

Keywords and scientific indexing: a critique of the categorization of trans experiences in the health field

Palavras-chave e indexação científica: uma crítica da categorização das experiências trans na área da saúde

Palabras-clave e indexación científica: una crítica a la categorización de las experiencias trans en el area de salud

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doi: 10.1590/0102-311X00097319

Recently, in the final stage of publication of our paper in the *Thematic Section: Transgender Health and Rights in Cadernos de Saúde Pública/Reports in Public Health (CSP)* ¹, we as authors faced a sensitive and important discussion on an apparently banal detail: keywords. In short, some of the keywords suggested in the version we submitted were replaced with terms that were considered equivalents in DeCS (*Health Sciences Descriptors*), which orient article indexing in CSP, according to the journal's editorial policy. We did not notice the switches in the press proof, and only noticed them when the article had already been published. The term transsexuality had been replaced with transsexualism, and crossdressing (travestilidade) with transvestitism. Aware of the performative nature of language and the fact that “the devil is in the details”, we were quite concerned, since the new keywords explicitly convey the pathologizing perspective that defined the approach to transsexual experiences for decades. The articles in the thematic section even problematize the medicalization of transsexuality. Thus, what might otherwise appear to be a mere formality can have serious consequences for the individuals and groups involved in academic studies on the subject.

Given the situation's potential implications, we entered into a dialogue with the editorial team of CSP in search of an answer to the problem, resulting in the drafting of an errata. In addition to the editors' readiness to help provide the errata for the Scielo digital library, a solution that involves costs and further negotiations, they promptly proposed to expand this debate. The suggestion was to publish the current text and to submit a formal request to the respective DeCS committee to revise and update the descriptors. We will now present our arguments on the matter.

On May 20, 2019, the 72nd World Health Assembly in Geneva approved the removal of transsexual experiences from the list of mental disorders in the new version of the International Classification of Diseases – 11th revision (ICD-11) of the World Health Organization (WHO). With the official approval of the ICD-11, transsexuality is classified as “gender incongruence” and assigned to the chapter on “conditions related to sexual health”. The decision results from the local and global debates involving researchers from the field of gender and sexuality studies and activists, who since the 2000s have pointed to the pathologizing nature of the regulatory and diagnostic frameworks in the health field. The defense of de-pathologizing transsexuality is part of a discussion on the problematic implications of the classificatory processes concerning contemporary experiences of transvestites and transsexuals. The current essay reflects briefly on the indexing terms used in DeCS (Health Sciences

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Descriptors) to categorize such experiences, considering that this thesaurus also results in a medicalized form of grasping reality.

DeCS is a controlled vocabulary created in 1982 by BIREME (Latin American and Caribbean Health Sciences Information Center), with terms in English, Spanish, and Portuguese. It is an indexing tool derived from the *Medical Subject Headings* (MeSH) of the U.S. National Library of Medicine, widely used in publications in the biomedical and health sciences. DeCS aims to allow “a single language for indexing scientific journal articles, books, congress proceedings, technical reports, and other types of materials, as well as for use in searching and retrieving subjects from the scientific literature in information sources available in the Virtual Health Library” (DeCS, <http://decs.bvs.br/P/decsweb2018.htm>, accessed on 10/Apr/2019).

In the process of literature or document searches in health sciences databases, users should use subjects and themes of his or her interest to identify the corresponding terms in DeCS. However, when researching the subject “transsexuality”, the search result routes the researcher to the indexing term “transsexualism”. Likewise, the search category “crossdressing” (travestilidade) routes the search directly to “transvestitism”. Note that the available descriptors in DeCS use the suffix “ism”, which conveys a pathological sense of sexual and gender experiences, systematically questioned by transvestite and transsexual activists and by researchers.

Studies have pointed to the existence of a pathologizing connotation of trans experiences in various discursive practices. As argued by Arán ², “*Taking normative sex/gender systems for granted excludes transsexuality from subjective possibilities that are considered normal and legitimate*” (p. 668). In fact, a series of studies in the field of human and social sciences have objectified the trajectory of biomedical and legal discourses and psychological knowledge concerning trans experiences and regimes of truth mobilized by biomedical notions ^{3,4,5,6,7,8}. Such studies analyze the (re)production of scientific discourses concerning transvestites’ and transsexuals’ experiences and the ways such experiences are redefined and addressed in daily life. Based on these reflections linking knowledge and power, it has been argued that the device of transsexuality ⁹ is based primarily on pathologizing these experiences, involving discursive practices concerning the “causes” and “appropriate treatments”.

From the perspective of social anthropology, the establishment of categories that medicalized sexual and gender experiences is a complex process traversed by political tensions and disputes, given that different social actors mobilize such categories, reproducing them, redefining them, challenging them, or creating new ones. It is in this analytical key that we seek to highlight the hiatuses between the categories of transsexualism/transvestitism and crossdressing/transsexuality. The theme has even called the attention of scholars in the field of information science ¹⁰.

DeCs is dynamic, like other tools in the health sciences. This means that its indexing terms are updated periodically. This essay aims precisely to assist the revision and inclusion of new keywords in this scientific indexing vocabulary to accompany the academic and activist debates on sexual and gender policies.

In short, the discussion on the indexing terms questioned here is based on a problem that is simultaneously linguistic, symbolic, and political. The definition and use of technical terms in health and related fields cannot ignore the social and academic consensuses on sexual and gender hierarchies and discrimination. Academics from the social and health sciences and information science professionals are aware of the possible negative implications of technical conventions and categorizations. In the case of populations historically marginalized for failing to fit into heteronormativity and gender binarity, attention to the terms’ use should be part of the ethical principles ruling our professional practice.

It is within this argumentative framework that a demand for revision and updating will be submitted to the DeCS committee. We hope that the words “transsexuality”, “crossdressing”, “trans women”, “trans men”, “transvestites”, “trans persons”, and “sexual and gender discrimination” will become exact descriptors (DeCS now lists them merely as synonym) and that the prevailing descriptors will be suppressed. We consider it equally relevant to include new keywords for indexing intellectual output in the field of studies on health, gender, and sexuality. It is necessary to formulate exact terms to refer to gender transition, the sex/gender reassignment procedures performed in the biomedical field, contemporary sexual policies, sexual and gender discrimination, and biopolicy. It is also timely to include terms for techniques widely used in qualitative research to produce knowledge in health, such as “ethnography” (listed as a synonym, but not as a descriptor), “life histories”, and “document analysis”.

Contributors

C. Braz, M. Brigeiro, A. P. Uziel, S. Carrara and S. Monteiro contributed in the conception, writing, and revision of the manuscript.

Additional informations

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Submitted on 23/May/2019
 Apporved on 06/Sep/2019