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Gender performativity, medicalization and health in transsexual women in Mexico City

Performatividad del género, medicalización y salud en mujeres transexuales en Ciudad de México

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ABSTRACT The World Health Organization and the American Psychological Association consider transsexuality a pathology and suggest sex-gender reassignment for the bio-psychic adjustment of trans people. Through the discursive analysis of experience, this study describes the processes of medicalization and gender performativity in relation to the health of a group of trans women from Mexico City. For this purpose, a qualitative study was conducted in which 10 semi-structured interviews were carried out in 2015. As part of medicalization, the pathologization of transsexuality generated psychic suffering; on the other hand, sex-gender reassignment also entailed additional risks. It is possible to conclude that in trans women, violence and exclusion constitute the primary experiences explaining their foremost health problems. Therefore, it is suggested that it is necessary for discrimination be reduced and for advancements to be made in safer medical interventions.

KEY WORDS Transsexualism; Gender; Discrimination; Mexico.

RESUMEN La Organización Mundial para la Salud y la American Psychological Association consideran que la transexualidad es una patología y plantean la adecuación sexogenérica para el ajuste biopsíquico de las personas trans. Mediante el análisis discursivo de la experiencia, en este estudio se describen los procesos de medicalización y performatividad del género en su relación con la salud de un grupo de mujeres trans de la Ciudad de México, para lo cual se desarrolló un estudio cualitativo en el que se realizaron, en el año 2015, diez entrevistas semiestructuradas. Como parte de la medicalización, la patologización de la transexualidad generó sufrimiento psíquico; por su parte, la adecuación sexogenérica también implicó riesgos adicionales. Se puede concluir que, en las mujeres trans, la violencia y la exclusión resultan las principales experiencias que explican los problemas de salud más relevantes por lo que se sugiere disminuir la discriminación, así como avanzar en intervenciones médicas más seguras.

PALABRAS CLAVES Transexualidad; Género; Discriminación; México.

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INTRODUCTION

In Mexico, transsexual *(trans)* people are highly discriminated against, and they consider medical services as one of the instances where discriminatory attitudes are more frequent.[1] In Argentina, similar behaviors from physicians, nurses, psychologists, and administrative personnel are reported.[2] The Trans Murder Monitoring[3] documented 295 *trans* people homicides reported in 33 countries from October 1, 2015, to September 30, 2016, most of which occurred in Brazil (123 cases). In second place comes Mexico (52 cases), which has the fourth highest rate (2.21 per million of inhabitants) in the Americas.[3]

Medicine still considers transsexuality as a pathology[4,5] and suggests a series of interventions to adjust a person's body to their gender identity, which is called sex-gender reassignment. The Condesa Specialized Clinic is part of the Health Department of Mexico City and is the only public institution offering these services. This constitutes an unprecedented governmental action in the country and is part of the recent vindications of lesbians, gays, bisexuals, transsexuals, transvestites, trans-genders and intersexuals (LGBTTTI) rights.

Some of the main health problems of *trans* people are the high levels of exposure to verbal, emotional and physical violence, including homicide.[6] Several research studies show how social rejection affects LGBTTTI people,[7,8,9,10] while others analyze the role that scientific-based medicine has had in the pathologization of non-heterosexual practices,[11,12] which suggests a connection between the latter, social rejection and stigmatization.[13,14] Other analyses delve into the social construction of gender[15,16] and the imposition of a heterosexual frame that conditions social relationships, identity and subjectivity.[17] In this sense, *trans* people's identities become paradigmatic in a gender binary culture, and its analysis may provide knowledge about the relationship between sexuality and health, for which a "de-exoticized"[18] and unprejudiced approach to this population is required. In this case, the focus is on transsexual women, considered as those people to whom male sex was assigned at birth for having external male genitals but who have defined their sex-gender identity as women since their childhood.

This work is part of a research project from which partial results about the process of medicalization in nine informants were reported.[19] The final results are presented here and a further analysis is broadened with the notions of body and gender performativity. Furthermore, the health risks and damages are identified, and their relationship with the experience of violence to the informants is documented.

In order to approach this problem, a theoretical framework was included, which is composed of a series of basic and general concepts which enable a critical view to interpret the information obtained. The body can be both body-object and body-subject, "capable of seeing and suffering,"[20] it is an experience, a world of meaningful experiences, "the body... is a social product."[21] The subject understands the world through the body because the principles with which they perceive it are the result of the social structures in which they are involved. The subject is capable of creating social reality because they have *habitus*, assimilated by means of experiences.[21] This means that the social order is integrated in the bodies through affective transactions with its surroundings. The gender is a social structure which is incorporated to the body by learning masculinity and femininity, establishing the difference between sexes in the body through different forms of subjectivity and behavior. The body, as a space that incorporates social order, is influenced by structures such as sex, gender and sexuality.

Gender has been considered the set of socially built ideas based on the sexual difference between men and women, giving "feminine" and "masculine" features to each sex. Society elaborates the ideas of what men and women "should be," the "characteristics" each sex has. Gender is everything that is formed from the interpretation of biological differences.[22] As a category of analysis,

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gender helps comprehend the social nature that the body acquires by transcending the natural world and reaching culture. In the body, the sexual, anatomic, and physiological differences exist as the material basis of the cultural ideas that redefine the biological substrate, making the body a socialized entity. Such redefinition entails a sense of what being a man and a woman means. Similarly, gender is a vital element of social interactions as it establishes a connection between the general structures of society and the structure of the individual subject.[23] A body cannot be referred to as such if it has not been interpreted with meanings[24] whose dependence on the current social order sets hegemonic ways regarding how to understand and perform gender and sexuality. On the one hand, the construction of the individuals' identity is conditioned by the prevailing gender culture. On the other hand, there are bodies that resist gender assignment, whether voluntarily or as a result of the unavoidability of their own nature. In patriarchal cultures, where masculinity is given more social value than femininity, people who go beyond the limits of gender tend to be looked down upon.[6] In this sense, a *trans* person's body is a territory that rejects the assignment of the meanings and practices that constitute the socially imposed gender and sexual orientation.

Rather than a static entity, gender is a performative process imposed by regulatory practices, and it needs to be exercised. It is the fulfillment of the meanings and practices which form it. Performativity is not a unique act but a constant repetition that achieves its effect when it becomes natural to the body.[24] Gender represents a performance assigned along with a system of recognition and social punishment; it is not an attribute that precedes socialization[25] but a representation of the social requirements. This is why it is thought that an individual never owns their gender since they do not choose the one that satisfies them the most, but that which they are compelled "to be" according to a gender norm.

Psychiatry and public health were constructed as instances of power convenient for the bourgeois moral[11] of sex, gender, and sexuality. They anchored their knowledge and practices conceiving society as an entity organized in the family bond[11] with a heterosexual and reproductive basis from which subsequent dichotomous structures have been elaborated, such as normal/abnormal, health/disease, thus establishing nosological categories imposed as identity referents so that sexuality is a product of several social interventions. This idea helps identify the impact of the sexual normative, which gives positive or negative values to the activities that individuals perform with their own bodies.[26]

Scientific-based medicine has played a key role in the configuration of modern societies. Its influence can be analyzed through medicalization, defined as the process by which modern medicine, from its field of intervention, transforms some objects of reality into its objects of knowledge.[27] It had to elaborate an ideological justification, claiming it to be scientific, in order to gain control over the phenomena related to sexuality. It demanded that non-reproductive practices be construed as pathologies, enabling medicine to intervene in order to control, eradicate and restore the abnormal bodies.[12] The idea that some practices are considered diseases implies that they are explained and treated with biomedical techniques and notions characterized by modern scientific rationality.[28]

METHOD

In order to examine the medicalization processes in gender performativity and their connection with the health of a group of *trans* women from Mexico City, a qualitative, observational, and descriptive research study was carried out, in which the discourse of their experience with sex-gender reassignment was described. For that purpose, a guide containing semi-structured interviews was designed so that the interviewees produce a thoughtful discourse through a retrospective evocation of their identities.

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From a qualitative perspective, the importance of the information does not lie in the amount of data obtained but in the backstory of the informants, who are considered essential, and in the nature of the testimonies they provided. Because of the stigmatization characterizing *trans* people, a snowball sampling technique was carried out and the methodologic recommendation adopted was to select informants who had certain features, such as age of majority; that they define themselves as *trans* people or that they are going through the process of sex-gender reassignment; that they are willing to provide a detailed description of their experience while being recorded; and that they know other people with the same features. The first contact was made in a self-help group at the Condesa Clinic of Mexico City. The recruitment of informants ended when the researchers identified a consistent pattern in their stories.

The field work was carried out during 2015 and ten *trans* women took part in the research, whose interviews ranged from lasting about 40 minutes to 2 hours each. Table 1 shows some of their social and demographic characteristics.

The aspects regarding design and ethical considerations of the research program were discussed by the pertinent academic authorities. The informants were told about the general purpose of the study and the role of their participation. Furthermore, confidentiality was guaranteed, they were assured that they would remain anonymous when handling data and that their personal information would be used for scientific purposes only. In addition, they were asked to authorize researchers to record the interviews on audio recording devices. All of this was stated in a letter of informed consent that was signed by both researchers and informants.

Once the interviews were transcribed, the analysis was divided into stages.[29] In the first one, the key discursive categories were identified, thanks to the importance that the interviewees gave to the topics previously set in the interview guide or others that came up as emerging categories. In the second stage, the associations made by the interviewees among the categories were identified. The

Table 1. General characteristics of female interviewees. City of Mexico, 2015.

Id	Age	Work activity	Education Level	Marital status
01	35	Sexual health promoter and occasional sexual worker	Secondary school degree	Single
02	18	Employee	Secondary school degree	Has a heterosexual male partner
03	50	Administrative employee in a public institution	Posgraduate degree	Single
04	23	Worker	Bachillerato*	Single
05	31	Sexual health promoter and occasional sexual worker	Licenciatura	Has a heterosexual male partner
06	60	Hairdresser	Primaria incompleta	Single
07	20	Worker	Bachillerato* incompleto	Has a heterosexual female partner
08	48	Engineer and radio broadcast presenter	Licenciatura	Single
09	26	Worker	Secondary school degree	Single
10	34	Hairdresser	Secondary school degree	Single

Source: Own elaboration.
*Bachillerato: a degree which is higher than a secondary school degree and lower than an undergraduate degree.

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third stage consisted in identifying patterns and differences in the testimonies, trying to determine whether they were the result of similar experiences among the informants, or of each particular life story. Once the similar parts were selected, the last stage consisted in developing topics in connection with the discursive associations defined in stage two, from which an interpretation was made using a basic theoretical framework.

RESULTS

Body and identity

Since the 19th century, the body has been studied by biological sciences, when medicine took a heteronormative posture defining as "healthy" sexuality that which enables procreation, medicalizing the body and the sexual conduct. In the 20th century, social sciences began to consider the body in theoretical terms, approaching it as an area for the intervention of medicine and the prevailing social order.[30]

The body is a dual entity, both body-object and body-subject[30] within a unity capable of feeling and interpreting, where the individual exists on its own and creates its surroundings in order to redefine itself and the *other*; the result being a permanently incomplete body. The body is a social product,[31] a set of meaningful experiences which conceive health as a ideal state of well-being limited by perceptions about pathology.[32]

When the individual bursts into the symbolic world, there is already an existing concept of being a man or a woman, from which the individual will forge their identity. Being a "real" man or a "real" woman means that the established norms are to be complied with. At first glance, *trans* bodies transgress these norms because they do not show any correspondence with the dichotomy of the sex-gender system[33] imposed by the gender culture and the alleged biopsychical complementary nature between the bodies of men and women imposed by heteronormativity.[17] Such transgression seems more significant because *trans* women apparently "choose" to devalue themselves in the social ladder by "renouncing" the high standard that masculinity entails. *Trans* identity is shaped in a conservative and heteronormative system which "offers" *trans* people a binary range of options to express gender. Therefore, they generally put their efforts in adopting the features that make up the dominant standards of the gender.[34]

> *...I don't just regard myself as a woman, I say I am a woman, and I accept the incomprehension, the rejection, the mockery...* [03]

The subject defines and shapes their body as a space of the meanings and practices that form the prevailing culture.

> *...I put on my macho T-shirt, and I lived that way for a long time [...] one of my cousins was a womanizer, I tried to be like him, like my father, my brother* [...] *having that mask... I couldn't bear it anymore, it wasn't me* [...] *I'm a woman. I just don't look like one right now, but I want to, I have to physically perceive myself as a woman* [04]

The body-object dichotomy is an artificial conversion of the body-subject dichotomy, a result of biological and social interventions capable of facing social structures that will define, approve or reject it, expropriating the body of its private life. It is submitted to society and produced within normativity, which builds the types of bodies. The clinical categories of medicine are part of these impositions.

> ...I'm not trans [...] I'm a woman who was born in the wrong body. I don't identify myself as trans... [09]

> *...I used to identify myself with the word transsexuality, I felt myself as a trans person because at first I said I was a transvestite and that's because many girls*

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> *don't have the right information. They identify themselves in different ways* [01]

The value that society gives to affections and emotions that lie in the body determines the way the body-subject processes its experiences and assimilates them. The outcome is a territory of affective feelings valued positively or negatively.

> *...I lived in the body I was born in for decades! But I don't hate the man I was, my penis contributed to the existence of my children* [...] *it gave me hours of self-satisfaction* [...] *I'm what I want to be...* [03]

> *...I feel great* [...] *slight changes thrill me* [...] *I can already notice my hips getting a little bigger, and my bust has gotten bigger too...* [07]

The integration to society includes the introduction of the gender identities that the social structure provides; feelings respond to such inclusion, turning into constructions that carry subjective value.

> *...being transvestite was very satisfying, to feel what I wanted to see: a woman* [...] *I wasn't sure because I was afraid of what my family and society would say, it scares you* [...] *when I decided to be trans, I said I'd put an end to all that...* [01]

The body gathers emotional exchanges that the individual deals with in their surroundings. The emotions are submitted to the available reigning possibilities with which the *trans* person handles their health.

> *At the age of seven* [...] *I felt I didn't fit in* [...] *What was going on inside my body? Why did I want some things and I was told I was wrong?* [...] *I started the treatment when I was 20 and I became much more confident* [10]

Gender Trans-gression or gender transition?

The prevailing gender culture in a historic period determines the individual interactions between men and women, but all the relationships, institutions, and subjectivity are subordinated to its logic, offering the socially acceptable options to reach social integration. Gender reflects, in a corporeal way, the social constructions that try to reduce reality to a binary, hierarchical and heterosexual structure that results in exclusion.

> *...why can't I behave this way?* [...] *it was something I knew I couldn't do because I was a man* [...] *My grandfather would say "No! You must act like a man!" I immediately got it: be this way, otherwise I'll smack you down with the belt. It was a violent education...* [04]

Gender is never a faithful reflection of the stereotypes expected by the prevailing order; the relationship between gender and body is an experience and, in that sense, the sex-gender identities that are far away from heteronormativity show that the gender binary system is a cultural device.[35] So long as the life of *trans* people goes outside this normativity; a *trans* woman is seen by the rest of society as an unusual phenomenon.[36] *Trans* people prove that gender is represented and that the body houses such representation. Gender is produced in a preformative way,[37] gender roles have no connection with any biological basis; they depend on social assignments, oppositions and resistances that can transform gender, as well as on the affective transactions of the individuals. The binary oppositions male/female, heterosexual/homosexual imposed by gender culture can also be understood as a repetition of performative acts.

> *...I started to be more feminine* [...] *I started to wax my body, I let my hair grow...* [01]

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> *...you have no idea the discrimination I suffered when I was at primary school* [...] *we're all supposed to have a girlfriend, I looked for one, she was a friend of mine who said "you have to pretend" but I didn't feel comfortable*. [09]

The incorporation of gender requires learning the mandatory acts and the prohibited ones included in the gender normativity that are imposed by means of disciplinary technologies that saturate the body with norms for the "right" representation of gender by adopting stereotypes and roles. Performative acts show the closeness to gender normativity; they brand the body with the need of acceptance or with the fear of exclusion.

> *...I put on my mom's or my sister's clothes when nobody was around to see...* [02]

> *...when I didn't dress like a woman, I mean when I was playing the socially acceptable role of a man, that was me doing an impersonation... I had to impersonate a boy... I didn't like it* [08]

In this performativity, the individuals never own their gender because they do not pick the one that satisfies them the most; they are compelled to "play" the gender that is imposed on them.[37]

> *...there is awareness in part of that femininity; performatively, in the way Disney princesses move, the movement of the hands* [...] *As a woman, I don't swear...* [03]

> *I was told,"Walk like a man, not like a faggot"* [...] *I got beaten up, then I started to pretend I was a man* [...] *playing football, doing boxing, fighting, I had to do those kind of things to avoid being hurt...* [01]

In medicalization, everything categorized as pathological receives therapeutic interventions for the reintegration of those who transgress the order. In modern societies, sexuality has been articulated ideologically with the heterosexual system because it is convenient for the bourgeois morale. *Trans* people question the apparently "normal" sequence among sex, gender and heterosexuality, showing the autonomy of these three dimensions and complicating the affective exchanges which *trans* people have to deal with for the sake of their identity.

> *...I used to think: "this is temporary, I'm a family man, I love my children, I love my wife, I said to myself 'I am heterosexual'"* [03]

The effects of showing more than one identity referent that contradicts social order are higher for *trans* people, because not only do they express a gender that does not "match" their body, but they are not attached to heterosexuality either.

> *The first reference to my identity was the label "shemale" (which comes from pornography, girls that keep using their penis), I said, "Well, if 'she' is woman, I come from 'male': masculine, I come from there. I'm a 'shemale.'" But then I was told it wasn't that way at all* [...] *today I define myself as a bisexual transsexual woman...* [03]

> *I explained it to him but it didn't sink in* [...] *he came back, he said he didn't care, he prefers a woman-man than a man-man* [...] *we're getting along very well* [...] *there has to be more information about what transsexual, transgender and transvestite mean because even society itself mixes them with sexual orientation, because they call us homosexuals, gays, faggots* [01]

> *...I had male partners, but it wasn't what I wanted* [...] *I had my doubts back then because I didn't know what the trans community was* [...] *nobody knows what a trans is* [...] *I thought that I was a man, but gay, I mean, I doubted my inner self* [09]

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We can consider then that the interviewees portrayed the structures of the prevailing gender culture that imposes the need to define themselves under the pre-established categories of the binary sex-gender system.

Medicalization: imposition or resource?

As a social practice, medicine can be considered as a system that produces bodies[35] from a heterosexual structure of society. The medicalization of sexuality and the resulting pathologization of non-heterosexual expressions include the social role to apply medical procedures to "repair" damages or to reduce health risks with which non-reproductive practices are associated. From this perspective, every sexual abnormality "requires" therapeutic processes to adjust the individual body to the social body, "readjusting" sexual identity to gender identity. Although at first *trans* people are deemed sick, medicine itself eventually offers the possibility of materializing the integration of their identity by means of both psychotherapeutic and surgical intervention.

> *...a surgery doesn't make me a woman, my perception is what really makes me a woman.* [01]

> *I haven't seen the endocrinologist yet, I only went to the psychologist* [...] *she helped me a lot, a starting point, at least, from a psychological perspective, which is important to continue then with hormones...* [04]

Medical knowledge broadens its methods of intervention to consider their proceedings for correction of abnormalities necessary, stratifying their levels and carrying out classificatory and approvable tests to perform some proceedings on the body, making medicalization a resource deemed "necessary" and even "mandatory."

> *...I was told that they were gonna carry out some studies, a psychological study and a medical one. From there they'd analyze and determine the starting amount of hormones to be administered on me* [...] *Both a psychological and a medical test have to be conducted. The psychological one is basically meant to detect that there's actually a gender dysphoria and to make sure that the person won't regret it* [...] *A year has passed now, which is supposed to be the standard time before starting with surgeries. I'm sorting out how I'm gonna afford the first surgery, it'll be on my face* [...] *after that, I'd have to afford the vaginoplasty.* [02]

> *...I wanna go to therapy because I really wanna make the transition right* [...] *I was sent to a psychologist* [...] *you need to have their authorization for hormonal treatment* [...] *they decide what you need, what you want...* [08]

From a mechanistic point of view, the body is a machine that may have malfunctions, and medicine must be able to restore functionality by replacing or repairing pieces. The process of sex-gender reassignment shows these features of medicalization: it replaces hormones, amputates fragments, modifies them, adds new ones, and confirms the psychic "adjustment." All of these processes can solve the connection between the body and the sexual identity of *trans* people, which was previously pathologized.

> *...people said: "you're sick, that's a disease"* [...] *my mom said I was the devil, that I needed a 'limpia'* [a spiritual ritual to cleanse body, mind and soul] [09]

> *...my friend suggested we look for a psychologist* [...] *to see if there was something they could fix or if they could reinsert me in society...* [08]

The lack of knowledge about sociocultural, political and economic processes,[38] in which health and sickness take place, prevents the comprehension of certain phenomena and

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gives rise to an impulse to establish a series of diagnoses tending to pathologize what we do not understand under the heterocentric scheme, frequently reproduced and legitimized by the patients themselves.

> *Yeah, I wanted to see a psychologist because I saw that many trans people turn into women and date men. And I said, "No, I wanna turn myself into a woman and date women"* [...] *I said, "Then yeah, I am crazy: I wanna be a woman and date women!? How's that possible?"* [07]

There are also some perspectives within the *trans* community against medicalization. They consider that, in some cases, there is no need for any biomedical intervention to legitimate their identities.

> *...being transgender or transsexual is not a disease; Ignorance is a disease! Some psychologists don't know what transsexual means, they only know about homosexuality. Many psychologists and psychiatrists embrace the idea that only homosexuality is not a disease, that transsexuality is! Or they just see it simply as part of homosexuality...* [08]

> *...I'm not crazy and I think the others aren't either, it's simply a feeling* [...] *I don't think it's a disorder* [01]

> *Of course it's not a disease!* [...] *It's a personal decision, and mine was to look like a woman* [...] *deciding what you wanna be in your life isn't a disease* [10]

> *...not following male and female stereotypes made me think that I was sick, I felt dirty for being something that others considered abnormal. I don't like the word "normal," but it has to be emphasized because when you don't follow stereotypes, you aren't normal to them...* [05]

Self-medication shows the diffusion of the clinical idea of "correcting" the body, the process which *trans* people undertake to form their identity. This includes practices that imply health risks that are redefined, so that they are less significant to the rules of social gender standards.

> *...private "mercenary" medicine is a danger; not all of that, but in our situation, who would defend us? An intervention in private medicine isn't registered as sex reassignment but as "plastic" surgery, so many problems may arise* [03]

> *A friend of mine used to inject oils in my body, she started changing me* [...] *I felt I was getting the body I wanted* [...] *she said, "Do you want me to put you some buttocks? so that they look sexier, men like women that look more feminine"... so she did it* [...] *now I have some problems in my gluteus* [...] *I have very painful aches, some friends have died, the liquid goes up to the lungs and causes lung thrombosis, it goes to the kidneys, to the testicles, it goes down to the feet, they get really swollen* [...] *I've seen that, in many of them, the oil explodes, producing ulcers...* [01]

Violence and *trans* people's daily life

Violence against *trans* people begins in their childhood[39] and we can consider it an instrument to learn sexual normativity. The testimonies reflected physical, psychological and sexual violence.

> *...I put on my sisters' dresses, my brother, my dad or my mom would hit me* [...] *with all that violence you realize you're trapped in a body that doesn't match your identity* [...] *I was scared to death* [...] *in high-school I really suffered violence because of my identity* [...] *my classmates beated me up* [05]

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> *My cousins* [...] *forced me to touch their parts, they tried to rape me several times* [...] *there were beatings, my uncles used to hit me* [...] *the only thing I heard was, "piece of shit, faggot, gay, scum, devil"* [....] *there was this man... he chased me, kicked me, spat at me, he said, "You're a good-for-nothing," he tried to abuse me* [09]

The stigma of pathologization is part of the social determination of *trans* people's health conditions.[6] Discrimination, as a concrete expression of stigmatization and violence, affects the health services provided to *trans* women due to lack of training and awareness of health professionals.

> *We are out of everything, we don't have decent jobs, many of my friends have undergraduate degrees and can't practice because of their gender identity* [...] *Once, I felt very sick and I wasn't treated in a hospital, I was rejected, I had to go to another one* [...] *I don't like to use my male name in the health area because I'm not a man...* [01]

> *...I was denied medical attention for being a trans person* [...] *we still suffer exclusion, discrimination, stigmatization and violence* [...] *there's a trans center with medical supervision but the staff isn't sensitized, they don't treat you well, they discriminate against you* [05]

Discrimination can be doubled and come from other historically excluded groups.

> *...I started noticing that men who sleep with other men discriminate against transvestite or transgender people, they say,"He's a transvestite." If they are called faggots: why do they discriminate against trans women?* [07]

Violent experiences have a negative impact on mental health. The connection between exclusion and psychological suffering is mediated by negative self-esteem and social isolation.

> *...at school I did suffer bullying a lot* [...] *I didn't hang out with many people* [...] *I was isolated* [02]

Violence is not just a topic in between the imposition of heteronormativity and health damages, or a resource to sustain the heterosexual order; it is an ongoing matter in *trans* people's daily lives,[39] which redefines their well-being possibilities and makes them extremely vulnerable.

Health damages

As a result of violence, the interviewees described a series of health risks and damages. The particularities of this pattern or profile are connected to pathologization and readjustment, whether because of the introjection of social rejection or interventions made by health professionals or by *trans* people themselves, which results match other reports.[6] Mental health damages were the most frequently mentioned, mainly symptoms connected to depression, anxiety and suicidal behavior.

> *[I felt] anger, I suffered bouts of depression* [...] *a lot of denial, difficulty to become part of society* [...] *I'm still quite antisocial* [...] *I feel a lot of self-hatred, especially toward what I used to be* [...] *I spent 22 years living a lie* [...] *in a moment of despair, a year ago, I was 22... [silence] I tried to kill myself* [02]

> *...a lot of sadness, I cried a lot* [...] *I wanted to escape or die* [...] *I felt humiliated* [...] *denigrated...* [01]

> *...society pointed me out, discriminated against me, spat at me... I was 5 and already wanted to kill myself! I couldn't bear so much rejection, so much humiliation, so many blows, so I had several suicide attempts* [...] *I felt repulsion at myself, fear, impotence* [...] *every day I asked God, "Why? Why didn't you make me man or woman? so I'm not in this situation"* [09]

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> *...hormones have to go hand in hand with therapy because they cause a series of physical and psychological changes which can lead to symptoms such as depression, which is common, anxiety and panic attacks* [08]

Access to medical service is a serious problem in this community.[40] In sex-gender reassignment, *trans* women have a higher risk of getting breast cancer, suffering injuries, chronic swellings, and recurrent infections.[41] They also need to reduce their breast implants. The chances of getting such reassignment are conditioned by economic situations. *Trans* people may be forced to quit school and their jobs due to violence, and their low schooling leads to fewer chances of getting safe treatments. Hormones, implants and the process of inserting them into the body are just goods whose safety varies depending on their quality: many interventions are carried out with dangerous materials and in risky places. The negative effects of self-administered hormones, filling injections in soft tissues and other types of modifications[6] are part of the main health damages mentioned by the interviewees.

> *...Many of my friends give injections, but it's risky because then they mix mineral oil, biopolymer* [...] *and edible oil* [...] *I have these little issues, but I've seen that many of them have to be "scraped"* [...] *I prepared a mixture of all the hormones, knowing I was taking a lot of risks...* [01]

> *...a surgery didn't go well on a friend* [...] *the wound opened from time to time, one day the whole implant came out* [...] *some surgeries left abscesses and dead tissue in many of my friends* [05]

> *...I had two jobs* [...] *to save money for my hormonal treatment because it costed an arm and a leg* [...] *I know a trans girl whose treatment consists entirely of self-medication, she takes only two types of hormones every eight days, thank God she hasn't had complications, but she has injected aviation oil in her buttocks...* [09]

> *...not everyone has the chance to pay a doctor, there is no chance of a hormonal treatment even if you're entitled to by the government* [...] *if getting therapists in Mexico City is hard, it's even harder in other places [...] the hormonal treatment is free only at The Condesa Specialized Clinic. Making it federal is necessary, so that the girls who live in other States don't have to inject themselves with mineral oils, edible oils or even motor oils to have breasts* [...] *because this leads them to death in some cases* [08]

CONCLUSIONS

The *trans* identity is inserted in a medicalization paradox. On the one hand, it is pathologized, which causes social rejection and health damages. On the other hand, medicine offers objective chances of carrying out sex-gender reassignment as expression of gender performativity. Pathologization has a crucial influence on *trans* identity: it deteriorates the health conditions of *trans* people. At the same time, access to such reassignment in the safest conditions compels them to recognize themselves as sick persons. In this sense, medicine turns out to be the illness as well as the cure.

Heteronormativity intends to build just two gender identities and produces prototypes and disciplined bodies to vindicate the ideological articulation between sex, gender and heterosexuality as the "right" lifestyle. The experiences described by the interviewees were permanently marked by contradictory feelings about their identities and their constant fear of being punished. Social order tries to implant homogeneously in the bodies the stereotypes and the roles which constitute the prevailing gender culture, indoctrinating them to represent such culture by exerting physical, psychological and sexual violence,

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causing severe mental health damages in non-heterosexual people. In the case of *trans* women, they suffered mainly psychological, physical and sexual violence in their private lives, exerted by acquaintances and often by relatives, which caused depression, anxiety and suicidal behavior.

Medicalization forces *trans* people to insert themselves, by means of sex-gender reassignment, into man-woman and masculine-femenine dichotomies, and at the same time, these structures are the cause of the social rejection they suffer. In such process, *trans* women reassert the most valued and demanded physical attributes in women. This performance makes them vulnerable to other health damages: wounds, infections, swellings, among others.[41] In deciding this, they show the strength of culture over biology, reasserting that health is the expression of cultural demands connected to gender.

The experiences shared by the *trans* women in this research show that the autonomy among sex, gender and sexuality is contrary to the one-way direction view proposed by the prevailing social normativity, based on biological procreation. Some *trans* women show a homosexual orientation of desire. The bodies of *trans* people serve as a space where the imposition and refusal of the norms converge, making such bodies targets for discrimination.

Fighting against discrimination toward *trans* people is of paramount importance, as well as the implementation of gender perspective and sexual diversity in medical services and in the training of health professionals. The medical technology thas was developed to perform sex-gender reassignment, which is known as the set of practices with different kinds and scopes that modify the body,[35] must be improved when it comes to safer pharmacological and surgical interventions, especially because to the informants they mean more harmony between body and identity, and show conforting feelings that increase their confidence and self-reliance. *Trans* women want reassignment not only to fulfill the integration of their identities, but for more practical aims as well: "to feel better," to express what "they truly are." Moving toward the depathologization of their identities and of the means to gain access to medical services are the main challenges that need to be tackled to fulfill better health care for *trans* women.

This research gives first-hand data that help characterize the processes of social determination of health issues seen in *trans* women. The testimonies help to establish a clearer connection between social rejection and transsexuality and the impact on their health. Some questions related to the interaction of other cultural spheres also arise, such as social classes, ethnicity or immigration, and the possible synergistic effects on the epidemiological profile, as well as the need to monitor the measures in favor of the acknowledgement of *trans* people rights regarding their living conditions, both in terms of improvements as well as setbacks or threats.

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