

Chapter 3. In search of a solution: Of agency and changing structures

“Te metían mucha en la cabeza que había que seguir.”
(Diego, 2015)¹

The previous chapter discussed the evolving awareness of the gender non-conformity of my informants. At some point in their lives, all of them decided to alter their situation and start living the felt sex/gender publicly. Striking life-experiences sometimes motivated this process. In altering their situation, the body is no longer a mere object of reflection, but also an object of action. Rohr argues that in the course of a reflexive modernity, the nature of the body is itself questioned, and the correction of its nature becomes an unquestioned privilege, is even declared a right of the modern subject (Rohr 2004). In addition, Villa (2008b) observes that we can almost dispose of our body (*Körper*) in the same way we can dispose of any object. However, she puts this statement into perspective by referring to the concept of the simultaneity of *Körper* and *Leib*, a concept that goes back to Plessner's distinction between *Körpersein* and *Körperhaben* (see Chapter 2.4). Villa notes:

[...] als Menschen haben wir eben nicht nur einen Körper, wir *sind* zudem ein Leib. Und zwar beides gleichzeitig und gleichursprünglich. Die leibliche Dimension ist weitaus weniger instrumentell verfügbar als der Körper, da sie das radikal subjektive Binnenerleben bezeichnet, zu der keine (etwa kognitive) Distanzierung möglich ist. (Villa 2008b: 251)²

According to Gugutzer, “Plessner's distinction between being a body and having a body is significant because it provides an anthropological justification for the entanglement of natural and culturally shaped bodies [own transl.]” (2012: 44). While

1 “They put a lot in your head, what you have to do” (Diego, 2015)

2 “[...] as human beings we do not only have a body (*Körper*), we are also a lived body (*Leib*). Both at the same time and of the same origin. The dimension of being a body (*Leib*) is much less instrumentally available than ‘having a body’ (*Körper*), since it describes the radically subjective inner experience, to which no (e.g. cognitive) distancing is possible [own transl.]” (Villa 2008b: 251).

searching for a solution of how to live their gender non-conformity, my research partners once again had to deal with this ‘entanglement of natural and culturally shaped bodies’. Besides the possibility of dressing and performing according to the gendered self (be it in private or in public), this also includes the possibility of medical interventions of different degrees in the body. This searching and dealing involves knowledge, information, and the availability of certain services and drugs. It also involves dealing with individual and social expectations, and addresses the simultaneity of agency (subjective empowerment) and compliance with sex/gender standards (society).

This chapter reconstructs the ways my research partners look for solutions to dealing with their non-conforming sex/gender identity. It looks at the possibilities of my interlocutors to inform themselves, highlights pivotal life experiences that impeded or motivated their decision to start transition, and points to obstacles and consequences my informants faced. Due to the different ages of my informants and the significant changes that have happened over the last decades, it is also possible to outline a historic dimension (based on my empirical data) that reflects on gender non-conformity discourses at the local level. I start by giving insights into one of my research partners, Anabel.

3.1 Stopping a snowball in Andalusia

When I met Anabel in summer 2003, she was in her mid-thirties and living with her wife and her eleven-year-old daughter in a village near Seville. Climatically, they live in a place that gets unbearably hot in summertime. Snow in winter would definitely be something very exceptional. Nevertheless, she compared her disquietude and growing dissatisfaction in not having been able earlier to reach her goal of living openly as a woman, with a snowball, that, if not stopped gets out of control:

“Y bueno, a partir de este momento es como una ... como una bola de nieve, que va rodando y va engordando, y va engordando, y cada vez te resulta más difícil pararla ¿no? Hasta que llegó el punto que llegó hace tres, cuatro años así, en que ya dije bueno, hasta aquí llegó la bola de nieve, y aquí se rompe la bola de nieve, y ya no rueda más, porque ... porque cada vez me va a costar más, más trabajo para todo esto.” (Anabel, 2003)³

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- 3 “It’s like ... like a snowball that rolls and gets bigger and bigger, and each time it’s getting more difficult to stop it, right? Until the point was reached three years ago, or four years ago, when I said, well, the snowball came up to this point, and here the snowball breaks down, and will no longer roll on, because ... because each time it costs me more and more work for all this.” (Anabel, 2003)

The symbolism of this metaphor is striking. Snow is incongruent in this place and she experienced her situation in the 1990s as getting out of order.

Anabel had been born in a male body. She had studied psychology. In her living room hangs her framed university certificate. It shows the whole graduation class; there is a little picture of every person and their corresponding names. Anabel is amongst them; the photo showing a young man labelled with her male birth name. When we met in 2003, she was working as a mason, a job she eventually got from the parish hall (*ayuntamiento*) with the help of a charity organisation (Caritas), because she needed an income to support her family. Prior to that she had been looking for jobs in all kinds of areas: in burger restaurants, like Burger King and Mac Donald's, in Telepizza chains, in a petrol station, in bars, in teleassistance companies, in clothing stores, or in organisations caring for the elderly or the sick. However, she got no employment, which she relates to the high unemployment rate (see Chapter 4) that was making life difficult for everybody, and, as she states, even a bit more difficult for herself. Concerning gender transition, she considered herself a late bloomer, because she started hormonal treatment only three years earlier, when she was in her thirties. When she dressed openly as a woman, started treatment and, thus, changed her physical appearance, many of her former friends turned away. Some other friends told her how brave she was to make this step. Yet, she considered herself a coward because she had not been able to start transition at an earlier age.

With respect to the growing awareness of her non-conforming sex/gender sensations, she found an explanation when she learnt about the term 'transsexual' (see 2.1). At the beginning, she did not know anybody who could tell her more about transsexuality or what to do. Thus, to inform herself, she started to frequent a site in town where transsexual sex workers went about their business, and spoke with them.

At around the age of twenty Anabel was already thinking about starting gender transition. Then her partner, Inés, got pregnant. She left the decision to her partner to abort, or have the baby and face the consequences. Inés wanted to have the child. Anabel considers herself a person who takes responsibility for their actions. So, because Anabel experienced Spanish society, that is to say, her social environment as rather traditional – meaning that you should be married when you have children – they married. For Anabel it was clear that she could not start gender transition at this point. However, shortly after the marriage she started to talk to her wife, gradually, about her transsexual feelings. They decided that Anabel should not live this openly until their daughter's communion. Nevertheless, sometimes, during the night, she dressed as a woman and went out in the city. At the age of 26, Anabel recalls a key moment in her life that strengthened her intention to live openly as a woman. She had had a traffic accident. There, she realised that she could have died and nobody would ever have known her 'real' self. She felt like she had betrayed all

the people all her life: “[...] estaba engañando prácticamente todo el mundo. Nadie sabía cómo era de verdad.” (Anabel 2013)⁴

Thus, in Anabel’s case, the urge to come out was related to a life event that made her realise that life can suddenly be over, and the time to live authentically is limited. However, the years went by, and whenever she thought that now was the right time to start gender transition, family or financial circumstances prevented her from making the step and led her even further away from her goals:

“Fueron pasando los años, ahora ... ahora la niña, ahora se falta un trabajo, ahora tenemos que comprar un coche, no hay dinero para afrontar esto y ... y va rodando va rodando y pasar los años y por eso ya en un momento en que ya cumplo yo treinta ... treinta años y (lengthened) y digo estoy todavía como cuando tenía veinte, y no he avanzado nada en lo que yo quería avanzar ¿no?” (Anabel, 2003)⁵

As mentioned above, Anabel described this situation as a moving snowball, getting bigger and faster and out of control. When she realised that she was starting to blame other people for her situation, she decided to stop and destroy this snowball. Anabel and her partner also decided not to have any more children. (This decision was revised after Anabel’s sex reassignment surgery and they had tried unsuccessfully to have another child through artificial insemination). Anabel consulted the pharmaceutical vademecum as to which hormones she needed and went to the pharmacy to buy them. Although officially one needed a medical certificate to get these hormones, Anabel always found a pharmacy that sold them to her. After two years of self-medication, Anabel entered the Gender Identity Disorder Unit (UTIG) in the Carlos Haya Hospital in Malaga.

Anabel felt sure about her aim to undergo all the gender affirmation procedures. However, she was unsure about the consequences for her partnership. Yet somehow she was confident that her wife would stay with her, despite her changed physical characteristics.

Anabel’s narration points, among others, to three issues I would like to compare (and contrast) with the narrations of further interlocutors: (1) finding an explanation for the non-normative gender feelings; (2) the way information can be acquired; (3) and the capability of altering the situation. Comparing these three topics not only provides insights on the individual level, but mirrors once again the legal and societal changes that have happened over the last decades (see Chapter 1.3).

4 “Practically, I was deceiving almost everybody. Nobody knew who I really was.” (Anabel, 2013)

5 “The years went by ... now the daughter, now without work, now we have to buy a car, there is no money to face this and ... and it turns and turns and the years are passing and so in a moment when I had already reached thirty years, and I say I am still like I was at twenty, and I hadn’t advanced in anything I would have liked to advance. Right?” (Anabel, 2003)

3.2 Sources of information and ways of adapting

According to Nieto (2011) (an Andalusian social anthropologist working on the topic of gender diversity and sexuality), the transgender movement in Spain (those who do not aspire for genital surgery) is an incipient one. He relates this to the dynamic of information processes, which, in turn, influence the strategies the trans individuals choose. He locates four sources where transsexual and transgender individuals can get information about the phenomenon they are concerned about: (1) professional medical literature, (2) reports in journals and newspapers, (3) information from other transsexuals and transgenders who went ahead with subjective experiences, and (4) in the physical and emotional feedback of their lovers. He criticises the medical profession for focussing primarily on transsexuality from the perspective of assistance and treatment, and observes that the medical profession in Spain lacks a generating theory, as is partially undertaken in other parts of the world. Furthermore, he notes that the major part of the literature that would question a gender-binary framework is written in English and not translated into Spanish, and is, therefore, rather absent in Spain. Thus, he concludes that the medical reference in Spain made itself central in surgery but less in theory (Nieto 2011). In omitting sociocultural explanations, they “[a]puestan por la transexualidad y silencian el transgenerismo” (Nieto 2011: 249).⁶ With regard to reports in journals, Nieto judges them as mostly banal, and looking for the spectacular, the freaky. Especially in television, being transgender was represented as a phenomenon that moved between fascination, horror, attraction and rejection. Nieto concludes that in Spain the medical practice, the media, and the subjective information are giving each other feedback that makes of transsexuality a biological reading with a narrow focus that censors the transgender person (Nieto 2011).

Nieto's analysis that a dominant source of information comes from professional medical literature reminded me of my first encounter with Sara in the office at Colega, where she worked part-time as a volunteer. She was sitting behind the desk, and at a certain point in our conversation, she reached down and brought forward the Spanish translation of Harry Benjamin's 'The transsexual phenomenon', a benchmark book on transsexuality in its time, written in the middle of the 1960s (see 1.2). "That's the book I'm working through right now", she exclaimed. "It will explain everything." Although sex-reassignment surgery was not possible for her at that time due to her being HIV-positive and having bouts of bad health, she wanted to know exactly how medicine handles her condition (with regard to a possible sex-reassignment in the future). During our conversation, she supported some of her arguments with reference to the book. For example, when we spoke about young people who decided to undergo sex surgery, Sara argued that some young people

6 "They bet on transsexuality and silence transgenderism [own transl.]" (Nieto 2011: 249).

were not really prepared for this, and referred to Benjamin, where he seemed to mention that people who had had sex surgery at a very young age ended badly.

Informal information

Information from other trans people who went ahead with subjective experiences was and is of major importance among my informants. This was the case not only earlier, when there was hardly any reporting of this phenomenon, but also in today's digital information age. As outlined above, Anabel (after becoming aware of the term *transsexual*) first sought advice from transsexual sex workers. Resorting to locating trans persons on the sex worker scene mirrored their societal marginalisation. Although there existed trans persons who worked in socially more respected areas of life, it was generally assumed that transsexuals entered sex work to earn a living.

In the case of Carmina, information depended on a chance personal encounter. Carmina, who grew up in an aristocratic family, recounted that up to the age of thirty years, somewhere in the beginnings of the 1980s, she did not know anybody who felt like her. One day, when she went to the Corte Inglés (a big supermarket in the city centre, in front of which there is a marketplace) she saw Tamara, who had a sales booth with eardrop earrings and necklaces. Seeing this person with her make-up, ladies-hat and miniskirt, she felt a kind of identification: "Y la vi digo ¡uih! Digo ¡qué loca! Digo está loca, ¿quién es? [...] digo uih esto es nh está como yo." (Carmina, 2015)⁷

She approached her; they started to speak, and a friendship developed. Soon Tamara brought her to places where there were more of her kind. For Carmina, it was another world: "Pero claro, era otro mundo. Yo no conocía ese mundo." (Carmina, 2015)⁸

Similar to Carmina, who only got to know this 'other world' after meeting Tamara, for Diego, too, (decades later and in an environment that differed a lot from that of Carmina's time) it was a personal encounter at the age of sixteen with an FtM of the same age that Diego remembers as the initial booster for agency. Living in a village and having passed his school years there, he continued his education in an institute in Seville in 2002, where he met *un chico* who was transsexual: "Y entonces al verlo, yo ya dije: Ah, pues esto es lo que me pasa." (Diego, 2015)⁹

Diego confided in him that 'she' himself was experiencing the same, and got the answer: "Ok, there's no problem". Diego remembered that from then on everything

7 "And I saw her and say, oi! I say, how crazy! I say she is crazy, who is she? I say, oi, she is like me." (Carmina, 2015)

8 "But of course, it was another world. I did not know this world." (Carmina, 2015)

9 "And then when I saw him, I said: Ah, this is what is happening to me." (Diego, 2015)

went very fast because now he knew who he was and this schoolmate served as his role model:

“En el momento que supe lo que era y sabía que que bueno que que como él es lo tenía yo en frente, decía bueno, a ti te pasa lo mismo que a mí, sientes lo mismo y encima eh te hablan como hombre, vives como hombre, entonces yo dije bueno, pues ¿porqué yo no?” (Diego, 2015)¹⁰

It can be stated that the importance of face-to-face encounters with other trans individuals has survived the decades, despite the growing possibilities the Internet (especially social media) was starting to offer. What changed was the way my informants enacted their agency to start gender transition, due to legal improvements and the inclusion of transsexuality in the Andalusian health care system. I will illustrate this, using hormone intake as an example.

From self-medication to medical assistance

The majority of the trans women I spoke to started treatment on their own by self-medication. Information and hormones were often shared among each other. Anabel is somehow an exception, because she started hormonal treatment by consulting a pharmaceutical vademecum (see 3.1). She stopped self-medication when she entered the UTIG in 2000, where she had to restart her treatment.

With regard to the intake of hormones before she met Tamara, Carmina did not know about any procedures. Nor did she think this was possible in Spain:

“Porque yo no sabía que existía. Yo no sabía que había un procedimiento de hormonas para que se ... para la barba, para el pecho ... yo pensaba que eso existía solo en el extranjero.” (Carmina, 2015)¹¹

Tamara told Carmina about the hormones that she bought from a woman, who, in turn, got them in Andorra. Carmina started to inject these hormones and watched her bodily features feminising:

“[...] y entonces nos traía las hormonas, nos pinchábamos, y ya empezó a salir los pechos, y entonces ya poco a poco te va tú dejando ya el pelo más largo, mh, ya

10 “The moment I knew what it was, I knew that, well, that I was like the person I had in front of me, I said, ok, the same is happening to you as to me, you feel the same, and on top of everything they talk to you as to a man, you live like a man, therefore I said, ok, then, why not me?” (Diego, 2015)

11 “Because I didn't know it existed. I didn't know that there was a hormone procedure to... for the beard, for the breast ... I thought that this only existed abroad.” (Carmina, 2015)

los rasgos se te van afeminando ... y así es como yo empecé. Igual que ella. Igual que muchas de nosotras." (Carmina, 2015)¹²

There were contrasting statements about the availability of hormones during the beginnings of the 1980s among my research partners. Carmina, as just mentioned above, refers to imports from Andorra. Another trans woman, Ramira, who started to take hormones around 1981 while she was earning her living in the autonomous community of Castilla y León, got the hormones in the pharmacy, that is, from staff members who brought them to her home. However, in any case, it was something done (half)-illegally and secretly.

A further trans woman, Imelda, started with self-medication at the age of seventeen. She did not want to disclose her age, but this must have been somewhere in the beginnings of the 1990s. Since 1999, she has been supervised by an endocrinologist in a hospital in Seville:

"Yo me puse hormonas, empecé a ponerme hormonas con diecisiete años ... empecé, pero ... con diecisiete años ... y ... pero antes claro, te las ponías a lo loco, no, porque antes no había la cosa que hay hoy de ... como te explicarlo a ti ... bueno, los conocimientos que hay hoy y el saber que hay hoy. Tú hoy vas al médico y el médico pues te receta lo que tú necesitas a recetar y ... a la Seguridad Social, pues, está ya abierto todo eso, pero cuando yo empecé, que tampoco hace tanto, todo eso era tema tabú, tú ibas al médico y le pedías hormonas y el médico te decía que, como te va a recetar hormonas que eso es una cosa que no podía hacer." (Imelda, 2003)¹³

Prior to the medically controlled delivery of the hormones, she depended (like many others) on the experiences of other transsexual people. In saying "*pero antes claro, te las ponías a lo loco*" ("but before, of course, you took them madly"), she expresses the effect of the risk and incertitude such an informal and uncontrolled hormone intake had on their health. She expressed her relief that she did not have to cope anymore with these risks nowadays, due to regular medical check-ups:

12 "...and then she brought us hormones, we injected them, and the breasts already started to grow, and then little by little you're already letting your hair grow longer, mh, and the features become more feminine ... and that's how I started. Same as her. Same as many of us." (Carmina, 2015)

13 "I took hormones for myself, I started taking hormones for myself at the age of seventeen ... I started, but ... at seventeen ... and ... but before, of course, you took them madly, because earlier there was not what there is today of ... how to explain it to you ... well, the expertise, the knowledge of today. Today you see the doctor and the doctor prescribes you what you need ... [the bill goes] to the Social Security, well, it's all open now. But when I started, which is not so long ago either, all this was taboo, you went to the doctor and you asked for hormones and the doctor said how should he prescribe hormones to you, that this is something he can't do." (Imelda, 2003)

“Yo por ejemplo lo que me pongo es una inyección al mes. Y eso es mandado por el médico y ... visto por él, y controlado por él, que ya no tengo riesgos de nada.” (Imelda, 2003)¹⁴

Ramira also remembered this uncontrolled hormone intake as very risky and painful: “Te dolía, horroroso.” (Ramira, 2015)¹⁵

Some did not survive it, which led Ramira to give up this practice.

During the times when trans people were persecuted under the Franco dictatorship and medical interventions for gender reassignment were illegal in Spain, some went to Morocco to undergo sex reassignment. There was a clinic in Casablanca, well known among trans people all over Europe and the USA, which was credited (among surgeons) for their pioneering techniques in vaginoplasty (cf. Goddard and Vickery 2007; Green 2008). On the one hand, there exists documented testimony from MtFs who were grateful for the uncomplicated and non-moralising procedures when receiving surgical help in their transition (cf. Morris 1993; van Erp 2013). On the other hand, one of my research partners, Carmina, is convinced that for many the trip to Casablanca turned out to be fatal. Contrary to the appreciative reputation in professional medical journals, she compares the surgeon's practice at this clinic with a butchery. Furthermore, because of the illegality and the clandestine actions, those who died, disappeared:

“Y morían allí. De la carnicería que las hacía. Y como iban solas, pues se morían, pfh, y la quemaban. [...] con la ropa, pasaporte, y nadie sabía nada. Porque claro, porque ... eso estaba prohibido. Y hacían ... verdad de las matanzas. Han muerto muchas. Muchas (whispering). Ahora no. Ya no. Pero también hacen destrozo ¿eh? En Málaga han hecho mucho destrozo. Han hecho unos, unos genitales horribrosos.” (Carmina, 2015)¹⁶

(The last remark, aimed at the UTIG, gives a hint of how controversial this competence centre was perceived among my informants). The risk of disappearing without a trace in Casablanca if the surgical procedure was fatal is also documented by MtFs who went to Casablanca for this operation. In the documentary film “Im Herzen bleibt alles gleich”, a trans woman from Germany remembers that she had

14 “I, for example, I inject myself once a month. And this is prescribed by the doctor and ... supervised by him, controlled by him, so I have no risks of any kind.” (Imelda, 2003)

15 “It was painful, horrible.” (Ramira, 2015)

16 “And they died there. From the butchering they did to them. And since they went alone, they then died, and they burnt them. With the clothes, passports, and nobody knew anything. Because, of course, because this was prohibited. And they ... really committed killings. Many have died. Many. Not now. Not anymore. Yet again, they ruin people. In Malaga they destroyed a lot. They have created some really horrible genitals.” (Carmina, 2015)

been told that she would be sunk in the sea and her passport would be burned if there were deadly complications (Bruch 2014).

In Spain, according to some of my research partners, the willingness on the part of some doctors to supervise and treat trans people (thus preventing self-medication) increased around the middle of the 1990s. Tamara relates this shift to a more open attitude towards trans people, thanks to a better understanding of their trapped situation. She thinks that politics and medicine had then started to take the needs of transsexual people more seriously and no longer perceived their behaviour as a kind of mood:

”Eso [el paso de la automedicación a la supervisión médica] ha cambiado, pues, digamos, hace siete u ocho años atrás ¿no? que ya pues ha habido una abertura en todo esto, que digamos hemos salido más, la medicina ha entendido que esto no es una opción por gusto ni por capricho, sino que es una opción que verdaderamente impide una persona que vive en un conflicto personal y hay que dar una salida esto como cualquier otra problemática que tenga un ser humano.” (Tamara, 2003)¹⁷

Yet, during this shifting to medical assistance, an adequate therapeutic procedure depended very much on the knowledge and preparedness of the physician. Therefore, when it comes to the care in Seville, my informants refer mostly to the same endocrinologist in a hospital in Seville. Luisa’s search for a solution to alter her body, which started around 1998, one year before the UTIG in Malaga opened, illustrates this. Luisa, who was 22 years old when we met in 2003, had already realised at an early age that she wanted to live as a woman. However, until the age of around fifteen, she did not dare to tell this to anybody. She remembers that she developed a rebellious attitude around this age, and caused problems for her family; a behaviour that she traces back to her unshared emotional state. Her mother brought her to a psychologist, but Luisa did not tell him anything, because she did not trust him, not least because he was a man, as Luisa recounted. After two sessions without results, these consultations were cancelled. However, Luisa’s inner pressure grew with the increasing feeling that her whole existence was just a lie. At the age of seventeen, she found persons of trust in one of her aunts and in her former nanny. Together with the aunt, Luisa consulted her family doctor, yet he did not know how to proceed. A social worker who was called in also had to inform herself. Luisa realised that it would take a long time until she was allowed to

17 “This [the shift from self-medication to medical supervision] has changed, well, let’s say, seven or eight years back, there was an opening up in all of this. Medicine has understood that this is not an option for pleasure or fancy, but is an option that really impedes persons living in personal conflict, and there has to be a solution, like for any other problem a human being has.” (Tamara, 2003)

start treatment with a specialised physician. Describing herself as impatient, she was not willing to wait any longer and started self-medication with hormones she obtained in a pharmacy. Because she had respect for the risks of this self-medication, she was cautious and took lower doses than a friend of hers, who served as a reference person. Her friend injected two ampules of a certain hormone. Luisa injected one. Finally, she was able to continue the hormone intake under the supervision of an endocrinologist in a hospital in Seville; the doctor that several of my informants had referred to. There was practically no need to alter her medication, which confirmed for Luisa the correct dosages of her self-medication. When she learned about the special unit for transsexual people in the Carlos Haya Hospital in Malaga (UTIG), she went there, but the treatment was totally changed.

In Luisa's case, a mixture of mainly three factors motivated her to start treatment on her own, despite the medical opportunities which were already legally available. On the one hand, there was her family doctor's and social worker's lack of knowledge of how to proceed. On the other hand, there was Luisa's impatience to alter her situation, which was exacerbated by the lengthy clarifications the doctor and social worker had ahead of them. However, also under the supervision of the UTIG, Luisa had to learn to deal with her impatience. Although she managed to fulfill all the psychological and medical expectations within two years, and to be put on the waiting list for sex reassignment surgery in 2003, she did not know when the operation would take place. It could take months or years until a call for the operation would occur.

Because of the perceived time-consuming proceedings and lengthy clarifications of the UTIG, some of my informants did not consider this competence centre to be an adequate provider. Lora, for example, entered the UTIG in 2007 at around the age of fifty. She soon realised that the psychological clarifications would take too long until she could start with hormone intake, and searched for an alternative. She spoke to her family doctor in Seville, who prescribed her the hormones. Because she no longer has the wish to undergo sex reassignment surgery, she feels comfortable with the status quo and her medical supervision.

Medical care and society's perception of trans people as a mediator of standards

Diego reflected on the quality of the information he received while starting his transition around 2005. Although coming of age as a trans person in a time when LGBT issues were on the political agenda and specific health services for trans people were available, his statements concerning the information received from part of the medical staff (combined with social expectations) reflected the pressure of the *normalizing society* (Foucault 1990) he found himself embedded in. Diego had initially aimed for the total gender affirmation procedures at the beginning of his

transition around 2005. In retrospect, he thinks that the medical support and the societal perception of transsexualism had a disciplinary effect. Diego judged the available information as insufficient and one-sided, thus, as a trans person, he felt he had little choice and was doing what the doctors expected:

“Te metían mucha en la cabeza que había que seguir. Que que si tú eres transexual, tú tienes que hormonarte, tú tienes que cooperar y tienes que ... ¿no? Todos esos pasos.” (Diego, 2015)¹⁸

The orders from the doctors, combined with the societal pressure he felt to aspire for a masculine appearance, left him no space for alternatives:

“Tú eres hombre, pues tienes que ser ... tú te sientes hombre pues tienes que ser hombre (emphasised). [...] ¡Un hombre! Con las características tal y cual.” (Diego, 2015)¹⁹

When we met, Diego was worrying about his disturbed hormonal balance that he associated with his removed ovaries. Years ago, he had had this operation because he did not feel comfortable, and feared that cysts might develop in connection with the masculinising hormone therapy. Now, at the age of twenty-nine, he is experiencing menopause:

“Pero ahora mismo, a mí me provoca una menopau- una menopausia. Porque yo no tengo ningún órgano que me segregue ninguna hormona femenina. Y artificialmente tengo la hormona masculina. Total, que tengo sofoco, lo paso mal.” (Diego, 2015)²⁰

His hormones are out of balance, which worries him, and he has osteopenia (low bone mineral density). All these problems are considered a long-term side effect of the hysterectomy. Although Diego remarks that he probably would have had this operation anyway, he nevertheless criticises the doctors for not telling him about the pros and cons, and in not doing so, gave him no choice:

“Y eso, veré, cada mejor seguramente me hubiera operado. Pero nadie me informó. No me dijeron, Diego, tú te quieres operar, pero te puede pasar esto, esto

18 “They put a lot in your head that had to be followed. Like if you are transsexual you need to take hormones, you need to cooperate and you need to ... all these steps.” (Diego, 2015)

19 “You are a man, so you need to be ... you feel like a man, therefore you need to be a man ... A man! With such and such characteristics.” (Diego, 2015)

20 “But right now, it is triggering menopause in me. Because I have no organ that releases any female hormone. And artificially, I have the male hormone. In total, I have hot flashes, I am not well.” (Diego, 2015)

esto y esto. Pero nh puedo elegir ¿no? puedo y no elegí, creo que no elegí tan con la insuficiente información.” (Diego, 2015)²¹

3.3 Media as a source of information, representation and communication

Television and radio

Several of my informants can tap into their own experiences with films and television. Back in 1977 Ramira acted in a film about the life of a Brazilian trans woman who died of an infection after genital surgery. Although she states that it was not a good movie, she recalls it nevertheless as a *bombazo* (a match). She has good memories of this experience because she acted with famous people. In 2009 Anabel was one of five trans women who participated in a documentary that portrayed their lives. In contrast to the dramaturgy and the tragic ending of the film in which Ramira acted 32 years ago, the contemporary documentary where Anabel participated represented the protagonists in a plain and unexcited manner, letting them speak for themselves. Yet, although the media representation of trans people has changed over the years (mainly by means of documentaries), Nieto's initial commentary – that being transgender is presented as a phenomenon that moves between fascination, horror, attraction and rejection, especially in television – did not seem to lose on reality. When I asked Paquita why she thinks trans women can be seen so often in television shows, she somehow confirmed the above-mentioned reasons:

“Pienso que que nos sacan, pero nos sacan ... no aciertan con los temas. Siempre quieren frivolarizar mucho sobre esos temas. Y a parte de frivolarizar, quieren también como ... mucho espectáculo. Eh la gente lo que quieren es un poco de espectáculo. De de escándalos. De mh ... no sé cómo explicar bien ... que la gente no quiere cosas serias de nosotras. Cuando salen algunas que saben hablar, y defienden nuestros derechos, la gente eso después lo lo ... hombre, le gusta porque dice ‘vaya como habla’ o ‘que bien se expresa’, pero la gente la mayoría la mayoría de la gente quieren un poco el circo. Quieren un poco el escándalo. Quieren un

21 “And this, you see, most likely I would have had surgery. But nobody informed me. They didn't say, Diego, you would like to have surgery, but this and this and this could happen to you. So, I could have chosen, right? But I did not choose, I think I did not choose because of the insufficient information.” (Diego, 2015)

poco la vulgaridad. Eso es lo que quiere la gente de nosotros en la televisión.” (Paquita, 2003)²²

Thus, seeing an entertaining and frivolous aspect of gender non-conformity in these shows, for Paquita, the spectators are misled in almost every way, but especially in the fact that behind this ‘entertaining’ person is a human being that has to cope with the good and the bad moments of life just like everybody else:

“Porque la gente tiene una equivocación. Piensan que decir homosexuales nh decir mh pues no sé ... nh ... estar de buen humor, estar siempre riéndose estar siempre riéndote de todo lo que te rodea ... y aparte de eso también hay una vida ... dentro de esa persona, esa persona no puede estar veinticuatro horas feliz (emphasised). Pues también eh tenemos nuestros momentos ... de bajo, y momentos tristes, que eso la gente no ... no lo comprende. Piensan que tenemos que estar siempre de (lengthened) pues vestida de flamenca. Y eso no puede ser tampoco.” (Paquita, 2003)²³

Paquita appeared several times on television shows where she was expected to speak about her life. She knows how to express herself and (being aware of the exploitative aspect these shows might have in trying to inquire about the intimate life of the guests) she challenged the questions very consciously:

“Las preguntas que yo quise contestar las contesté. Las que no, mentí. Porque creo que a nadie le importaba. Como si yo estaba operada, creo que en en la televisión a nadie le importa si estoy operada o no estoy operada. Yo contesto las cosas que yo podía a saber que podía llegar a la gente. Y que yo podía proteger, que yo podía mh ... decir cosas que me doliesen a mí, que yo no estuviese de acuerdo, pero algo que no (lengthened) como si estoy operada, como si en la

22 “I think that they pressure us, they don't meet us with the topics. They like to be very frivolous about these topics. And besides being frivolous, they also like ... a lot of fuss. The people, they want a show. Scandals. I don't know how to explain, well ... people don't want serious things from us. When some come forward who know how to speak and defend our rights, afterwards the people ... well, they kind of like it because they say ‘how well she speaks’ or ‘how well she expresses herself’, but the majority of people like the circus a little. They like the scandal. They like the vulgarity. That's what people want from us in television.” (Paquita, 2003)

23 “Because people have a wrong idea. They think that homosexuals ... well, I don't know, means being in a good mood, always laughing, always laughing about everything that is around us ... but apart from this there is a life, inside that person, this person can't be happy twenty-four hours a day. We also have our moments ... of downs, and sad moments, but people don't understand this. They think we should always be dressed in flamenco. And this can't be true either.” (Paquita, 2003)

cama lo que hago cosas intimas lo que a la gente le importa en la televisión.” (Paquita, 2003)²⁴

Despite the sometimes offensive questions trans persons are confronted with in television shows, Paquita thinks it is worth the hassle in the long run. Television programmes reach people who will never come into contact with trans persons. Just becoming aware of them through television might somehow serve to establish a connection:

“Sí, positivamente lo que nos viene muy bien es que la gente se conecta un poco con nosotras. Nos conozcan porque hay gente que que conocen la vida del transexual, lo que conocen a muchos transexuales, pero hay mucha gente que están viviendo en pueblos del interior, y entonces les llegan esas noticias pues por la televisión. Entonces por alguna manera conectan con nosotras, nos ven, ven que bueno de entre comillas somos personas pues muy normales, que tenemos una vida como cualquier persona, tenemos los mismos problemas, las mismas inquietudes, nos enamoramos, no nos enamoramos, y que vivimos por tal tal como cualquier otra persona. Y está bien para eso para para llegar un poco a la gente. Porque la gente tiene el tema de la transexualidad como muy escondida. Como que salimos de noche, como que solamente estamos en unos sitios en unos ghettos, y y eso no es así. Y ven que salen algunas que porque hablan bien, otras hablan peores, unas son más finas otras son más ... más vulgares, pero la gente ya por intenta ver un poco esa mezcla que hay y se identifican un poco también conociera que eso es bueno también. Porque no todas las que salen, salen para hacer un (lengthened) un un circo. Ni para montar un (lengthened) escandalo. Hay personas que salen que hablan muy bien.” (Paquita, 2003)²⁵

24 “I answered the questions I wanted to. To the ones I didn't want to, I lied. Because I think it's none of anyone's business. If I was operated, I think on TV it's nobody's business if I am operated or not. I answer the questions where I knew I could reach people. Where I could say things that are hurting me, with which I am not fine ... but something that is not [for the public] like if I had surgery, like what intimacies I live in bed, these kind of things people would be interested in on TV.” (Paquita, 2003)

25 “Yes, positively, what is good for us is that people connect a little with us. There are people who know the life of transsexuals, who know transsexual persons, but there are a lot of people who live in the villages in the inland, and therefore news like this gets to them only by television. Therefore, they connect with us in some way, they see us, they see, well, in quotation marks, that we are very normal people, that we lead lives like any other person, that we have the same problems, the same worries, we fall in love, we don't fall in love, and that we live like any other person. And this is good to reach out to people. Because the topic of transsexuality is very hidden. Like that we go out at night, that we just stay in places a little like ghettos, and it is not like this. And they see that some speak well, others speak worse, some are more refined, some more ... more common, but people can see the mix and they identify and get to know a little, too. Which is good. Because not all who are on television

Anabel is less tolerant of these television shows because the kind of transsexual persons they would be looking for do not serve the trans community but rather reinforce prevailing prejudices of a secret, despicable lifestyle:

“Yo creo que muchas veces las desfigura. La ... la estropea, digamos, ¿no? Aunque hay (lengthened) hay veces que sí, salen transexuales que, que bueno, que van de verdad con, con seriedad ¿no? Pero la mayoría de los programas lo que buscan es la transexual que haga reír a la gente. Una (lengthened) transexual que ... que sea muy caradura, que tenga muy poca vergüenza, que largue que hable hm ... con mucho desparpajo. Que enseñe. Y a mí eso no me gusta. Porque después voy yo por la calle y la gente piensa que ... que yo voy a ser seguramente igual que ella. Que voy a ser más puta que una gallina, y que ... es verdad ¿no? Eso piensan en eso. O que si no lo soy, lo he sido antes, o ... Entonces no me gusta. Porque además la televisión busca eso (lengthened) descaradamente, vamos. Yo (lengthened) he escuchado en Colega [an LGBT organisation], me han dicho gente de Colega por ejemplo, que han llamado desde la televisión, y les han preguntado que si conocían ellas algún tran- alguna transexual. Pero además se la pedían con unas determinadas características. A lo mejor. Que tenga mucho pecho, que sea una descarado hablando, que no le importe hacer esto en la tele, y buscan una imagen en concreto. Sea no buscan ... una transexual. Entonces a mí no (lengthened) ... no me gusta. Pa’ eso mejor que no salgan en televisión ni en ningún sitio. Por eso porque a las demás, que eso grupo son la mayoría ¡eh! La mayoría será gente, pues normal y corriente como yo. No folclóricas ni ... ni gente del espectáculo. Pero esas tres o cuatro que salen continuamente en televisión, deforman la imagen de las demás. Entonces no me gusta. No ... para eso mejor que no. Que no salgan en la tele, vamos.” (Anabel, 2003)²⁶

are there to make a circus out of it. Or to scandalise. There are people in television who speak very well.” (Paquita, 2003)

- 26 “I think that many times they are disfigured. It ruins it. Right? Even if sometimes there are transsexuals on TV that are serious. But the majority of programmes they look for is the transsexual that makes people laugh. A transsexual who is very cheeky, who has very little shame, who speaks very sassily. Who shows freely. And I don't like this. Because then I walk in the streets and people think that I'm going to be just like them. That I will be a bigger bitch than a hen, and that ... right? They think like this. Or if I am not that way now, I used to be before or ... So, I don't like it. But moreover, TV is looking for this blatancy. I have heard in Colega [an LGBT organisation], people from Colega for example told me that the television called, and asked if they knew any transsexuals. But in addition, they asked for certain characteristics. Maybe she'll have a lot of bosom, it should be somebody brash who has no problem with doing this in TV, and they look for a concrete image. That is, they don't look for ... a transsexual person. Therefore, I don't like this. For this reason, it would be better that they were not on TV or in any other such place. Because to the others, and this is the majority, the majority are people who are normal and common like me. Neither folkloristic nor show people. But those

Imelda, who can draw on her own television experiences, does not have much hope that participating in television has an impact on positive societal development:

“Yo he salido mucho en televisión, he hecho muchas cosas. No me arrepiento. Pero que no ha servido de nada. Todas esas cosas, nunca sirven de nada, porque la mentalidad de la gente, desgraciadamente, que ya estamos en el ... en el año 2000, no, nadie cambia la mentalidad, todavía es ... es una cosa pacito lento, pacito lento, pacito lento, que sí, que se ha adelantado mucho, pero, todavía esto está muy atrasado, y es una pena [...]. Cuánto perjuicio hay. Y eso es muy duro.” (Imelda, 2003)²⁷

Ronaldo was once invited to appear as a trans man in a television show on *Tele Cinco* in Madrid: “No fue una buena experiencia.” (Ronaldo, 2003)²⁸

He went there with a friend. They were the only trans men. The other participants were trans women. He criticised the programme for not being done seriously and for not reflecting the challenges trans people face in life. He remembers the trans women (formerly living as ordinary men and having children) as being dressed up, with silicon in their lips and not really being aware of what they were doing: “Iban por el morbo, por el dinero, por... por... la gente se reía de ellas, y no...” (Ronaldo, 2003)²⁹

Although (as a trans man) he had the impression he had been taken more seriously and laughed at less than the trans women, the programme's lack of seriousness transferred an image of capriciousness:

“Nos tratan más seriamente y la gente no se reía tanto de ese problema porque cuando lo explica una persona que no tiene eh ... la seriedad de que por ejemplo yo puedo tener, o una persona puede tener, pues la gente se lo toma como a que ... tú te quieres cambiar de sexo como si te quieres cambiar la nariz, igual, no es ... y no lo identifican como un problema real. Entonces yo no fui ... no he ido más. Me llamaron ...” (Ronaldo, 2003)³⁰

three or four who constantly appear on TV distort the image of the others. Therefore, I don't like it. For this, better they don't show up on TV.” (Anabel, 2003)

27 “I have been on TV a lot, I did a lot of things. I do not regret it. But it didn't help for anything. All these things, they never help because the mentality of the people, unfortunately, even though we are already in 2000, no, nobody changes the mentality, it still is a thing of very slow pace, slow pace, slow pace. Of course, a lot has gone forward but still a lot is behind, and it is a shame. How much prejudice there is. And this is very hard.” (Imelda, 2003)

28 “It was not a good experience.” (Ronaldo, 2003)

29 “They were going for curiosity, for the money, for... for... people laughed about them and it... no.” (Ronaldo, 2003)

30 “They treat us more seriously and people laughed less about this problem because if it is explained by somebody who has not eh ... the seriousness that, for example, I can have, or somebody can have, then people take it like... as if you want to change your sex like you want

Later, Ronaldo was again asked to participate in the programme, but he refused to do so. Instead, he watched it on television. Although this time it seemed to him more serious, which he explains had to do with the participation of trans men only, but changing the title of the programme did not suit him:

“Y mi ha parecido más serio del que yo fui, porque solamente he visto a chicas que quieren ser chicos. Incluso han cambiado el título del programa ‘Yo nací mujer y quiero ser hombre’, que no yo, yo he nacido hombre. Con un cuerpo equivocado, pero nací hombre. Y no es ‘nací mujer y quiero ser hombre’, no.” (Ronaldo, 2003)³¹

Despite the slightly more serious broadcasting, Ronaldo considered these television programmes to be generally searching for the sensational, giving pleasure to the audience at the cost of the suffering of trans persons. He has no wish to participate in such a scenario:

“Y, lo único eso que no me ... no me resulta agradable ir a ese tipo de programa porque es el morbo ... ¿Estás operado? ¿No estás operado? ¿Cómo lo hiciste? ¿Cómo le ha que hacerlo? ¿Te ponías falda? ¿No te ponías falda? Y ... desde un punto de vista que a veces el sufrimiento de los demás, producen o morbo o sonrisa, en los otros. Y a mí no me gusta causar ... nh ... nh ... broma ni nada de eso porque no hay ningún tipo de broma a lo que ... a nosotros, no, a mí.” (Ronaldo, 2003)³²

Luisa had also been asked several times to participate in a discussion about transsexuality on television. She refused because she is not willing to reveal her secret: “Porque para mí es eso, un secreto.” (Luisa, 2003)³³

As a dancer and model, she places great value on her body and her female appearance. She wants to be seen as completely a woman. Participating on television, speaking about her life, and being recognised in public as something special, would endanger her goal of fitting completely in society as a woman. These concerns weigh less in respect to radio programmes or in maintaining her webpage:

to change your nose. As if this would be the same, which it isn't. And they don't see it as a real problem. Therefore, I have not been ... I didn't go again. They called me ...” (Ronaldo, 2003)

31 “To me it seemed more serious than the one I was on, because I only saw women who wanted to be guys. They also changed the programme title, ‘I was born a woman and would like to be a man’, not me. I was born a man. With the wrong body, but I was born a man. And it is not ‘I was born a woman and would like to be a man’. No.” (Ronaldo, 2003)

32 “That is what I don't ... it is not nice to go to this type of programme because it is the curiosity ... Did you have surgery? Didn't you have surgery? How did you do it? How does it have to be done? Did you wear skirts? Didn't you wear skirts? And ... from a standpoint that sometimes the suffering of others produces fascination or smiles in others. And I don't like to cause ... jokes or anything like that because there is no type of joke about this ... to us ... to me.” (Ronaldo, 2003)

33 “Because this to me is a secret.” (Luisa, 2003)

“Yo he decidido vivir como mujer. Entonces a mí no me pueden obligar a tener una vida especial. Yo quiero tener una vida normal como mujer. Entonces no ... no quiero entrar en un debate por televisión, me han dado la oportunidad muchas veces. Ni nada por el estilo. Ni a la televisión a contar a lo mejor pues mis experiencias simplemente no tienen por qué ser un debate. Tampoco. Prefiero darla por radio o por mi página Web por ejemplo. La página web es algo que hice, porque al pesar de estar en el internet es algo que no es ... eh que yo salgo a la calle aquí y la gente no lo ha visto. Que sí que lo ha visto mucha gente pero en todo el mundo. ¿Entiendes lo que te quiero decir? Si yo salgo ahora mismo en la tele, a mí mañana en la calle me conoce todo el mundo. Pero yo por tener una página web en internet no me conoce todo el mundo en la calle. A lo mejor pues puede dar la casualidad de que una persona de mil, me vea y me conozca. Pero una de mil. No es lo mismo que salir en la calle y que te conozca todo el mundo. Y a mí el anonimato como transexual, quiero mantenerlo. De hecho, si puedo lo mantendré pues siempre.” (Luisa, 2003)³⁴

Another research partner, Yolanda, has not yet been allowed to start hormonal treatment, but she already dresses publicly in female clothes. She has been to the UTIG a few times, but complains that the psychologist asks questions which, in her view, have nothing to do with her transsexuality (e.g. if she consumed drugs? If she has been in jail?). Her wish for gender transition was confirmed and reinforced through an interview with a trans woman she heard on the radio. This person told her that prior to hormone intake, people in the street looked at her as a man dressed as a woman. The situation changed for the better after she started hormonal treatment and became more feminine. The trans woman being interviewed on the radio had the impression that people stared less at her, and she felt more at ease:

34 “I decided to live as a woman. So, they cannot oblige me to lead a special life. I want to have a normal life as a woman. Therefore, I ... I don't want to enter into a TV debate. They gave me the opportunity many times. Not anything of the sort. Not on TV to tell at best my experiences, simply because there's no need for a debate either. I prefer doing it on the radio or via my website, for example. The website is something I made because even though being in the internet, it is something that is not ... I go out into the street here and the people have not seen it. Well, yes, many people have seen it, but around the world. Do you understand what I mean? If I am on TV now, everybody in the streets knows me by tomorrow. But when running a website not everybody in the streets will know me tomorrow. Maybe, there might be the chance of one person out of a thousand who knows me, seeing me and knowing me. But it is one out of a thousand. It is not the same as going out and everybody knows you. And I would like to keep my anonymity as a transsexual. In fact, if I can, I will keep it up forever.” (Luisa, 2003)

"Y dice que ya eh se sentía más a gusto. Y es verdad. Yo, yo el deseo mío es ese. De empezar y de que yo ve yo note, yo note algo de cambio en mi cuerpo en mi vida." (Yolanda, 2014)³⁵

Yolanda, who (as already mentioned) had not yet started hormonal treatment when we met, could identify very well with this person on the radio, because she herself was experiencing a lot of disrespect in the streets.

The internet and social media

Yolanda's goal was to reach unambiguousness as a woman because she felt like a divided person: "En parte de hombre, y en parte de mujer. Y eso, eso es muy doloroso por una persona psicológicamente." (Yolanda, 2014)³⁶

To rid herself of this distress, she wished to be eligible for the gender affirmation procedures. She had seen a vaginoplasty implemented on an MtF on the Internet and was convinced of the result:

"He visto la operación por Internet, que la he visto, como lo hacen. Y en verdad que es auténtico. Es igual. Te lo hacen igual (emphasised). Por lo menos lo que yo he visto en la eh en el Internet. Te lo hacen los médicos. Te lo hacen. Te hacen lo mismo que como una mujer." (Yolanda, 2014)³⁷

During my first field stay in 2003, the internet was not yet a source of information for all of my informants. Ronaldo did not yet have access or (thus it seemed) the practice of entering the World Wide Web:

"El Internet, para quién tenga acceso al Internet, para que sea informático, yo tengo una edad que no ... verá ... no soy ni viejo ni joven ni mucho menos, pero yo cuando yo estudiaba no se estudiaba informática ni nada de eso." (Ronaldo, 2003)³⁸

This was in contrast to Luisa, for whom the internet was already serving as an important source of information and to getting to know other people. On our first meeting in the flat of a friend, who had arranged a dinner for us to meet, she

35 "And she says that she already felt more at ease. And it is true. For me, this is my desire. To start [with hormones] and that I notice some change in my body, in my life." (Yolanda, 2014)

36 "Partly man, partly woman. And this is very painful for a person, psychologically speaking." (Yolanda, 2014)

37 "I saw the surgery on the internet, I saw how they do it. And really, it is authentic. It is the same. They do the same to you. At least what I saw on the internet. It is done by doctors. They do it. They make you like a woman." (Yolanda, 2014)

38 "The Internet, for those who have access to the Internet, to be computerised ... I have an age, look, I am not old, or young, or far from it, but when I was studying, there was no informatics or anything like that." (Ronaldo, 2003)

started his computer and showed me some webpages she often consults. The first one was a webpage initiated by a young man who had an admiration for trans women, as Luisa explained. She had personal access to this webpage to reply to comments or answer questions in the forum. Then there was Carla Antonelli's webpage (www.carlaantonelli.com), which is, according to Luisa, the most visited webpage concerning transsexual issues in Spain. While surfing through the internet, she paused quite a long time on pictures showing genital surgery. She must have realised that I was not yet accustomed to these kinds of pictures. Thus, she pointed out that at the beginning, she had been affected by these photos as well, but after looking at them several times, they were no longer extraordinary. She clicked on pages from Thailand, which she judged to be very good, and where the surgery costs half the price, and proceeded to the page of a private surgeon in Barcelona, of which she also approved. Then she opened Alexia Costa's webpage, a Mexican trans woman who lived in the USA, as she explained. There was not much text, but many photos and videos. Luisa paused on pictures showing very feminine and beautiful trans women, admired their appearance, and judged their bottoms. It was then that I realised the importance of the physical for Luisa, who herself aimed for the perfect feminine body, and who would have fitted well in this collection of photos. Her accompanying remark reflected her emphasis on the constructivist possibilities of the body: "Es un placer trabajar con tu cuerpo que tú misma has hecho" (Luisa, 2003)³⁹

Although the availability and possibilities of the internet increased in the years that followed (even Ronaldo is now very active on his Facebook account), Bittor, a young transman, relativised its benefit as a source of information when we met in 2015. Before coming out to anybody about his gender non-conforming feelings, he looked for information on the Internet. He stated that he found little, and now as he knows about the topic, he judges the little he found as incorrect. He found information about operation techniques and costs, but what he missed was step-by-step counselling on how to proceed:

"Que ahora lo que pasa que buscaba antes, buscaba informaciones en Internet, pero es que hay poca, y la poca que hay, no es correcta. Ahora que sé cómo va todo el tema este, es, no es correcta y además que hay mucha y hay muchas formas, y muchas, muchas formas de ayudar y demás, pero no te da la información que tú estás buscando. Nada más que te ponen operaciones muy- está operación, muchísimo- mucho dinero, no te ponen en camino ni nada que tienes que seguir." (Bittor, 2015)⁴⁰

39 "It is a pleasure to work with your body that you have made yourself" (Luisa, 2003)

40 "What happens is that before I looked for information on the internet, but there was little, and the little there was, was not correct. Now as I know how everything goes, as I know about the subject, it is not correct and on top of it, there are many, many forms to help and so forth.

Despite the availability of the Internet to look for information or to search for people, the first two trans persons he met *in persona* was after his coming out, when he had already attended the UTIG in Malaga. Moreover, it was only about a year after initiating the transition that he started to visit the *Asociación de Transexuales de Andalucía Sylvia Rivera (ATA)*. Once there, he quite rapidly met other *chavales* (buddies), who, in turn, knew other people. He created a second Facebook-account (besides his personal one) which he coded with FTM: “[...] para conocer gente como yo.” (Bittor, 2015)⁴¹

Over this account he met trans men from many parts of Spain. They asked each other how they were doing, spoke about operations, told each other what had happened, spoke about treatment and so on. He knew the majority of these Facebook contacts only virtually. To those he had more confidence in (although he had never met them *in persona*) he also contacted over WhatsApp. But something went out of control with this Facebook-account. Bittor suspected somebody of swindle, but could not prove it. Finally, he closed this account, keeping contact with the closer persons on his personal Facebook-account and on WhatsApp.

Magdalena is critical of the Internet as a source of information as well, and would not use it for this purpose. She saw images of operations she considered fakes, or unknown people commenting on experiences that were misleading. “Para mí el internet parece una ... me parece que confunde mucho a la gente.” (Magdalena, 2003)⁴²

She used it mainly as a medium of communication with trans women she already knew.

Between my two field trips, social media as a way of communication became a fast and powerful tool. On the afternoon when I was waiting for Diego, he sent me a short message at the appointed hour that he would be arriving later because he had to see the doctor. Because we were meeting for the first time, I did not want to be too obtrusive, and did not inquire about his visit at the doctor's. Nor did he mention it. However, it must have preoccupied him, because the next day, he posted a message on Facebook, asking to share experiences about the new endocrinologist he had visited the day before:

“Alguien ha acudido al endocrino (name of the endocrinologist) en el hospital (name of the hospital)? Es el nuevo endocrino que atiende a las personas transe-

But it does not give you the information you are looking for. Not more than showing you operations, that it costs a lot of money ... They don't guide you, they don't inform you what you need to do.” (Bittor, 2015)

41 “To get to know people like me.” (Bittor, 2015)

42 “To me, the internet seems to me ... seems to confuse people a lot.” (Magdalena, 2003)

xuales en Sevilla. Ayer me atendió y me gustaría compartir experiencias ya que la mía no fue del todo agradable. un saludo" (Diego, message on Facebook, 2015)⁴³

3.4 Associations as points of information, support and political action

During my fieldwork in 2003, I came across two associations in Seville that served as contact points for trans people and people interested in trans issues. One originated from the *Asociación de Identidad de Género de Andalucía* (Association of Gender Identity of Andalusia). This association, presided by Kim Pérez from Granada, was the pioneering movement in Andalusia to give a voice to trans people (see Chapter 1.3). To cover more parts of Andalusia, the association initiated platforms in different provinces, amongst others in Seville. However, they offered no rooms to meet in person. Contact with a representative of the respective branch could be established only over a website or by e-mail.

Colega was the other association I came across, a gay and lesbian organisation that had an office in the city. Colega, as an LGBT-Association, had started to actively include trans issues in its agenda, offering information and counselling for trans people as well. Sara, who worked there in 2003 as a volunteer, described her function as follows:

"Vienen personas que a lo mejor tienen dudas ... vienen a preguntar si conocían alguien iguales que ellas. Buscan informaciones y orientación mayormente." (Sara, 2003)⁴⁴

In sum, in 2003 there existed some, but still little, organised structure for trans persons in Seville. Furthermore, an incident mentioned by Sara illustrated that trans people, who were looking for help, were not always familiar with these existing contact points, and sometimes reached them indirectly. Sara told of a young trans woman of eighteen from Almería (a province in the east of Andalusia) who was mistreated at home. She fled to the Institute for Women (*Instituto de mujeres*) in Seville. There, she hoped to get shelter and advice. However, because they only accommodated 'real' women, they contacted Colega to find a solution. A psychologist from Colega and Sara went to the institute, listened to the young trans woman,

43 "Somebody turned to the endocrinologist (name) in the hospital (name)? It is the new endocrinologist who attends transsexual people in Seville. Yesterday, he attended me, and I would like to share experiences because mine were not entirely nice. Greetings" (Diego, message on Facebook, 2015)

44 "People come who may have doubts ... they come to ask if we knew someone like them. They look for information and guidance mostly." (Sara, 2003)

informed her of her rights, organised a place to stay and supported her psychologically. It is noteworthy that the first point of contact this young trans woman sought was an institution for women, an institution which conformed to her gender identity. However, the *Instituto de mujeres* could not welcome her as a member of the institutes' target group, which was criticised by Sara:

"Eso es una cosa que hay que trabajar mucho y reivindicar, que nosotras nos sentimos mujeres, y somos hecho mujeres, porque si actuamos, vestimos, sentimos, somos mujeres. Entonces no entiendo porque el instituto de la mujer no acoge." (Sara, 2003)⁴⁵

When I resumed fieldwork in 2013, I learned about the existence of the *Asociación de Transexuales de Andalucía* – Sylvia Rivera (ATA) that had been founded by a group of trans women from Seville in 2007. The ATA was located in the inner city, on a busy street in a building with several floors housing different enterprises. At the entrance of the building, there was no sign indicating the ATA. This anonymity was not exceptional for LGBT organisations in Seville. You had to know in advance exactly where you had to go to find the association. Stepping out of the elevator on the 4th floor, the anonymity was unveiled. Pictures and posters pointed to the ATA office behind a closed door. There was no doorbell; you had to knock. The volunteer who was in charge this morning opened the door and asked me what I wanted. I explained that I had an appointment with Mar (the president of the association) but was a little too early. She remembered and let me in. She was very friendly. Inside, there was a bright, spacious entrance, and a room with two office desks. Posters in large format of an LGBT exposition were hanging on the walls. Flyers, different information material and preservatives were on display. Mar was not yet in house, but arrived a few minutes later. I knew her from my first field research trip in 2003. Back then, she was a self-employed businesswoman. When I told her that we knew each other, she could not remember our meeting a decade ago: "Ah, ¿sí?" She made the excuse for not remembering me with the fact that she had spoken with so many people in the meantime about trans issues, thus, already indicating her activity for the trans collective to which she actually dedicated her time. I reminded her that back then, she had agreed to see me because of a friend of hers who had established the contact. Hearing his name, she reacted very positively, and it made me feel more comfortable because we were able to build on something from the past. I knew from our first encounter that Mar had experience as an LGBT activist. In the 1980s, she was one of the key activists of the first movement for homosexual liberation in Andalusia. However, when we met in summer 2003, she had been running her own

45 "That is something that needs a lot of work and vindication, that we feel like women, we are women, because when we act, when we dress, when we feel like women, we are women. So, I don't understand why the women's institute doesn't welcome them." (Sara, 2003)

business for more than ten years, lived in a registered partnership (about which she felt very happy), and nothing (except maybe her critical and concise statements about the societal marginalisation of trans people) indicated that in a few years, she would be presiding over a newly founded association for trans people. She explained the necessity of the association and their working areas in such a clear and structured way (which reflects her experience in rhetoric) that I will render it here in full length:

“Bueno pues la asociación nace en 2007 pues de las inquietudes de un grupo de mujeres transexuales que (lengthened) tomamos conciencia que bueno que la discriminación que sufrimos las personas transexuales es específica, y como es específica también necesita unas respuestas específicas. Quizás nh de las raíces de de toda discriminación, tanto de la mujer como de gay y de lesbianas, bisexuales y transexuales, sea el machismo y el patriarcado, pero las connotaciones finales son distintas. Las necesidades son distintas. Por lo tanto era necesario eh crear un (emphasised) grupo de personas transexuales, primero pues para reivindicar lo que es la (lengthened) la igualdad con respecto a la sociedad y en segundo lugar digamos la asociación tiene como tres ... tres nh campos de acción ... complementarios, pero al mismo tiempo distintos unos de otro. ¿No? Uno es eh hacemos una gran pedagogía social, porque entendemos que la educación es eh el arma más potente o el herramienta más potente que puede posibilitar un cambio mental y social en la sociedad, de la transexualidad se sabe muy poco, y de lo poco que se sabe, se sabe de forma errónea porque viene (lengthened) de discursos médicos, de discursos de académicos, de discursos de investigadores, pero nunca se le ha dado la voz a las propias personas transexuales. Por lo tanto era una responsabilidad de las personas transexuales, dirigirnos a la propia sociedad, primero hacia al interior decir qué es la transexualidad, quiénes somos, para después poderlo comunicar. Eso es una labor, la labor pedagógica, otra tenemos es el la la asistencial, asistencial como asociación. Somos un referente para muchas (lengthened) familias, jóvenes, personas adultas. Pues que tienen dudas, dudas con respecto a (lengthened) a su vivencia en el entorno familiar, en el entorno laboral, eh problemas de cómo acceder a la atención sanitaria. Problemas de cómo cambiarse el nombre legalmente. O problemas de discriminaciones puntuales también a ese campo asistencial lo hacemos. Y después (clears throat) tenemos muy claro que somos un movimiento social y político. Político no significa que seamos partidistas, pero es necesaria una acción política, pues para promover cambios legales que garanticen, que garanticen de alguna manera un marco jurídico eh en el que es- esté garantizada los derechos y la no discriminación pues de las

personas transexuales. Por lo tanto son tres campos, asistencial, pedagógico, y político." (Mar, president of the ATA, 2013)⁴⁶

This statement contains a lot of condensed information. Mar recognises that gay, lesbian, bisexual and trans people experience discrimination stemming from the same sources (machismo and patriarchy), but highlights the specific circumstances and needs of the trans persons: "[...] pero las connotaciones finales son distintas. Las necesidades son distintas."⁴⁷ Thus, these specific needs must be addressed by an organisation of and for trans people. This implies (she will later articulate this directly) an accusation towards the LGBT organisations for not dealing with trans issues adequately (in Chapter 6, I will elaborate this point while speaking about the first Trans Pride in Seville). Mar highlights three main areas to which the ATA is currently dedicated: (1) pedagogical efforts (schools, education, information), which they regard as the basis for societal changes, that is to say, for normalisation of transsexuality; (2) being a contact and counselling point for trans people and their kin or otherwise affiliated persons; and (3) political activity and legal defence (as a social movement). Furthermore, the ATA intends to offer an alternative to

46 "Well, the association was founded in 2007, out of the concern of a group of transsexual women who were conscious that the discrimination we transsexual people suffer from is specific, and since it is specific, it needs specific answers. Maybe the roots of all this discrimination, as a woman, as gay, as lesbian, bisexual and transsexual, is machismo and patriarchy, but the final connotations are different. The needs and necessities are different. For all this it was necessary to create a group of transsexual persons, firstly, to claim equality with regard to society, and secondly let's say the association has three fields of action ... complementary, but at the same time each distinct from the other. Right? One is that we engage hugely in social pedagogy, because we understand that education is the most important weapon or the most potent tool to facilitate mental and social change in a society. Of transsexuality, little is known, and of the little that is known, things are known erroneously because it stems from the doctors' discourses, the academics' discourses, the researchers' discourses, but never was a voice given to the transsexual persons themselves. For all of this, it was a responsibility of the transsexual people to address our own society, firstly to communicate internally what transsexuality is, who we are, in order to be able to communicate. This is a labour, the pedagogical labour. As another, we give assistance, assistance as an association. We are a point of reference for many families, young people and adult people. So, for the ones who have doubts, doubts in regard to their lives in the context of family, in the context of work, problems of how to access health care, problems how to change their name legally, or for problems of precise discrimination, we offer assistance. And then, we make it clear that we are a social and political movement. Political does not mean that we are a party, but it is necessary to take political action, in order to promote legal changes that guarantee in some form a juridical framework that guarantees the rights and the non-discrimination of transsexual persons. So, there are three fields, assistance, pedagogical, and political." (Mar, president of the ATA, 2013)

47 "[...] but the final connotations are different. The needs and necessities are different." (Mar, president of the ATA, 2013)

the still dominant medical discourse around transsexuality by giving trans people their own voice. (The UTIG in Malaga as the embodiment of this medical discourse became a target, as I will show in Chapter 6).

Next to serving adult trans persons, the ATA is committed to addressing the emerging issue of trans children. According to its president, the office of the ATA hosts gatherings of parents of trans children several times a year, an event she calls unique in Spain, and which seems to be very well attended:

“Y después también tenemos una plataforma que es novedosa en toda España, de padres y de madres de niños transexuales. Que esos se reúnen cada dos meses. Cada dos meses vienen aquí a esta oficina eh cerca de treinta familias de toda la geografía andaluza y tenemos reuniones eh pues cada dos o tres meses pues para ver cómo va la situación de sus niños y sus niñas en las escuelas, en la atención sanitaria ...” (Mar, president of the ATA, 2013)⁴⁸

The ATA was well known amongst my informants. For many, it serves (or had served during a certain stage in their lives) as a contact point, and they had helped in the activities of the association. Although the demands of the ATA went too far for some, especially its criticism of the procedures of the UTIG (for those who feel well treated there), the ATA was able to gain a reputation as defender of the rights of trans people in Southern Spain and as a place to go when help is needed. Diego appreciates the existence of the ATA, which gives him a feeling of protection:

“[...] la asociación de transexuales de Andalucía, hace mucho a nivel (lengthened) ayuda mucha a las personas transexuales cuando tienen un problema. Entonces yo sí me siento amparado porque si yo tuviera por ejemplo un problema laboral, yo sé que yo voy a ATA, y yo sé que mueven y se indignan y se manifiestan y van a donde tienen que ir, me dan recurso, mira pues entregar este papel, entonces, sí, me siento bien. En este sentido sí. Porque sé que hay gente que que eh que me va a apoyar. Que hay gente que vaya detrás que que sí que me apoyan. No me sienten- me siento respalda, vamos. No por las leyes. Sino por las personas que tienen mi misma situación, que son gente que reivindican. No porque la ley me ayude mucho. ¿Sabes?” (Diego, 2015)⁴⁹

48 “And then we also have a platform that is new throughout Spain, for parents of transsexual children. They meet every two months. Every two months about thirty families from all over Andalusia come here to this office and we have meetings every two or three months to see how their children are doing in schools, in health care ...” (Mar, president of the ATA, 2013)

49 “[...] the association of transsexuals of Andalusia does a lot at the level of (lengthened) helps transsexual persons a lot when they have a problem. I do feel protected, because if I had, for example, a labour problem, I know that I will go to the ATA, and I know that they move and are indignant and show themselves and they go where they have to go, they give me recourse, so look, deliver this paper, then yes, I feel good. In this sense, yes. Because I know, there are people who are going to support me. That there are people behind me who do

The ATA seems to be well connected with other associations on which they can rely for support. In the introduction I mentioned the incident that happened to Anabel at work when a passenger insulted her while she was driving her bus route. This was in the ATA's first year. Anabel called the ATA to report the incident and to ask for advice. Mar put her in touch with the *Federación de Mujeres Progresistas de Andalucía* (Federation of Progressive Women of Andalusia), who had lawyers at their disposal and helped Anabel further.

3.5 Conclusion

The way my informants gathered information about their gender non-conforming feelings, found help and initiated gender transition was strongly connected to the particular political and legal structures which have been undergoing a major change over the last decades. In the course of political liberalisation, starting medical treatment changed from self-medication to professional medical assistance. Inclusion of this medical assistance in the public health care system not only allowed improved monitoring, but also permitted those with no financial capital for their gender affirmation procedures in a private clinic to start their transition process. The voice of medicine (concentrated mainly at the UTIG in Malaga), thus, became an important source of information for my informants, albeit, mostly within a discourse of the trans phenomenon from a gender binary point of view. By challenging the medical method (especially the psychological methods of diagnosing a gender dysphoria), the last few years have seen trans people raising their voices to question the legal and medical dictates put on gender non-conforming people. There were also increased efforts for societal acceptance of trans people, irrespective of how far they want to go with gender affirmation procedures (this topic will be elaborated in more detail in Chapter 6).

Media representation is another source whereby an image of trans people is spread. In particular, the experiences of my informants clearly reflect that television shows mostly emphasise the sensational. However, female-to-male trans persons (trans men) seem to be treated more seriously than trans women and are less a target of amusement.

The possibilities of gathering information and getting assistance have changed dramatically in the last decades. However, the importance of meeting peers and exchanging experiences remains. Despite all the almost infinite possibilities of information retrieval that are possible today, meeting and communicating with peers

support me. I feel backed up, you see. Not by the laws. However, for the people who are in the same situation as I am, that they are people who claim. Not because the law helps me so much. You know?" (Diego, 2015)

to gain self-confidence, exchanging experiences, and receiving and giving counsel all remain of great significance for trans people in their quest to come to terms with their situation, deal with daily life, and/or question medical advice.

