

## "CURA GAY" BEYOND THE CLINICS: SOCIAL PRODUCTION OF SUFFERING THROUGH CISHETERONORMATIVE DISCOURSE

A "CURA GAY" PARA ALÉM DOS CONSULTÓRIOS: PRODUÇÃO SOCIAL DE SOFRIMENTO PELO DISCURSO CISHETERONORMATIVO

LA "CURA GAY" MÁS ALLÁ DE LOS CONSULTORIOS: PRODUCCIÓN SOCIAL DE SUFRIMIENTO POR EL DISCURSO CISHETERONORMATIVO

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**Abstract:** Throughout history, various attempts of life violation have been directed at the LGBTQIA+ population, due to a normativity of gender and sexuality built upon fundamentalist-colonialist principles. In this context, "cura gay" (gay conversion therapy) or "reparative therapy", terms used here as synonyms, constitute an example of how this normative discourse operates in the social field, enabling practices of violence and those analogous to torture. The prohibition of such actions by Resolution N<sup>o</sup> 01/99 of the Brazilian Federal Council of Psychology (CFP) was not enough to eliminate pathologizing and stigmatizing conceptions from the social imaginary. Therefore, this article aims to analyze, through an articulation between social sciences and psychoanalysis, the subjective repercussions of this discourse. "Cura gay" is used as a parameter to demonstrate that this discursivity, beyond psychological and psychiatric offices, marks LGBTQIA+ subjectivities and is expressed through psychic suffering, reaffirming the symbolic violence of cisheteronormativity.

**Keywords:** Discrimination; Violence; Identity; Mental Health.

**Resumo:** Ao longo da história, diversas tentativas de violação à vida foram direcionadas à população LGBTQIA+, em virtude de uma normatividade de gênero e sexualidade edificada por princípios fundamentalistas-colonialistas. Nesse contexto, a "cura gay" ou a "terapia de conversão/reversão/reorientação sexual", termos tomados aqui como sinônimos, constituem um exemplo de como este discurso normativo opera no campo social, viabilizando práticas de violência e análogas à tortura. A proibição de tais ações, pela resolução n<sup>o</sup> 01/99 do Conselho Federal de Psicologia (CFP), não foi suficiente para eliminar concepções patologizantes e estigmatizantes do imaginário social. Diante disso, este artigo tem como objetivo analisar, a partir de uma articulação entre as ciências sociais e a psicanálise, as repercussões subjetivas desse discurso. Utiliza-se a "cura gay" como parâmetro para demonstrar que essa discursividade, para além dos consultórios psicológicos e psiquiátricos, marca as subjetividades LGBTQIA+ e se expressa por meio de sofrimento psíquico, reafirmando a violência simbólica da cisheteronormatividade.

**Palavras-chave:** Discriminação; Violência; Identidade; Saúde Mental.

**Resumen:** A lo largo de la historia, diversos intentos de violación de la vida fueron dirigidos a la población LGBTQIA+, en virtud de una normatividad de género y sexualidad edificada por principios fundamentalistas-colonialistas. En este contexto, la "cura gay" (terapia de conversión) o la "terapia de reversión/reorientación sexual", términos tomados aquí como sinónimos, constituyen un ejemplo de cómo este discurso normativo opera en el campo social, facilitando prácticas de violencia y análogas a la tortura. La prohibición de tales acciones por la resolución n<sup>o</sup> 01/99 del Consejo Federal de Psicología de Brasil (CFP) no fue suficiente para eliminar las concepciones patologizantes y estigmatizantes del imaginario social. Frente a esto, este artículo tiene como objetivo analizar, a partir de una articulación entre las ciencias sociales y el psicoanálisis, las repercusiones subjetivas de este discurso. Se utiliza la "cura gay" como parámetro para demostrar que



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esta discursividade, más allá de los consultorios psicológicos y psiquiátricos, marca las subjetividades LGBTQIA+ y se expresa por medio de sufrimiento psíquico, reafirmando la violencia simbólica de la cisheteronormatividad.

**Palabras clave:** Discriminación; Violencia; Identidad; Salud Mental.

## Introduction

Amid intersectional (Crenshaw, 1989) and situated (Haraway, 2009 [1995]) understandings of how society operates through exclusionary paradigms, decolonial studies contribute to this problematization by denouncing the existence of a civilizational project that historically sustained colonialism and continues, to this day, to uphold its ideals of domination over lands and peoples (Pinto & Mignolo, 2015; Oliveira Neto, 2022). By consolidating a colonial matrix of knowledge-power – one that integrated Christianity as one of its constitutive and repressive forces (Mendonça & Pacheco, 2022) – modernity/coloniality instituted a universal model of subjectivity to be followed by individuals. As argued by Mignolo (2017) and Vergueiro (2015), it is within this framework that coloniality refined a normativity increasingly attentive to the construction of gender and sexuality, establishing a hegemonic form of knowledge that frames cisgender and heterosexual experiences as legitimate, natural, and normal categories (CFP, 2023).

In this sense, cisheteronormativity is sustained through a discourse that constructs a linear relationship between sex, gender, sexual practice, and desire, maintaining a dominant notion of normality and thereby fostering a cultural matrix of intelligibility regarding genders and sexualities (Butler, 2020 [1990]; Vergueiro, 2015; Stona & Ferrari, 2020). There are numerous consequences stemming from the “absence of intelligibility: one cannot (and fails to) recognize, accept, or understand other forms of gender identity and sexuality beyond those prescribed by the norm” (Klautau, Pacheco & Macedo, 2022, p. 114). As colonialist/racist principles become embedded within this framework, multiple practices violating life and sociopolitical rights – also directed at the LGBTQIA+ population (CFP, 2023) – are produced, alongside stigmatizing, pathologizing, and criminalizing movements that have historically shaped Brazilian society since its foundation.

Psychological theory and clinical practice – particularly psychoanalysis – have historically been linked to discourses of power through which pathologization and silencing were sustained in relation to sexuality and gender (Stona & Ferrari, 2021). Historically and contemporarily, the “psi” fields (Psychology, Psychiatry, and Psychoanalysis) have reiterated cisheteronormativity both conceptually and practically, for instance through the maintenance of “homosexuality” in the World Health Organization’s International Classification of Diseases (ICD/WHO) until the 1990s (Sousa & Cavalcanti, 2016), the resistance of psychoanalytic institutions to the training of homosexual analysts (Binkowski, 2019), subtle LGBTphobic remarks made by health professionals (Favero, 2020), and the contemporary existence of the Psy Safe<sup>3</sup> movement (Gondar & Junior, 2021).

Attempts to re-pathologize homosexuality have persisted throughout contemporary history (Bicalho, 2022; Novaes, 2021), and another example of the ongoing alliance between the psi field and normative discourse can be found in the offering of “cura gay” or “sexual conversion/reversal/reorientation therapy,”

<sup>3</sup> The Psy Safe movement refers to the emerging demand – especially in virtual contexts – for psychologists and psychoanalysts capable of offering a clinical environment free from normative violences. Gondar and Junior (2021) argue that this movement may be understood as a response to the historical complicity of the psi field with pathologizing discourses, including LGBTphobia. The authors emphasize, however, that safety can never be fully guaranteed – especially when grounded in identity-based communion – since psychoanalytic listening is not defined a priori as either normative or non-normative, but is instead constructed within the transference relationship, requiring openness to uncertainty and to what emerges as unprecedented. Nevertheless, the existence of this movement denounces the fact that cisheteronormativity also operates within spaces of care, demanding an ethical-political positioning from those who listen.

“Cura gay” is a Brazilian term used to designate discourses and practices aimed at the “correction” or “curing” of homosexuality, commonly associated with sexual conversion, reorientation, and reversal therapies. In this article, these terms are treated as synonymous insofar as the analysis focuses on the normative and violent discursivity underlying such practices, rather than on distinctions between their specific modalities. In Brazil, the term also became linked to broader political, religious, and scientific disputes concerning the pathologization of LGBTQIA+ identities.

treated here as synonymous. It becomes evident that Resolution nº 001/99, issued by the Brazilian Federal Council of Psychology (CFP), prohibiting treatments aimed at reversing homosexuality, was insufficient to eradicate such practices or even the very notion that homosexuality could be “cured.” Therefore, it is important to recognize that “cura gay” constitutes a discourse that extends far beyond psychological and psychiatric offices.

Not coincidentally, statements made by political figures such as “nobody is born gay, there is no gay gene or gay hormone. This gay activism wanting to compare itself to race is a joke. Nobody chooses race. Being gay is a preference, learned or imposed” (Previdelli, 2013, n.p.), “when a boy starts acting kind of gay, you beat him and he changes his behavior” (Prado, 2023, n.p.), and “boys wear blue and girls wear pink” (G1, 2019, n.p.) carry the same messages regarding what falls outside the norm – including the same assumptions conveyed within these therapies.

From this perspective, insofar as the content disseminated in political and media spheres can also be found within other social domains – such as the family, educational, and scientific spheres – this article associates “cura gay” with cisheteronormative discourse due to its structural and historical character. Beyond the “curative treatment” practice itself, which deserves attention because of its torturous nature, we emphasize here that the discursivity underlying “cura gay” permeates society as a whole and produces subjective repercussions that may manifest through psychic suffering.

### “Cura gay” as discourse and practice

In *Devassos no Paraíso: a homossexualidade no Brasil, da colônia à atualidade (Perverts in Paradise: Homosexuality in Brazil from the Colony to the Present)*, João Silvério Trevisan (2018) demonstrates how medieval ideas concerning gender and sexuality continued to permeate Portuguese colonization, punishing difference for centuries. In Brazil, the Inquisition – a religious tribunal aimed at disciplining doctrinal deviations (Pretes & Vianna, 2008) – criminally condemned those who threatened the heterosexual “reproductive nature” promoted by the Church (Silva, 2018), namely the so-called *sodomitas masculorum and foeminarum*. Punishments included flogging, penance, fines, confiscation of property, exile, and even death by burning at the stake (Trevisan, 2018, p. 134). Exile to colonies such as Brazil was common, attracting settlers regarded as deviant or criminal (Ibid., p. 120).

Although Portuguese moral discourse reinforced heterosexual marriage and procreation, the colony became a space marked by permissiveness and promiscuity, attracting adventurers and traffickers. Beyond punishment itself, the alliance between State and Church established norms concerning gender, sexuality, and race (Binkowski, 2019; Pretes & Vianna, 2008), shaping what was considered “natural” while suppressing alternative forms of discourse. Colonialism transmitted a discursivity concerning sexuality and gender that, as Lélia Gonzalez (2020) points out, structurally shaped Brazilian society. Examples include the sexual exploitation of enslaved Black women, the circulation of venereal diseases as symbols of masculine virility, and profane festivities within convents, demonstrating how gender, sexuality, race, and social position were deeply intertwined (Trevisan, 2018).

Colonization exceeded territorial domination: it also entailed epistemic, economic, and sociopolitical domination. Hegemonic discourse punished difference and consolidated a racist-patriarchal regime. As Fanon (2008) argues, all forms of exploitation share the same “object”: the human being (p. 87). In colonial Brazil, racism and sexism remained active even after social transformations, since “forms of domination and exploitation did not end with the false abolition; they merely changed their configuration” (Gonzalez, 2020, p. 302).

With secularization, the judicial system began regulating behaviors previously governed by religious morality (Kutchins & Kirk, 1997; Macedo & Sívori, 2018). Religion lost some of its organizing force within society (Ranquetat Jr., 2009), yet, according to Binkowski (2019), the transition toward a supposedly secular political order did not eliminate the “moral, ethical, technical, and theoretical fossils” inherited from religion, including notions of deviance and “curative” treatment. On the contrary, such religious conceptions were assimilated and transformed by the medical, legal, and therapeutic apparatuses of modernity, consolidating

behavioral models and norms of conduct to be followed by individuals. Eurocentrism and imperialism, by reinforcing divisions such as man/woman and white/Black, sustained the social imaginary and strengthened a modern model of subjectivity: cisgender, white, and heterosexual, whose characteristics were expected to correspond to the moral, social, and political ideals of the time.

Nineteenth-century liberal, positivist, and hygienist doctrines expanded state control over the body and sexuality, promoting the morality of the nuclear family while condemning libertines, celibates, and homosexuals (Trevisan, 2018). Hygienist normativity produced “a self-repressed, intolerant, and well-behaved citizen, entirely available to the State and the nation” (Ibid., p. 171). What had once been regarded as abomination came to be understood as illness: heterosexuality became consolidated as normal, while homosexuality was pathologized in psychiatric manuals (Gama, 2019).

It is important to consider that medical and juridical discourses became so deeply allied that the following century would be marked by the convergence of psychiatric and police power. Thus, the twentieth century – characterized by world wars as well as scientific racism – consolidated the notion that homosexuals were not only ill, but also criminal subjects, that is, psychopathic patients who, although supposedly requiring medical assistance, also needed to be removed from society in order to guarantee public safety (Trevisan, 2018).

As the various attempts at incarceration and exclusion throughout these periods denounced “homosexuality” as a major social problem to be combated, it becomes possible to observe how, in Brazil, systems of control and social repression united against LGBTQIA+ people in multiple ways. Examples include medico-hygienist attempts to create legal measures for “sexual correction” and the repression of affectivity and sociability during the civil-military dictatorship. Furthermore, the AIDS/HIV epidemic beginning in the 1980s introduced new irrational and mystifying elements – such as speculations regarding “gay cancer” or the “gay plague” – which intensified and refined panic and repulsion toward homosexuals (Ibid.), or rather, toward the LGBTQIA+ population as a whole.

Amid this shifting interplay between notions such as “aberration,” “illness,” and “transgression” within the social landscape of the twentieth and twenty-first centuries, social movements gradually gained strength and diversified their agendas. According to Gonçalves (2019), following struggles initiated in the late 1970s and early 1980s by sociopolitical movements advocating for the depathologization of homosexuality – such as the Brazilian Homosexual Movement (MHB) and the Gay Group of Bahia (GGB), alongside national political meetings – revisions to the World Health Organization’s International Classification of Diseases (ICD) became influenced by homosexual activism. The movement primarily demanded the revocation of code 302, which classified homosexuality as a “sexual deviation and disorder,” and these demands were met by the Brazilian Federal Council of Medicine in 1985 after intense debates and negotiations involving associations, politicians, and civil society (Gonçalves, 2019).

Although the American Psychoanalytic Association and the American Psychological Association had removed the pathologizing status of homosexuality from their classifications in 1973 and 1975 respectively, the World Health Organization followed suit only in May 1990. Nevertheless, eight years later, “the newspaper *Folha de São Paulo* published the article entitled ‘Meeting in Minas seeks to “cure” homosexuals,’ concerning the 3rd Christian Meeting on Homosexuality promoted by (...) Exodus Brasil” (Gonçalves, 2019, p. 182). Driven by Exodus — a North American Protestant Christian organization that, for 37 years (1976–2013), offered “sexual reversion” programs in several countries (Pray Away, 2020) — “cura gay” emerged in Brazil in 2011 as Legislative Decree Proposal PDC 234/11, introduced by pastor and congressman João Campos (PSDB), president of the Evangelical Parliamentary Front, and was approved in 2013 by the Chamber’s Human Rights and Minorities Commission itself (Trevisan, 2018).

Regarding its meaning, “cura gay” can be understood as a practice aimed at converting homosexuality into heterosexuality through therapies conducted either by psychology professionals or by religious conversion programs (Gonçalves, 2019; Novaes, 2021). According to Rodrigues (2023), based on the central premise that homosexuality is pathological, morally wrong, socially undesirable, or sinful, “the epistemological foundation of such procedures would (...) result from distortions of certain psychoanalytic, behavioral, and/or religious theories” (p. 106).

On another level, considering the diversity of its influences and its unfolding within the public sphere, “cura gay” may also refer to a “public debate initially incited by social actors identified as religious” (Gonçalves, 2019, p. 175) on a national scale, characterized by a constant narrative dispute among the religious, political, juridical, and scientific fields. Precisely because of the possibility of recognizing its discursive character, it becomes evident that “gender or sexual identity conversion therapy” carries archaic – though remarkably well-preserved (Binkowski, 2019) – conceptions regarding sexuality and, consequently, regarding subjectivity itself, which end up being instrumentalized into violent practices. This movement is not unlike what history repeatedly exposes in the relationship between dominant actors and dominated peoples.

Along similar lines to the authors cited above regarding “cura gay” and its entanglements, the research report entitled *Entre ‘curas’ e ‘terapias’: esforços de ‘correção’ da orientação sexual e identidade de gênero de pessoas LGBTI+ no Brasil (Between “Cures” and “Therapies”: Efforts to “Correct” Sexual Orientation and Gender Identity of LGBTI+ People in Brazil)*, published in 2022 by the NGO All Out and Instituto Matizes, offers an even broader and more up-to-date definition:

Commonly known as “conversion therapies” or “cura gay”, this phenomenon currently describes a broader set of efforts aimed at convincing LGBTI+ people that they are inferior and, therefore, must be “cured” or “corrected”. Under the pretext of helping LGBTI+ people become cisgender or heterosexual, these efforts are used to stimulate fear and self-hatred through violent means such as psychological manipulation and torture (Fróes, Bulgarelli & Fontgaland, 2022, p. 5, author’s emphasis).

Understood as a phenomenon that exceeds the walls of psychological and psychiatric clinics, the report emphasizes that “cura gay” encompasses a combination of different contexts, tactics, and social actors that exalt gender and sexual normativity, often at different moments in the lives of survivors<sup>4</sup>. The descriptions illustrate the complexity of this phenomenon by demonstrating how these “corrective efforts” may occur in churches and/or psychological or medical offices, but also in schools or within the home, through demands imposed by parents, religious figures, educators, or even by the individuals themselves. For this reason, as Fróes, Bulgarelli, and Fontgaland (2022) highlight, the very denominations ““gay cure”” and ““reversal/conversion therapy”” must be problematized, since there exists a multiplicity of “corrective efforts” that exceed what is conventionally identified as cure or therapy, as well as “a limitation inherent to the use of expressions whose meanings have been disputed in order to justify the perpetuation of violences that produce prolonged trauma in survivors” (p. 6).

Based on descriptive analyses, data collection, and interviews with individuals who experienced such practices, the report emphasizes that there is no consensus regarding the phenomenon and that “the same practices may be understood in different ways, including among those who underwent them” (p. 11), appearing in survivors’ accounts as therapeutic interventions, religious experiences, or even as forms of upbringing transmitted within family environments. Nevertheless, the report vehemently denounces the fact that these practices share a common discursive logic through which similar processes of persuasion and manipulation are produced across different contexts and which, as Rodrigues (2023) notes, “may at times appear more subtle and at others more explicit, but unquestionably exist everywhere and, therefore, also ‘within’ ourselves” (p. 107).

The corrective efforts systematized by the aforementioned study included: threats and prophecies; forced confessions; religious and spiritual rituals or tasks; punishment and physical violence; monetary donations to churches as sacrifice; counseling sessions conducted by religious figures, health professionals, or educators; confinement in religious seminaries and/or psychiatric clinics; coerced or forced use of medications or hormones; pressure to watch content related to the “curing” of sexuality within the home; psychologists who encouraged LGBTQIA+ individuals to refrain from coming out, even while denying involvement in “curative” procedures; psychiatric diagnoses; religious education classes at school; among

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<sup>4</sup>In this article, the term “survivors” is used to designate individuals subjected to institutionalized “cura gay” practices in order to emphasize the violent nature of these experiences. This choice displaces naming away from a pathologizing framework toward a perspective that recognizes both the annihilating effects of such practices and the forms of resistance and persistence of life that emerge in relation to these dispositifs.

many others.

The understanding of these “strategies of persuasion” presented in the report points to the presence of discursivities and actions imposed upon subjects from childhood onward (Fróes, Bulgarelli & Fontgaland, 2022), thereby reinforcing recognition of the discursive power of “cura gay.” Thus, it becomes evident that, despite lacking any scientific basis whatsoever, “cura gay” displays significant diversity – and at times a tangled complexity – in its modes of operation, making it difficult to identify immediately. Nevertheless, it is important to emphasize that “although distinct from one another, these practices ultimately repeat themselves, presenting more variations than actual differences” (Fróes, Bulgarelli & Fontgaland, 2022, p. 25). This makes it essential to consider the variability of tactics operating within a common structural logic in order to understand what enables such a system to function. In an attempt to circumscribe the functioning of “cura gay,” the research identified a recurring pattern involving doubt, belief, and awareness:

[...] the accounts generally described a similar trajectory: first, individuals were convinced that being LGBTI+ was an error manifested either as sin or illness; subsequently, they were led to believe that a “cure” or solution existed for the identified error; and finally, they sought ways to escape the trap into which they had been inserted (Fróes, Bulgarelli & Fontgaland, 2022, p. 26).

Despite being a trajectory systematized from a set of practices that vary in time and space according to each case, it is LGBTphobic conceptions that govern the logic of “cura gay.” As briefly discussed earlier, the notion of deviation – and consequently of cure – has been preserved from the Middle Ages through the transformations undergone by discursive apparatuses across centuries, producing different discursive constructs regarding homosexuality and all dissident identities, such as the belief that homosexuality might result from sexual abuse. In this regard, as Gonzalez (2020) states, it is necessary to emphasize “that the effectiveness of ideological discourse lies in its internalization by social actors (both beneficiaries and victims), who reproduce it in their immediate consciousness and behavior” (p. 34).

In light of the foregoing, while functioning as a logic that structures practices of violence analogous to torture (Ramos, 2021) in contemporary society, “cura gay” constitutes a discourse nourished by the foundations of racism and sexism insofar as it seeks to “frame”, “treat”, “fix”, and/or “purify” (among other verbs expressive of hostility) individuals – especially LGBTQIA+ people – according to a specific model of subjectivity that cannot be reduced merely to a desired sexual orientation. “Being heterosexual” comes accompanied by other goals orchestrated by hegemonic discourse and, as Gonçalves (2019) demonstrates, the fact that “one of the objectives of therapeutic communities (...) is to offer ‘sexual reorientation treatments’” (p. 191) makes explicit the intimate relationship between LGBTphobia and institutions grounded in profound attacks against human rights and public policies aimed at combating social prejudice. In any case, considering that the transmission of discriminatory ideas has been one of history’s guiding threads, a crucial question remains: what are the repercussions, within the construction of subjectivity, of the discourse propagated through “cura gay”?

### **“Could there be something wrong with me?”: the production of social suffering**

Given this generational dissemination of an LGBTphobic social imaginary that reveals the instrumentalization of normative discourses, we understand it to be necessary to reflect upon its subjective effects. If LGBTphobia manifests itself within the social field through practices of language, relating the specificities of this discourse to psychic suffering becomes fundamental in denouncing the mechanisms of discursive violence and political projects grounded in discrimination, while also validating the collective experience of LGBTQIA+ bodies.

As argued thus far, this discursive perpetuation does not occur by chance. It may be recognized as the reverberation of a form of power that, for centuries, has transformed aversion toward difference into dispositifs of domination. As colonial-normative dimensions, gender and sexuality are embedded within social structures and organize processes of subjectivation both practically and discursively, enabling the creation and persistence of violences that exceed objective practices themselves. This becomes evident in the fact that, even approximately forty years after the depathologization of homosexuality, pathologization

still haunts the social landscape through stigmas and stereotypes projected onto LGBTQIA+ bodies. Since “cura gay” may be considered one of the ways through which cisheteronormativity continues to subsist within society, the conceptions transmitted to the victims of such “therapies” are not different from those disseminated by society at large. Thus, cisheteronormative logic is perpetuated both within and beyond these therapies, contributing to the maintenance of attempts to annihilate LGBTQIA+ subjectivities.

The ideas of “cure” and “treatment” are associated with the premises of cisheteronormativity insofar as it becomes evident who the individuals deemed most susceptible to being “cured” and/or “treated” actually are. According to the research report by Fróes, Bulgarelli, and Fontgaland (2022), one example of how normativity impacts subjectivity lies in the fact that the strategies of persuasion and manipulation associated with these practices are not always directly aimed at conversion itself, but may instead emerge through discourses reproduced since childhood:

This [“cura gay”] logic operates as a kind of trap toward which LGBTI+ people are pushed and/or attracted throughout life and which, in most cases, does not operate through a single directed event. These traps tend to be constructed and supported, as previously mentioned, by mistaken pathological notions regarding sexual orientation and gender identity combined with worldviews that frame sexuality and gender according to categories of “right” and “wrong” or “good” and “evil”. They are diffusely present within medical and psychosocial practices, counseling and advisory services offered by religious and confessional organizations, informal conversations and discourses involving religious authorities, and in the everyday mobilization of systems of belief and faith that guide families and survivors (Fróes, Bulgarelli & Fontgaland, 2022, p. 52, author’s emphasis).

By recognizing the rejection of identities that diverge from the norm as central to these practices, it becomes possible to conceive of a representational content rooted in negation, rejection, and discrimination, which itself constitutes a form of violence – that is, something capable of inflicting wounds. Although “cura gay” indeed involves concrete practices of torture and possesses a specificity linked to this material violence, it is also necessary to recognize and reflect upon a violence more broadly associated with the normative categories it carries and disseminates throughout the social sphere. Survivors’ accounts help demonstrate that this content often precedes violence characterized by punishment, surveillance, and aggression. This becomes evident in cases where, even before individuals come to understand their own LGBTQIA+ identity – or before this identity becomes a conscious issue for them – they are already traversed by narratives that stigmatize and invalidate dissident experiences, potentially resulting later in a supposedly “voluntary” desire or search for “correction”. Thus:

Growing up in a family where the word “homosexual” was whispered, playing in a public square and hearing words such as “faggot” and “queer,” attending church and hearing about “sin,” and later, at university, hearing about “illness,” before finally arriving at a counseling center that promises to “cure” you, can hardly be considered a way of creating an environment of freedom and voluntary choice (Silva, 2007, p. 113 apud Rodrigues, 2023, p. 112).

When addressing something “invisible” that nonetheless wounds, Bourdieu and Passeron (2008 [1970]) refer to symbolic violence as something expressed in and through language, “more specifically through symbolic representations that carry concealed forms of domination masked by invisibility” (Klautau, Pacheco & Macedo, 2022, p. 114), as illustrated in the citation above through different communicative modalities. Therefore, considering that “cura gay” embodies a discursive violence that symbolizes the brutality of the norm, it becomes necessary to underline that it produces suffering of an ethical-political nature, since its genesis lies in “the sociocultural and historical dimension that denies and excludes these lives as possible and legitimate forms of existence” (CFP, 2019, p. 75).

Due to both the structural and aggressive character of cisheteronormativity, it becomes evident that many of its effects – especially upon subjects with dissident gender identities and/or sexualities – manifest through sufferings located “within subjectivities, yet without being collectively shared” (Carreteiro, 2003, p. 57), since recognition is lacking within familial, social, and institutional spheres. These subjective effects, which devalue and humiliate subjects, may be understood as social suffering (*sofrimentos sociais*) (Carreteiro, 2003; Werlang & Mendes, 2013), a term that emphasizes the social order itself as a producer of suffering.

In arguing that social suffering remains invisible, Carreteiro (2003) maintains that dominant logics aim

not only at disciplining bodies, but also at shaping subjectivity itself, so that individuals come to symbolize themselves as inadequate without perceiving the collective process at stake. In this sense, the author conceptualizes the invisibility of suffering as a double movement: the subject silences and censors himself while simultaneously receiving no support through which to elaborate the affects generated by situations of social injustice. There exists a logic that alternately silences the subject and compels the subject to silence himself. Thus, social suffering may be understood as the internalization of hegemonic discursive logics in an extremely individualized and individualizing manner, carrying within it three dimensions: humiliation, shame, and lack of recognition.

Focusing on contemporary social organization, Werlang and Mendes (2016) define social suffering as a subjective response to the pain generated by dehumanizing structural conditions. Drawing upon the concept of social disaffiliation (*désaffiliation sociale*) proposed by Castel (1998), the authors argue that the loss of social and symbolic bonds that once guaranteed subjects an inscription within networks of belonging and recognition produces both socioeconomic and psychic vulnerability. Within this neoliberal context – in which individual autonomy is constantly demanded (while paradoxically rendered impossible through processes of precarization) – subjects confront the dissolution of collective supports that might otherwise aid in elaborating their suffering. As Werlang and Mendes (2016) emphasize, “such loss, in turn, leads to insecurity, lack of confidence in oneself and in others, culminating in a lack of self-care” (p. 766).

In asserting that discourse produces wounds, Butler (1997; 2023 [1993]) demonstrates how cisheteronormativity operates through acts of language that simultaneously establish hierarchies and erase dissidence. The discursive wound produced by “cura gay” inscribes itself within the very language of the social field, naturalizing LGBTQIA+ identities as “mistakes to be corrected” while individualizing structural forms of suffering. It becomes possible, therefore, to understand this violence as colonial insofar as it continually reactivates cisheteronormativity as a regime of truth, and as neoliberal insofar as it demands that subjects manage and take responsibility for the wounds inflicted upon them by the system itself.

If the discursive wound excludes dissident bodies from intelligibility, there also exists a colonial wound that explains how such exclusion is racialized and historically rooted. Lugones (2008; 2014) demonstrates that the colonial project colonized gender itself, imposing a matrix that fragmented the self-perception of racialized and non-binary bodies. Following her formulations, we understand the coloniality of gender as an open wound that naturalizes dehumanization (Lugones, 2007), perpetuating itself through everyday situations such as counseling, jokes, or even medicalization – as can be observed in “cura gay”. In this sense, such a wound constitutes a form of violence continually renewed through the invisibilization of dissident bodies and the lack of recognition identified by Carreteiro (2003) within social suffering.

Discursive and colonial wounds find echoes in the forms of social suffering described above: both reveal how cisheteronormativity produces fractures within subjectivity – affects devoid of representation and experiences of disaffiliation – which are disguised as merely “individual problems.” Symbolic violence operates here as a malicious invisibility: flexible enough to transmit itself across generations, yet rigid enough to conceal its own traces. Thus, if subjects are expelled from the field of what can be spoken, as social disaffiliation and its subjective repercussions suggest, they are cast into a zone of helplessness: without a dictionary to consult and without a vocabulary capable of naming their pain, they can only repeat it in silence, under the forms of guilt, shame, or self-censorship.

Faced with these situations of structural helplessness to which LGBTQIA+ people are subjected, it becomes possible to reflect upon how the subjective plane is affected. Ferenczi’s conception (2011 [1933]) contributes here through the notion of *desmentido* (disavowal/invalidation) as something traumatic: the psychoanalyst demonstrates that the refusal to acknowledge – or even the act of invalidating – the perception, suffering, and subjectivity of someone who has undergone trauma may itself be traumatogenic. More than the traumatic event itself, Ferenczi’s theory relates trauma to the failure of the environment as a mediator of subjective experience, thereby reinforcing the traumatic dimension of the non-validation of suffered violences by the surrounding context in which individuals are embedded.

It is precisely at this point that cisheteronormativity may be associated with an environmental failure: an environment that, by failing to offer recognition and meaning to the experiences of subjects who do not

conform to normative precepts, may produce sufferings intimately linked to self-recognition – albeit in varying degrees and forms. As Birman (2020) observes, “it is the forms assumed by norms and dispositifs of power within the social space that orchestrate the modes of existence of subjectivity” (p. 301). Thus, contrary to intrapsychic, naturalizing, and individualizing perspectives that place responsibility for pain and anguish solely upon the individual (Favero, 2020; CFP, 2023), the sufferings under discussion do not arise from defective genetic/synaptic formations, pathologies, or essentially intrapsychic conflicts; rather, they emerge from a structural sociopolitical project of power.

Consequently, it may be argued that sufferings produced within the social sphere can assume a traumatic configuration at the subjective level, causing the construction of identities – as well as processes of identification – to be directly influenced and marked. Since one’s position in the world is impacted by bonds of belonging and social cohesion (Macedo & Klautau, 2020), processes of identity construction and inscription within structures capable of producing meaning are likewise traversed by the psychosocial implications of coloniality (Oliveira Neto, 2022), that is, by normative imprints and traces such as the notion that LGBTQIA+ people are “deviant”, “abnormal”, or “inferior” (CFP, 2023), among other attributes. In this way, one may consider that the “constitution of a notion of normality in opposition to a condition of abnormality, producing abjection and concealment of transgressive and subaltern experiences” (Mattos & Cidade, 2016, p. 134) contributes to violences permeating relations of alterity and to identity marks monopolized by negativity becoming inscribed within the psyche as constitutive of self-image itself.

Such a dynamic approximates Adrienne Rich’s formulation of compulsory heterosexuality (2010 [1980]), according to which heterosexuality constitutes a political regime organizing social, affective, and institutional expectations by presenting itself as the only natural and legitimate orientation. Both the aforementioned research and the book *Tentativas de aniquilamento de subjetividades LGBTIs (Attempts to Annihilate LGBTI Subjectivities)* (CFP, 2019) demonstrate that repeated exposure to gestures, statements, and writings reproducing this regime may lead subjects to doubt their own identifications, perceptions, and understandings, causing them to recognize themselves through what is socially preached about LGBTQIA+ people. Within this context, cisheteronormativity – perceived in/as “cura gay” – promotes a “socialization permeated, since childhood, by the notion that there exists a right way and a wrong way of existing affectively and sexually in the world” (Fróes, Bulgarelli & Fontgaland, 2022, p. 12), thereby impacting psychic organization and maturational processes.

Regarding the earliest moments of infant development, Winnicott (2000 [1945]; 1975 [1967]) employs the analogy between the mirror function and the maternal function in order to argue that the ego is constituted through the mother’s gaze; that is, “to objectively perceive reality, the child must have introjected the experience of having been invested by the maternal gaze” (Kloutau & Damous, 2015, p. 56). This means that facial expressions, gestures, and above all the gaze participate in the constitution of the infant’s primary narcissism, displacing the Ideal Ego onto the image of the child and thereby allowing the infant to perceive themselves reflected, identify themselves, gradually constitute a sense of self, and continue the processes of subjective construction.

If we transpose this dimension to the issue investigated here, it becomes possible to understand that when the gaze of the other fails to recognize the subject and the multiple expressions of sexuality and gender, the integration of the self may be disrupted regarding the subject’s identity construction, restricting possibilities that diverge from what is standardized and hegemonic. Furthermore, in order for this restriction not to become structurally determinant, “if the self is constituted through the mediation of the other, it is necessary that this other – namely the mother – while guaranteeing the existence of the infant’s self, also guarantees difference itself” (Diniz & Rocha, 2006, p. 134).

According to Freud (1996 [1895]), the *Nebenmensch* (“neighboring other”) who supports the infant and consequently participates in their development as a subject functions as an auxiliary force introducing the infant into the symbolic order, thereby enabling the emergence of an ego (Kloutau & Faissol, 2016). Since the dimension marked by alterity is indispensable to the constitution of subjectivity, it becomes necessary to consider that social norms (the environment) traverse this process from a very early stage onward, circumscribing possibilities of existence and expression for bodies and sexualities, whether through parents

or society more broadly.

According to Neusa Santos Souza (2021), the familial context first, and social life thereafter (street, school, work, leisure spaces), constitute the subject's Ego Ideal through mediation between parental idealizations and collective ideals. Since the Ego Ideal is therefore a structure linking the psychic subject to law and order – connecting libidinal normativity with cultural normativity – it becomes possible to think that growing up in a society organized around a model of subjectivity forged by a colonial matrix, as discussed previously, implies recognizing cisheteronormativity itself as an ideal to be followed and imposed from an early age through multiple mechanisms. Thus, by underlining the limitations imposed by this matrix of intelligibility, it becomes evident that cisheteronormative discourse permeates the constitution of subjectivity and may produce marks and wounds within the self throughout life due to its predominantly harsh and unattainable demands.

As Souza (2021, p. 64) states, “there must exist a model from which the individual may constitute themselves – an ideal model, perfect or nearly perfect”. According to the author, the degree of proximity between the current ego and the Ego Ideal mediates the subject's internal tranquility and harmony. At some level, tension will always exist, since the superego continually bombards the ego with demands and impositions. However, when this tension reaches more intense levels of dissatisfaction and acquires the power to weaken the ego in favor of the superego, feelings of guilt, inferiority, insecurity, and anguish may begin to overwhelm the subject (Ibid.). Therefore, considering that the psychoanalyst was discussing an ideal of whiteness that itself carries cisheteronormativity within it, one may think that the internalization of cisheteronormative demands and ideals can likewise generate psychic tension and engender a narcissistic wound.

Thus, as Rodrigues (2023, p. 114) argues:

It would seem that the “Ego Ideal” – which, in Psychoanalysis, is understood as an instance resulting from the convergence of narcissism, identifications with primary caregivers, and collective ideals, serving as a guiding axis for the fragmentary construction of our subjectivities (Freud, 2006b) – propels the work of resistance against homoerotic desires by subjecting individuals to the anguish of losing the love of family, friends, “God,” and, ultimately, the idealized image of themselves. Hence the necessity for a proliferation of discourses defending the legitimacy of LGBTTIQIAPN+ identities, which are themselves also unstable.

Having established this, and considering the traumatic potential of cisheteronormativity in the constitution of the self, we now invoke the concept of narcissistic-identitary suffering (*sofrimento narcísico-identitário*) in order to reflect upon such subjective repercussions. Developed by psychoanalyst René Roussillon since the late 1990s, this notion is presented by the author as “a difficulty in the organization of reflexivity, in the organization of the internal mirror of the Ego and of subjectivity, which will color with its particularities every invested relation with the other” (Roussillon, 2014, p. 188), depicting “severe failures at a primary level of symbolization, which hinder the subject's access to any subsequent level of representation of lived experience” (Cidade & Zornig, 2019, p. 4), thereby pointing toward a logic of presentation rather than representation.

This form of suffering demonstrates that the issue does not concern merely a narcissistic problematic within the subject, but rather a threat to identity itself, leading subjects to estrange themselves from themselves in order to survive traumatic experiences, since “both non-recognition and stigmatizing recognition, through the condition of inadequacy, wound the subject, leaving traumatic marks that prevent them from apprehending and developing their own potentialities” (Klautau, Pacheco & Macedo, 2022, p. 122). In this type of suffering, the “feeling of being and existing is not secured” (Minerbo, 2016, p. 183). It is therefore a suffering “linked to failures in the constitution of the ego and to the ferocity of the superego” (Ibid., p. 187), revealing possible intersections between the social field and the subject's narcissistic-identitary dimension.

To the extent that the cisgender and heterosexual matrix – organizer of compulsory designations and identity experiences – fails to recognize what is dissident with dignity, and beyond failing to validate the sufferings it produces, it also fails to provide LGBTQIA+ subjects with the means and symbolic tools necessary for representing certain experiences, thereby affecting both the feeling of being and subjectivity's very essence (Roussillon, 2014). For instance, regarding “cura gay,” Fróes, Bulgarelli, and Fontgaland (2022)

observed in interviews with their interlocutors that perceiving oneself as “a mistake” began still in childhood – prior to the corrective practices themselves – when parental figures or people close to the child were already assigning normative labels.

According to the interviews analyzed in the study, doubtful and/or negative thoughts such as “what if they were right?” or “maybe there really is something wrong with me” may persist even among those who managed to break away from corrective attempts. This only reinforces the traumatic character of “cura gay,” insofar as it continues to haunt the dimension of “I am”. Once again recalling that “cura gay” is associated with hegemonic discourse, it becomes possible to think that the feeling that “something is wrong” with oneself or one’s identity – also present in several accounts collected in the CFP publication (2019, pp. 144, 145, 151, 160) – may constitute one of the traumatic marks left by cisheteronormativity upon LGBTQIA+ people.

Thus, considering that “one of the ways of exercising autonomy is possessing a discourse about oneself” (Souza, 2021, p. 45), lacking confidence in oneself may be understood as one of the subjective effects produced by cisheteronormative discourse, since its aim is to erase any trace of sexual and gender diversity. Questioning oneself – “could there be something wrong with me?” – a process that may affect anyone traversed by normative discourse, illustrates how macropolitical dimensions impact micropolitical experience. What should constitute an autonomous flexibility, opposed to the crystallization of identities, becomes transformed into aggression directed against oneself.

In this sense, it becomes evident that LGBTQIA+ subjects not only carry unspeakable wounds produced by social invalidation, but are also constituted through them: identity itself is forged through scars that are not merely external marks, but part of the very psychic texture of subjectivity. From this perspective, cisheteronormativity operates not only as a repressive instance, but also as a productive dispositif that manufactures fractured subjectivities paradoxically capable of reproducing within themselves the very logic that wounds them – as evidenced by the supposedly “voluntary” search for “curative” therapies. Between silenced, hoarse, and interpellated voices, what emerges is a pain of existing: a pain born from the simple fact of being different within a system that marginalizes, silences, and suffocates difference. It is from this horizon that we must begin to think about possibilities of resistance and elaboration.

## Final considerations

In light of what has been discussed throughout this work, it becomes possible to affirm that “cura gay”, emerging from a centuries-old aversion toward dissident sexual and gender identities as well as from the racist character of coloniality, constitutes an expression of the persistence of prejudiced conceptions that traverse the Brazilian social fabric, imprisoning LGBTQIA+ identities within the field of impossibility, irregularity, and deviance. Such practices are not restricted to clinics and churches, but also extend into familial and educational spaces, where their effects begin much earlier: in processes of socialization, in jokes, in silences, and in corrective attempts that impose a supposedly right and wrong way of existing affectively and sexually. Thus, “cura gay” may be understood as a discursive instrument of cisheteronormativity that impacts subjectivities and configures, from the very constitution of the subject onward, experiences of inadequacy and threats to existence itself, which may manifest through psychic suffering.

In this sense, if Psychology is not to become a space reproducing cisheteronormative models, it becomes necessary to produce situated and intersectional forms of knowledge, foster public policies grounded in such knowledge, ensure their critical transmission within academic and professional training, and maintain permanent articulation with social movements that denounce violence while proposing other forms of care and existence. What is at stake is displacing psychological practice from a position of prescribing and normalizing modes of subjectivation (Rodrigues, 2023) toward an ethical-political position committed to life itself.

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