais sujeitos estabelecem em relação à espera. Nesse sentido, interessa-nos trazer também elementos de campo a fim de discutir antropologicamente os efeitos que expectativas heteronormativas e cisnormativas acerca do gênero e do curso da vida produzem em seus corpos e em suas vidas.

## PALAVRAS-CHAVE

Antropologia,  
Transexualidade,  
Espera, Curso  
da vida, Saúde.

## Waiting, Patience and Resistance - Anthropological Reflections on Transsexualities, Life Course and Itineraries of Access to Health Services

**ABSTRACT** This work is based on two investigations carried out in the city of Goiânia (Brazil), both focused on the issue of access to healthcare in the context of the Processo Transexualizador of the Sistema Único de Saúde [Unified Health System] (SUS), focusing on the issue of waiting. The first one focused on the narratives of trans men and the second on those of trans women, about their trajectories and the therapeutic itineraries involved in the so-called gender transition. Our argument is that waiting is an important anthropological key to interpreting such narratives. Our interest, then, is to put in dialogue ethnographic elements produced in these investigations, having as main axis a discussion around the ambivalences and tensions that arise in the relationships that such subjects establish with the issue of waiting. In this sense, we are also interested in bringing field elements in order to discuss anthropologically about the effects that heteronormative and cisnormative expectations around gender and life course product in their bodies and their lives.

**KEYWORDS**  
Anthropology, Transsexuality,  
Waiting, Life Course, Health.

## INTRODUCTION

This article aims to bring some anthropological reflections built by four hands, from two investigations carried out in Goiânia (Brazil), which addressed, among other subjects, narratives of trans people<sup>1</sup> about their itineraries in search of access to the Transsexualizing Process, linked to the Unified Health System (SUS). The first of them<sup>2</sup>, coordinated by Camilo Braz, had as objectives, in addition to anthropologically interpreting the meanings of body projects and masculinities, to analyze the challenges in terms of public policies for trans men from their perspectives, with special attention to the health field. In addition to participant observation at different events<sup>3</sup>, 16 semi-structured interviews were carried out - 4 with professionals working in the care of trans people in the so-called Transsexualizing Process, linked to the Unified Health System (SUS) and 12 with trans men. Most of the interviewees lived in the metropolitan region of Goiânia. The second investigation<sup>4</sup>, carried out by Anderson Santos Almeida, aimed to anthropologically interpret the meanings of waiting among trans women who participated, or wished to participate, in the Transsexualizing Process. In addition to fieldwork at meetings related to the theme, the author lived and interviewed 5 women participating in the Transsexualizing Project, at Hospital das Clínicas, UFG. Furthermore, he interviewed a woman who lived in another state of the country, during her participation in an academic event that took place in Florianópolis, in 2017.

According to Guilherme Almeida and Daniela Murta (2013: 385), “the understanding of transsexuality that has been woven for some time by social science theorists seeks to find its contemporary meanings, perceiving it as a historical and cultural phenomenon”. In this regard, many studies have been carried out in recent years in Brazil, concerning biomedical, legal discourses and psi knowledge about trans experiences and their effects on the production of truth regimes<sup>5</sup>. This critical look is often produced through analyzes that seek to show how such discourses are daily disputed and reframed, which implies taking into account the tension or ambivalence between their (re)production and their contestation. This brings, from the analytical point of view, the dimension of the agency (Ortner, 2007) and the ambivalence for anthropological discussion on the subject.

Much of these works are inspired by Michel Foucault’s reflections on the device of sexuality and the connections between knowledge and power; between power and resistance. For Fátima Lima, for example, transsexuality can be considered as one of the most important phenomena in contemporary biopolitics and, in order to develop an anthropological view on the subject, it is necessary to

1| Guilherme Almeida states that, to avoid the use of multiple expressions or emic categories, it is possible to use the expression *trans man* analytically, “in an effort to condense the experience of ‘male transsexuality’” (Almeida, 2012: 513). In addition, it is the category that has been used by activism related to transmasculinities in the country (Carvalho, 2018; Braz and Souza, 2018). According to Lucas Lima de Podestà, the use of the term *trans* as an umbrella term in a comprehensive sense has been increasingly current in the field of social sciences in Brazil, operating as a concept that does not refer to a fixed identity, but to the experience of the so-called transgender, carrying “the reference to the multiple possible experiences, such as transvestite, transsexuality and non-binarity” (Podestà, 2018: 85).

2| “Anthropology, Body Transformations and Masculinities: transmasculinities in contemporary Brazil”, coordinated by Camilo Braz between 2014 and 2019. As of 2016, it had the support of CNPq, through obtaining a Research Productivity Grant, Level 2. In his postdoctoral research, the author developed the research “Antropología, Salud Pública e Identidad de Género – el acceso a los servicios de salud para los hombres trans en Argentina y Brasil” at the Universidad de Buenos Aires (UBA), under the supervision of Mario Pecheny, with a CAPES scholarship.

3| Meetings held in Goiânia based on national networks of trans activism, meetings convened by the Superintendence of Comprehensive Health Care Policy (SPAIS) of the State Health Secretariat, meetings of the LGBTTT State Council, convened by the coordination of the Transsexuality Project (Hospital das Clínicas - UFG), as well as academic events. In addition, there was participation in the I National Meeting of Trans Men, held in São Paulo, at USP, in 2015.

4| “Vidas em espera: uma etnografia sobre a experiência do tempo no processo transsexualizador”, resulted in the master’s degree thesis

consider the tension between subjections (incitement, control) and resistances (self-practices, ethical, aesthetic and political ways of being in worlds) and inquire about how to think resistances within the scope of transsexuality itself (Lima, 2014: 10).

As Márcia Arán and Daniela Murta (2010) already stated, there is no way to dissociate the discussion about the so-called transsexuality from the development of biomedical technologies. Perhaps this is why a good part of the bibliography on the subject within the scope of social sciences highlights, in some way, “the importance of biomedical discourses for the construction of symbolic repertoires around such experiences” (Braz and Souza, 2018: 34).

Thus, if it is important to consider that not all trans people want to be part of the Transsexualizing Process or perform body modifications based on biomedical technologies, in the case of our research, access to such public policy was a central issue. This was partly because our fieldwork took place in a context where the risk of discontinuity of the Transsexuality Project, known as TX Project, which has existed since 1999 at Hospital das Clínicas at UFG, has been at the center of conversations and debates all the time between trans people, activists, managers and researchers. In addition, the people with whom we live were either already inserted or sought to insert themselves in the Transsexualizing Process. This made the topic of waiting appear, from the beginning, as a central theme in our research. The ethnographic material produced in the first investigation led to the argument that the categories time and waiting were fundamental to anthropologically interpret the narratives of trans men with whom the author lived (Braz, 2017). Casting an anthropological look on them implies considering a tension between the time of the subjects and the proto-polar time, between the time of each one (Sampaio and Coelho, 2014: 17) and institutional time.

Such a contrast between temporalities appears, for example, in narratives related to the mandatory minimum of two years of psychological attention for the possible obtaining of a report that allows access to surgeries within the scope of the Transsexualizador Process. It also appears in the narratives about the waiting for the judicial sentence of requests for rectification of civil registration. It is present in the expectations about the effects that these men expect to come from hormone therapy, especially with regard to body changes in its multiple dimensions and meanings. And it remains in line to enter the Transsexualizing Process, when the few free services existing in Brazil for the health care of transgender people in Brazil are under constant threat of closing their doors, as is the case of the UFG Transsexuality Project (Braz, 2018 : 165-166).

We argue in this article that waiting is an important anthropological key to interpreting the narratives of people with whom we live in the field. Our

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by Anderson Santos Almeida, defended in 2018 at the Graduate Program in Social Anthropology at UFG. Both surveys are also the result of reflections arising from the project activities of Trans UFG extension, carried out between 2015 and 2019 through a partnership between SerTão and Coletivo TransAção, composed of university students.

5] As examples, in a list that is not even far from complete, since it is not our goal here to present a balance of the productions on the theme in Brazil, we can quote: Bento, 2006; Lionço, 2009; Barbosa, 2010, 2015; Carvalho, 2011, 2015; Leite Jr., 2011; Teixeira, 2009, 2012; Lima, 2014; Vergueiro, 2015; Ávila, 2015; Borba, 2016; Tenório and Prado, 2016; Moira, 2017; among many other works. Furthermore, it is important to highlight anthropological studies that bring discussions about transvestite and trans experiences outside metropolitan contexts as important to think critically about these processes, such as Nascimento (2014) and Tota (2015).

interest is to point to ambivalences in relation to waiting, seeking to illustrate the multiple meanings that it acquires for trans men and women with whom we live, based on some scenes and fragments extracted from our fieldwork, which we will place in dialogue.

### **The local context and the Transsexualizing Process**

In 2008, the Ministry of Health established the so-called Transsexual Process in the Unified Health System (SUS), through the publication of Ordinance 1.707. As Simone Ávila (2015) reminds us, at that moment there was the incorporation of sexual reassignment procedures only for trans women. As for men, they were included in the Transsexualizador Process in 2013, when a new ordinance was published by the Ministry of Health that brought the Basic Health Units (UBS), popularly known as posts, or CAIS (Centers of Integrated Health Care). After going through the UBS, referral to specialized care is obtained, which consists of two modalities – outpatient and hospital.

Shortly after authorization by the Federal Council of Medicine (CFM) to perform so-called sexual reassignment surgeries, in 1997, trans people began to seek Hospital das Clínicas from Universidade Federal de Goiás in search of care. After a period of formation and training of the multidisciplinary team that would make its existence possible, in May 1999 the so-called Transexualismo Project was created, which was gradually called TX Project and which, in 2016, had its name officially changed to “Transsexuality Project”, in order to avoid a pathological suffix. This project was created and coordinated by Professor Mariluz Terra, Ph.D. from the Faculty of Medicine. Dr. Terra reported, in several events that we followed during the realization of our field work, the difficulty he had to keep the project running. In addition to issues such as the absence of specific beds for post-surgery, for example, which meant that the number of surgeries was reduced, she always spoke of the need to increase the multidisciplinary team, so that she could attend a greater number of patients. people and that the absence of professionals would not impede its functioning.

[Scene 1]

*In June of that year, the use of the social name was approved by the University Council of UFG, based on an initiative of the Dean of Undergraduate Studies, in dialogue with research groups and trans students. As I am starting a research on the topic, I was invited to participate today in a meeting with such students, to raise their perceptions about how the implementation of the resolution was going from their perspectives. The meeting took place at the Dean's Office. I*

*was curious to hear students on this topic. However, I was surprised when, from the beginning, the subject brought up was another. His concerns were much more related to rumors about a possible discontinuation of Project TX. I hadn't heard about it yet. One of the students was very restless for not being able to enter the project yet. He was really nervous, he looked anxious. And a phrase he said many times was, "I can't wait any longer." It really caught my attention how much two words were repeated a lot at the meeting: wait and patience" (Camilo Braz, field diary, October 2014).*

Taking waiting as a category of analysis implies considering it as a catalyst for social relations. In this sense, waiting can be seen as a power relationship. According to Javier Ayuero (2012), based on extensive ethnographic research at the Ministry of Social Development in Buenos Aires, Argentina, the dynamics of waiting are related to the daily reproduction of structures of inequality. Such structures have the effect of producing what he calls "patients of the Government": subjects to whom he is expected and who is expected, in return, perseverance and patience (Ortega et al, 2017). If waiting is, in this interpretative key, a power relationship, this does not mean, however, that it does not imply possibilities of agency (Pecheny, 2017). Waiting is not, therefore, a mere passive act to be signified.

Teniendo en cuenta todo lo que está implicado en los procesos de esperar –y sobre todo, de hacer esperar (Pecheny, 2017) – la espera se imprime en los cuerpos y en las subjetividades (Vázquez & Szwarc, 2017:40), debiendo, sin embargo, ser entendida a la luz de las ambivalencias entre sus efectos de dominación y estrategias de resistencia (Braz, 2019a 122).

In the second half of 2012, the TX project had been paralyzed for new care, due to the lack of trained professionals to continue the surgeries and outpatient care. In addition, there was the announcement of the retirement forecast of the head of the surgical team and two other professionals working on the project, with no provision for their replacement. Thus, in addition to being suspended, the project was in danger of being extinguished. This news was released by the coordinator at a meeting with all the people served and some others connected to the social movement. It is in this scenario of uncertainty that field research here in dialogue was carried out.

With the shutdown of the Transsexuality Project, groups composed mainly of trans people initiated articulations so that it could reopen. An example was the performance of Coletivo TransAção, which had already been developing a series of actions within UFG, related to the use of the social name, the demands for places in the homes of students for trans and transvestites, among others. This collective initiated articulations and partnerships, including with other groups of activists, the government and UFG itself, so that the reopening of the project could take place, which occurred in the first half of 2016, after intense mobilization and many meetings.

The reopening took place after the entry of a new gynecologist/plastic surgeon, who was part of the staff of the Government. It is worth mentioning that it was the social movement that located this professional and started to mediate the dialogue between him and the coordination of Project TX. As he was not part of the staff of Hospital das Clínicas, it was necessary to transfer him from the hospital where he worked to the Superintendence of Comprehensive Health Care Policy (SPAIS). From his new job, it was possible that he was assigned to the HC, starting to join the multidisciplinary team of Project TX as responsible, mainly, to perform the sexual reassignment surgeries. The articulation for this transfer to be possible began in the first half of 2015, with the transfer completed and announced in November of the same year. In March 2016 the project started working again.

Transação also articulated the creation of a service clinic for transgender people who make up the university community at UFG. There was also coordination with other social movement groups for the creation of the Transexualidade Project, at the Alberto Rassi Hospital – HGG, in the city of Goiânia, which started its services in 2017; thus becoming another form of access to the Transexualizador Process by SUS (Marques e Silva, 2017).

In this way, if the trajectory of Project TX has always been marked by the threat of discontinuity, due to the lack of a larger team, the lack of resources or by political and economic contexts that would force its stoppage; and if this made the topic of waiting central to the narratives of people with whom we live in the field, we would like to emphasize here the importance of mobilizing activists for its reopening and maintenance.

[Scene 2]

*"There is no social name in SUS, you know? (...) There is no such thing. Like, only if you demand it, go there and tap your feet to put the name on the card in SUS, what's the point? Being on the SUS card and get there (...) on the computer is your I.D. (RG) name! There's no point (...) that is an embarrassment, it's like I'm cursing you. And another: the problem is not calling you by that name, the problem is that everyone is watching, because they scream, right? 'John Doe!'*

*"Has it happened to you?"*

*"Yes, all the time. I, even, when they speak the name, I am already close to the door, because then the people (...) like, will not even see me getting up to go. I already stay near the door. Or else, for example, it is (...) I know that I am the fourth in line. Call the third party, I'll be right away. So they don't have to call my name. That's when you can do it. Because then I talk to someone there and say 'no, I'm going to go in before that, because I don't want my name to be said' (Interview with André is 6, 21 years old, student, 2015).*

6 | All names used in this article they are fictional, with the purpose of respecting the anonymity of the people interviewed.

If the narratives of the people interviewed are full of episodes of embarrassment experienced in medical consultations, they also show strategies of which

give up of it to avoid it. If there are many reports that point to a budget to seek care (which should be understood as something that goes far beyond the Transsexualizing Process, but includes other health-related issues), this does not mean that these people do not, daily, strategize strategies to overcome it.

[Scene 3]

*In the corridor waiting for psychological assistance, I could observe that there are exchanges of experiences in several areas. I remember a time when Tereza, black, married and as she said she was close to gaining authorization for the surgery, waited with her husband for her time to be seen, as she had arrived late and someone else took her place. Tereza exchanges information about the use of the hormone with Mateus, a trans, black man, married and for a year and a half in the Project, claiming that after he started using the new hormone, he had a lot of weight gain. Tereza questioned whether the same thing happened to him. (Anderson Almeida, field diary, April 2017).*

It is also necessary to consider that the experiences themselves in the waiting rooms in the attendance services bring a dimension of sociality that implies exchanges of information and diverse learning. Just as in Soraya Fleischer's (2018) ethnography regarding pressure problems in Ceilândia, in the Federal District, not only does waiting here imply strategies to deal with it, "hunting for solutions", but also the experiences in the waiting room lead to a process of incorporation, learning and agency of knowledge involved in the so-called *transition* from a biomedical point of view. A kind of pedagogical process in relation to the State, as shown in the scene below.

[Scene 4]

*January 31, 2017. Mariana has been doing private medical monitoring for over a year, using the hormone. We made an appointment to meet at 6 am at the bus terminal at Praça da Bíblia, in Goiânia. We went to the health clinic to go through the clinic and ask for referral to the Transsexuality Project at the Hospital das Clínicas at UFG. Upon arriving at the site, we found the closed gate, which would open at 8 am, and a queue. We took the queue to confirm the appointment. At this moment, Mariana begins to be uncomfortable with the fear of being called by the civil name. She was restless while waiting for her turn to be received by the initial attendant, who makes the patient's registration. It's time for Mariana to attend the consultation. At first, he warns that she had no SUS card, and that she would like to do it. The attendant informs that after the consultation she would make the card, which was not an impediment to the clinical attendance. Mariana hands over her ID card (General Registry), which had a ribbon with the social name on it, points to this mark and says she would like to be called that. The attendant takes the document, looks at it, looks at the document again and pronounces the male name in a loud voice. Mariana, embarrassed, says: "Lady, don't say that name, I told you that I'm trans, and that I don't want to be called by that name that is there. Can you put my social name in the system?" The attendant*

*replies that there was no place in the system to place that social name. Mariana informs that it is her right and that it is in law that she deserves to be called by her social name and the reluctant attendant says she has no way and she would not do it. Seeing this situation, another attendant approaches and talks to Mariana, who explains the situation. The attendant says she would keep the ID and at the time of the service he would be returned, and would call Mariana when her turn came. After registering in the system, we went to the waiting line to wait for assistance. The second attendant approaches and says that she had already talked to the doctor and that she would call her by the name of Mariana. After several minutes waiting and talking to Mariana about these experiences, she says that because of people like the first attendant had given up the first time they tried to join the project. After some time, the doctor calls out loudly for Mariana, who invites me to enter the office with her. The time to see the physician lasted less than 5 minutes. When we entered, she asked why we were there. Mariana informed that she was a transsexual woman and wanted to be referred to the HC Transsexuality Project. The physician did not object, and started to fill the referral. Upon hearing the number of the service grid that should be placed in the document said by Mariana, she smiles and says, "wow you are more experienced than me". She delivers the referral and instructs her to seek the reception to make an appointment. (Anderson Almeida, field diary, April 2017).*

The people interviewed in both surveys emphasized the need to obtain specialized medical care. And most would not be able to do it by private means. And even those who had such resources, reported difficulties in finding adequate care.

[Scene 5]

*I started using hormone 1 month ago. There's a black market there, right? [laughs]. But I have a friend that he cycles. Of the gym. And then he already had a contact, and then I told him I wanted it and such (...) and then I bought it, I passed the money to him, then he bought it and I took it with him (...) and it was like that. Because in the pharmacy it doesn't sell without a prescription. Medical monitoring, I arrived (...) because I have a health plan, so I went to some, but for example, the psychiatrist I went to said he couldn't see me, why not (...) he could only prescribe medicine, he asked if I had depression and such and he said he couldn't do a clinic with me, which was what I wanted to get the report, right? For surgeries. Then, he said he didn't do that kind of thing. Endocrinologist said he could not see me, because I did not know the subject (...). Then I said 'oh, I'll do it myself'. That's the way it went. On my account. (...) Trans people cannot be treated because there is no physician. No physician wants to serve (...). Because it is very dangerous to take it by your own. But I gave up on a private physician. And it's very complicated. (Interview with Pedro, 19 years old, student, 2015).*

It is narratives like this that lead us to argue that the question of waiting is fundamental to anthropologically interpret expectations related to the so-called transition and health care.



If this protocol time is taken as part of a broader gender system, inscribed by the transsexuality device, the wait can be read as a microsocial process that is part of it and its effects can be investigated in the ways they are manifested locally and specifically, produced in the daily actions of individuals, inscribed on their bodies and in their words (Braz, 2019b: 3).

However, once again we are led to think about the dimensions of agency involved in these processes of waiting and making waiting (Pecheny, 2017). In the case of the first survey, for example, the interviewees' therapeutic itineraries (Alves and Sousa, 1999) concern different consumption strategies used by them for the materialization of their body projects: in addition to hormones, a varied set of other objects that circulated between their networks and in their own bodies, bringing a dimension of choice that does not necessarily follow the schemes defined by health services or biomedical knowledge. In this regard, social media has come to occupy a privileged place. It is through them that varied information is exchanged that make up a set of "local knowledge" around the transition, with a kind of creative appropriation of biomedical knowledge: which are the best hormones and their effects, where to buy them, how to obtain recipes, which periodic exams should be performed, which health professionals care properly, how to request appointments at health centers that allow the referral to the Transsexualizador Process, in addition to exchanging information about the agenda of meetings and local and national events related to discussions about trans rights. It is also through the networks that some trans men carry out campaigns to raise funds to have access to masculinizing mammoplasty in the private sector.

#### QUEER TEMPORALITIES AND TRANS LIFE COURSE

An interviewee from the first investigation, when narrating a visit to a psychiatrist at a municipal clinic in Goiânia, when he was looking for a report to support his request for rectification of the civil registry<sup>7</sup>, said that the doctor, at a given moment of the consultation, asked him about their childhood experiences:

[Scene 6]

*Then, he said "no, but you liked to play ball and I don't know what? "... I almost told him" no, but ... what does that have to do with it? If I played with dolls, I could feel like a man in the same way "... I almost said, but ... how come ... the guy doesn't even know what transsexuality is, I'll explain to him what is gender ?!(Interview with Pedro, 21 years old, student, 2015).*

7| On March 1, 2018, the Federal Supreme Court (STF) decided favorably for the possibility of changing name and gender in the civil registry, without need for surgical procedures or reports that "attest" to transsexuality. The interview, however, predates that decision.

Narratives like this allow to bring to the discussion the topic of waiting in another key – that of waiting as expectations of gender and related to the course of life. We are

here alluding to the different ways in which the people interviewed report having to deal, in many moments, with what is expected of them. In this regard, it is possible to have a dialogue with gender performative theories, within which the proposed models of Judith Butler (2003). Gender, in this key, is a regulatory fiction, “a kind of persistent imitation, which passes for real” (Butler, 2003: 08). In anthropological terms, gender would not be for culture as sex would be for nature, but it should be taken as an intelligibility matrix of subjects and bodies that comprise “the discursive/cultural environment through which 'sexual nature 'or' a natural sex 'is produced and established as' pre-discursive', prior to culture, a politically neutral surface on which culture acts” (Idem: 25). The very idea of sex is, in this sense, the effect of an apparatus of historical, cultural, social and political construction – of an intelligibility matrix that is given, in the limit, by discourses that naturalize both heterosexuality and cisgenerity (Vergueiro, 2015 ; Moira, 2017).

Studies on *queer* temporality, a trend that emerged in the United States and gained visibility in the 1990s, are born out of concerns around, above all, homosexuality in the context of the AIDS epidemic and its effects. Some research was carried out with the intention of showing that such people experienced time urgently, establishing a relationship with the now, with the present, which was consistent with the imaginary of the absence of future perspectives, if we think about the first years of Epidemic. This, for several authors, had implications in the construction of symbolic repertoires about issues such as body, pleasure, risk and even the course of life.

When Jack Halberstam brings in his book on *queer* temporalities the issue of AIDS, he speaks of a temporality that is distinct from what we can label as heteronormative, based on varied expectations regarding the course of life from the naturalization of heterosexuality as a norm encompassing (Miskolci, 2007). In that context of crisis, in the early years of the epidemic, several literary productions emerged that narrated *queer* experiences and temporalities, which would constitute for the author a kind of “subculture” within a society in which the assumption of heterosexuality is a condition for intelligibility cultural. For Halberstam, “*queer* subcultures produce alternative temporalities, allowing their participants to believe that their futures can be imagined according to the logics that remain outside these paradigmatic markers of life experience” (Halberstam, 2005: 2, our translation). By paradigmatic time markers, the author is thinking about the linearity between birth, marriage, reproduction and death. In this way, his writings help us to critically rethink about normative assumptions about the course of life that make up what he calls a “repro-time” or a “repro-temporality”, from which time gains meanings from of a course of life that is guided by the normative expectation of reproduction. And that has implications for thinking about issues of gender and sexuality.

An author who works these ideas well is Carlos Eduardo Henning (2014), who presents the concept of heteronormative teleology to talk about the course of life, aging and male homosexuality, a pioneering perspective worked on by Júlio Simões (2004). Heteronormative teleology in relation to the course of life, as discussed by Henning, deals with a “normative way of stipulating ultimate goals, ends and objectives for the biographical journey” (Henning, 2014: 336), and serves a reality far from queer temporalities, as Halberstam brings, due to follow, in a way, a continuous, linear and sequential flow that presupposes heterosexuality. It also presupposes cisgenerity.

*Queer* temporality thus offers a potentially critical perspective in relation to temporal expectations, bringing both the dimension of gender and sexuality as important to rethink assumptions related to reproduction (the idea of repro-time, which Halberstam talks about). For us, it is not a matter of thinking of these temporalities and expectations as necessarily subversive in relation to the norms, but of building an ethnographic narrative based on the ambivalences brought about by the tensions between the lived and the waiting, also understood as expectations of genre.

Our intention here is to think, based on the narratives of the interviewees and interviewees, about the ways in which they construct meanings and expectations in relation to the so-called gender transition, which is not always in line with heterocisnormative expectations. And it is in this regard that the concept of queer temporalities may prove to be analytically interesting, since it is, in some way, dealing with this distance between normative models and other ways of thinking, living and signifying temporal milestones in relation to the course of life.

[Scene 7]

*I went to an event in Goiânia to discuss the possible expansion of the Transsexualizador Process in the capital. It was attended by health professionals, managers and activists, in addition to academics. I arrived early and stayed at the lobby door where the event would take place, along with some of the trans men I already knew. They talked about different subjects. At one point, one of them started talking about hormonization. He said it was amazing to see how his body was changing. Among the changes, some of them materialized his expectations: the beard that was beginning to emerge, the others by the body, the gain of muscle mass. Others worried him: his skin was getting rougher every day, especially his face, which was “looking like sandpaper”. The increase in horny - the sensation of being “climbing up the walls” after the application of the hormone. The oscillation of the tone of voice, “sometimes super thick and sometimes squeaky, like that of a teenager”. And finally, the pimples that persistently spread over your body and, especially, your face. He spoke playfully and the others laughed and agreed with him, talking about their own experiences. Finally, he sentenced that going through adolescence once was already ir erable and complained about having to go through second adolescence” (Camilo Braz, field diary, November 2015).*

Inspired by the debates around *queer*, temporalities, Carlos Eduardo Henning (2014) proposes, from a look at the heteronormative panorama on the idea of old age, the notion of heteronormative teleology regarding the course of life, understood by him as an:

normative way of stipulating ultimate goals, ends and objectives for the biographical journey (such as sexual relations, conjugality, reproduction, parenting and family conformation), which are guided by unequivocal and apparently inescapable heterosexual references, and whose purpose and linear and unavoidable sequentiality become - in a pervasive and convincing social effect - fundamental principles of explanation, meaning and ordering of the biographical experience" (Henning, 2016: 367-368).

From this perspective, the idea of "second adolescence", heard in the field, can be opposed to waiting as a set of gender expectations regarding the course of life. It is a disconcerting category of "certain aspects of the way in which transitions between different periods of life are conceived; in particular, how they are imagined, agreed and standardized" (Ibid: 344), leading us to inquire about the "social bases that stipulate social standards, rules, assumptions and expectations for each of these periods" (Ibid: 345).

#### FINAL CONSIDERATIONS

In this article, we brought some scenes and fragments of our fieldwork with the intention of problematizing different meanings around waiting, from the narratives of trans men and women about their therapeutic itineraries and seeking medical care. Our intention was to argue that waiting is an important anthropological key for interpreting such narratives, pointing to the ambivalences and multiple meanings that it acquires for trans men and women with whom we live, based on the dialogue between scenes and fragments of our work field. Furthermore, in this same key, we brought elements to discuss the waiting in its dimension of expectations around gender and also the course of life, problematizing, from some field elements, certain possible tensions in relation to a perspective that take cisgenerity as the rule.

In this sense, we ended this article with the report of Serena, the most advanced woman among those interviewed in the second survey, about the aging process.

[Scene 8]

*Growing old is horrible for all of us, and women in general suffer a lot from this process. For us women like me, who experienced this peculiarity of transsexuality, it is even more painful,*

*because we spend a lifetime in a society where there is no place for transgender people. The best place that people place us is in the place of the sexual object, of the imaginary as being the best place we have. In this context, we spent our lives as young people to be beautiful, to be feminine, to be beautiful and to have a wonderful body, to be more beautiful than cisgender women, it is the charge we receive the most. We started to create an identity on top of that, and as much as I thought or said that my idea was not this, to be seen as a sexual object, I also, like all of them, bombarded myself with hormones, did surgical interventions, did aesthetic procedures illegal (industrial silicone application). Basically, despite my speech, I also followed this pattern, this protocol. At the time, I picked up laurels, because I was pretty recognized, praised and admired by my peers. Today I have a somewhat complicated health due to the excessive use of hormones throughout my life, I suffer from thrombosis and I have silicone throughout my body, and when there are these thrombosis attacks, it swells through the body and it lasts for days, months feeling pains, fevers and everything more. This I understand is happening now because my body is more tired, starting to face my aging process. The process of physically aging saying he is tougher and more severe for us, because a 41-year-old "woman" does not have these problems. They face other health situations, such as fibroids in the womb, in the breasts, among other problems that medicine is prepared to address. My needs and the situation is different, and I will not find it, I can search here in SUS in my city, but I will not find it, it is useless here, there is no one, and the idea I have is that I am reaping what I planted. But the aging process I'm talking about is not only the depression of not being more beautiful, seeing the skin dry out, with wrinkles and hair that is no longer vigorous than it was before, that's it too, but a loss of identity, a feeling that everything I experienced is meaningless. Because when other women arrive at that moment / period, they have to settle, have a family, children, grandchildren and me, this aging process is lonely, because the life expectancy of the trans population is 35 years, there are few with 40, 50, 55, 70 years. I wonder who we are going to cling to? Who are we going to make tea at five? Who will we knit with? Clubs for psychological and emotional support? All this is very compromised. (Serena, 41 years old, student, 2017).*

This report brings very sensitive elements to dialogue with anthropological studies about waiting, the course of life and aging. A narrative that summarizes a good part of the ambivalences that we try to discuss in this article - be it with regard to the dimensions of gender expectations and the intelligibility norms of subjects and bodies, which presuppose that all people are cis (Moira, 2017), whether in regarding therapeutic itineraries related to the so-called gender transition, which does not always follow biomedical protocols. Currently, anthropology contributes to debates around contemporary people's accountability for "good aging", as taught by Guita Debert (1999). In her studies on the invention of the elderly and all the meanings that this implies - in terms of body projects, public policies, access to health, care and even market dynamics -, narratives like that of Serena shift, from quite dramatic and sensitive way, even more certain common places around aging.

As stated by Lorena Oliveira, from her research on aging among transvestites in Belo Horizonte, to think anthropologically about such trajectories is to talk not only about old age, but about survival trajectories (Oliveira, 2017), which again highlights the ambivalences that we seek to problematize here: alongside the weight of normatives and their effects, such trajectories evoke agency and resistance. Furthermore, this exercise allows a reflection on the need for public health policies, and health services in general, to consider such elements in order to reduce possible distances between the protocols and the plan of the lived.

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