

# Viure trans\*itant el gènere

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*L'Acadèmia*

FUNDACIÓ ACADÈMIA DE CIÈNCIES MÈDIQUES  
I DE LA SALUT DE CATALUNYA I DE BALEARS

# Ser trans\* vol dir...

Sóc científica i doctora en física

Sóc precària

No m'han agredit físicament

Sóc hetero

Sóc bi

He exercit la prostitució

L'orientació sexual m'ha canviat amb la transició de gènere

No m'he fet ni penso fer-me cap operació quirúrgica

Sóc lesbiana

M'han agredit físicament

M'he operat de vaginoplàstia

No sé com seré en 5 anys

La meva orientació sexual ha estat sempre la mateixa

Parlo 4 llengües i toco 2 instruments

Tinc clar des dels 4 anys com seré

No tinc força per fer cap exercici físic

Tinc 2 fills que cuido

No he pogut veure els meus fills des de fa 15 anys

Vaig abandonar la ESO per problemes psicològics

M'agrada Bach

He corregut maratons

M'agrada Rosalía

Només sé una cosa: que no sé res  
ἐν οἶδα ὅτι οὐδὲν οἶδα  
Sòcrates, s. V a.C.

...d'una persona quan diu que és trans\*

Ser trans **no** pressuposa:

- Sexe
- Orientació sexual
- Ètnia
- Religió
- Posició socio-econòmica
- Idees polítiques
- Estat psicològic
- Model familiar
- Altura, pes, vellositat, etc
- Coeficient intel·lectual
- Estat de salut física
- Edat
- Gustos musicals
- Estètica
- Expressió de gènere
- Estat de salut física
- Habilitats psicomotrius
- Ploma

**Les persones trans som tan diverses com les persones cisgènere...  
essent unes 1000 vegades menys nombroses**

# Sexe NO és gènere!

Possibles criteris pel sexe....

- Anatomia
- Genotip
- Nivells hormonals
- Gònades

Criteris pel gènere....

- ...
- ...
- ...
- ...la teva identitat

**Masclle/femella**  
(... i...)

**Home/dona**  
(... i...)



**De qui és el meu gènere?**

**Com tractem la gent que vol fer  
seu el gènere?**

# Marc interpretatiu mèdico-legals del fet trans\*

	<b>Marc interpretatiu</b>	<b>Mirada mèdico-legal del fet trans*</b>
1	No-existència (repressió)	<ul style="list-style-type: none"><li>• No es contempla el fet trans</li><li>• Repressió</li></ul>
2	Error sobrevingut	<ul style="list-style-type: none"><li>• El fet trans és un error biològic individual</li><li>• Cal corregir-lo mèdicament</li></ul>
3	Disfòria de gènere	<ul style="list-style-type: none"><li>• El fet trans és una patologia</li><li>• Demana atenció mèdica</li><li>• Problema estructural que provoca discriminació</li></ul>
4	Drets trans (drets humà) <b>(encara) no reconegut legalment</b>	<ul style="list-style-type: none"><li>• El fet trans és diversitat humana</li><li>• El gènere és autodeterminat per la persona</li><li>• El no-binarisme existeix</li></ul>

# Activisme trans\*

	Època	Moviments socials
1	Franquisme 1970	<ul style="list-style-type: none"><li>• Moviment d'alliberament gai clandestí</li><li>• FAGC (1975)</li><li>• Primera manifestació alliberament LGTBI (1977)</li></ul>
2	1980's 1990's	<ul style="list-style-type: none"><li>• Assassinat nazi de Sonia Rescalvo (1991)</li><li>• Primers col·lectius trans (CTC, ATC..)</li><li>• Focus en protecció legal i salut</li></ul>
3	2000's	<ul style="list-style-type: none"><li>• Primeres col·lectius per la despatologització (2007)</li><li>• STOP Pathologization (2007)</li><li>• Jornades Feministes de Granada (2009)</li></ul>
4	2010's	<ul style="list-style-type: none"><li>• Moviments trans* amb voluntat política: FELGTB, Plat. Trans, Generem, Chrysallis (2015)</li><li>• Plataforma Trans*Forma la Salut (2016)</li><li>• Avanços polítics i resistència política</li><li>• Centralitat en el debat, focus en aspectes socials</li></ul>

# Polítiques públiques sobre el fet trans\*

	Època	Polítiques públiques
1	Franquisme 1970	<ul style="list-style-type: none"><li>• Ley de vagos y maleantes (fins 1970)</li><li>• Ley Peligrosidad Social (fins 1979)</li></ul>
2	1980's 1990's	<ul style="list-style-type: none"><li>• DSM-III inclou transsexualitat (1980)</li><li>• Despenalització cirurgies genitals (1983)</li><li>• Hospital clínic (1986)</li><li>• DSM-IV (1994) → trastorn identitat de gènere</li><li>• UTIG Andalusia (1999)</li></ul>
3	2000's	<ul style="list-style-type: none"><li>• Llei 03/2007 sobre canvi registral</li><li>• Matrimoni igualitari</li><li>• UTIG Catalunya 2006-2008</li></ul>
4	2010's	<ul style="list-style-type: none"><li>• Creació unitat Trànsit (2012)</li><li>• Model de salut despatologitzat (2017)</li><li>• Molts pedaços, a esperes de la despatologització</li><li>• CIE-11: Incongruència de gènere (2018)</li></ul>



# CIE 11

## International classification of diseases ICD11

- ▶ 01 Certain infectious or parasitic diseases
- ▶ 02 Neoplasms
- ▶ 03 Diseases of the blood or blood-forming organs
- ▶ 04 Diseases of the immune system
- ▶ 05 Endocrine, nutritional or metabolic diseases
- ▶ 06 Mental, behavioural or neurodevelopmental disorders
- ▶ 07 Sleep-wake disorders
- ▶ 08 Diseases of the nervous system
- ▶ 09 Diseases of the visual system
- ▶ 10 Diseases of the ear or mastoid process
- ▶ 11 Diseases of the circulatory system
- ▶ 12 Diseases of the respiratory system
- ▶ 13 Diseases of the digestive system
- ▶ 14 Diseases of the skin
- ▶ 15 Diseases of the musculoskeletal system or connective tissue
- ▶ 16 Diseases of the genitourinary system
- ▶ 17 Conditions related to sexual health
- ▶ 18 Pregnancy, childbirth or the puerperium
- ▶ 19 Certain conditions originating in the perinatal period
- ▶ 20 Developmental anomalies
- ▶ 21 Symptoms, signs or clinical findings, not elsewhere classified
- ▶ 22 Injury, poisoning or certain other consequences of external causes
- ▶ 23 External causes of morbidity or mortality
- ▶ 24 Factors influencing health status or contact with health

icd.who.int


[www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/)

# CIE 11

## International classification of diseases ICD11

- ▼ 17 Conditions related to sexual health
  - ▶ Sexual dysfunctions
  - ▶ Sexual pain disorders
  - ▶ HA40 Aetiological considerations in sexual dysfunctions and sexual pain disorders
  - ▼ Gender incongruence
    - HA60 Gender incongruence of adolescence or adulthood
    - HA61 Gender incongruence of childhood
    - HA6Z Gender incongruence, unspecified**
  - ▶ Changes in female genital anatomy
  - ▶ Changes in male genital anatomy
  - ▶ Paraphilic disorders
  - ▶ 5A71 Adrenogenital disorders
  - ▶ Predominantly sexually transmitted infections
  - ▶ QA21 Contact with health services for contraceptive management
  - HA8Y Other specified conditions related to sexual health**
  
  - HA8Z Conditions related to sexual health, unspecified**
- ▶ 18 Pregnancy, childbirth or the puerperium
- ▶ 19 Certain conditions originating in the perinatal period
- ▶ 20 Developmental anomalies
- ▶ 21 Symptoms, signs or clinical findings, not elsewhere classified

# Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden

Cecilia Dhejne, Paul Lichtenstein, Marcus Boman, Anna L. V. Johansson, Niklas Långström, Mikael Landén 

Published: February 22, 2011 • <https://doi.org/10.1371/journal.pone.0016885>

## Context

The treatment for transsexualism is sex reassignment, including hormonal treatment and surgery aimed at making the person's body as congruent with the opposite sex as possible. There is a dearth of long term, follow-up studies after sex reassignment.

## Participants

All 324 sex-reassigned persons (191 male-to-females, 133 female-to-males) in Sweden, 1973–2003. Random population controls (10:1) were matched by birth year and birth sex or reassigned (final) sex, respectively.

## Conclusions

Persons with transsexualism, after sex reassignment, have considerably higher risks for mortality, suicidal behaviour, and psychiatric morbidity than the general population. Our findings suggest that sex reassignment, although alleviating gender dysphoria, may not suffice as treatment for transsexualism, and should inspire improved psychiatric and somatic care after sex reassignment for this patient group.


## Grey and white matter volumes either in treatment-naïve or hormone-treated transgender women: a voxel-based morphometry study

Giancarlo Spizzirri , Fábio Luis Souza Duran, Tiffany Moukbel Chaim-Avancini, Mauricio Henriques Serpa, Mikael Cavallet, Carla Maria Abreu Pereira, Pedro Paim Santos, Paula Squarzoni, Naomi Antunes da Costa, Geraldo F. Busatto & Carmita Helena Najjar Abdo

"Finally, we present a novel finding of Grey matter volume alterations in the insula in the two independent TW (transgender women) groups, which may be a characteristic of TW. These alterations in the insula could be related to the neural network of body perception and may reflect the distress that accompanies gender dysphoria."

"...cisgender individuals [are used] as healthy controls."

## Structural connections in the brain in relation to gender identity and sexual orientation

Sarah M. Burke , Amir H. Manzouri & Ivanka Savic

"In conclusion, the present findings support the idea of a distinction and partial overlap between the neurobiology underlying sexual orientation and transgenderism. Moreover, the observed right-hemisphere differences between the transgender groups and cisgender controls, also after taking into account sexual orientation, specifically in the inferior fronto-occipital fasciculus further emphasize that the signature of **gender disphoria** is related to self-processing and **the experience of body ownership.**"

**24** A veces estoy poseído por espíritus diabólicos.

**25** Me gustaría ser cantante.

**26** Cuando estoy en dificultades o problemas creo que lo mejor es callarme.

**73** Sin duda alguna no tengo confianza en mí mismo.

**74** Me gustaría ser florista.

**133** Me gustaría ser militar.

**134** A veces siento deseos de liarme a puñetazos con alguien.

**128** Me gusta cocinar.

**426** Me gustaba «jugar a la china» (empujar una piedra plana en el suelo a la «pata coja») y saltar a la cuerda (a la «comba»).

**189** Me gusta coquetear.

**236** Si fuera artista me gustaría dibujar flores.

**270** Personalmente no me molesta ver sufrir a los animales.

**271** Creo que mi sensibilidad es más intensa que la de la mayoría de la gente.

**272** En ningún momento de mi vida me ha gustado jugar con las muñecas.

**350** Si me dieran la oportunidad podría ser un buen líder.

**384** Cuando era pequeño me gustaba jugar a las «casitas».

**385** El fuego no me da miedo.

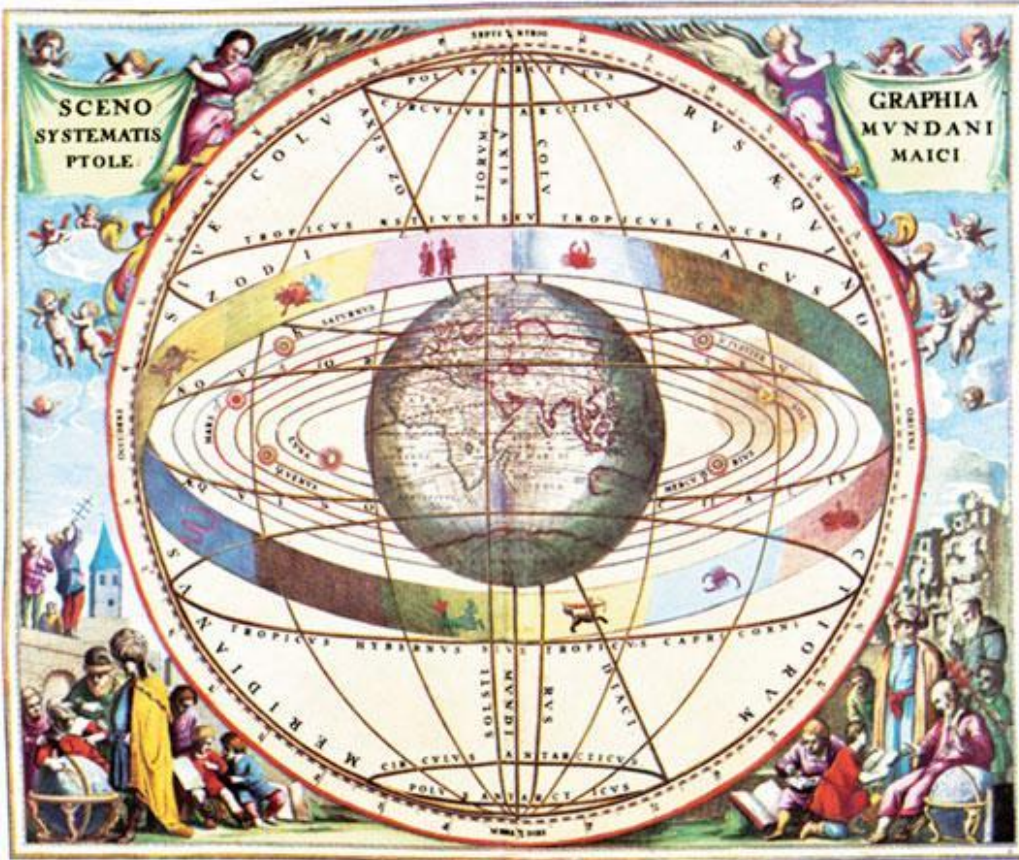
**477** Realmente me gustan los deportes bruscos (como el rugby o el fútbol).

**557** El varón debiera ser el jefe de la familia.

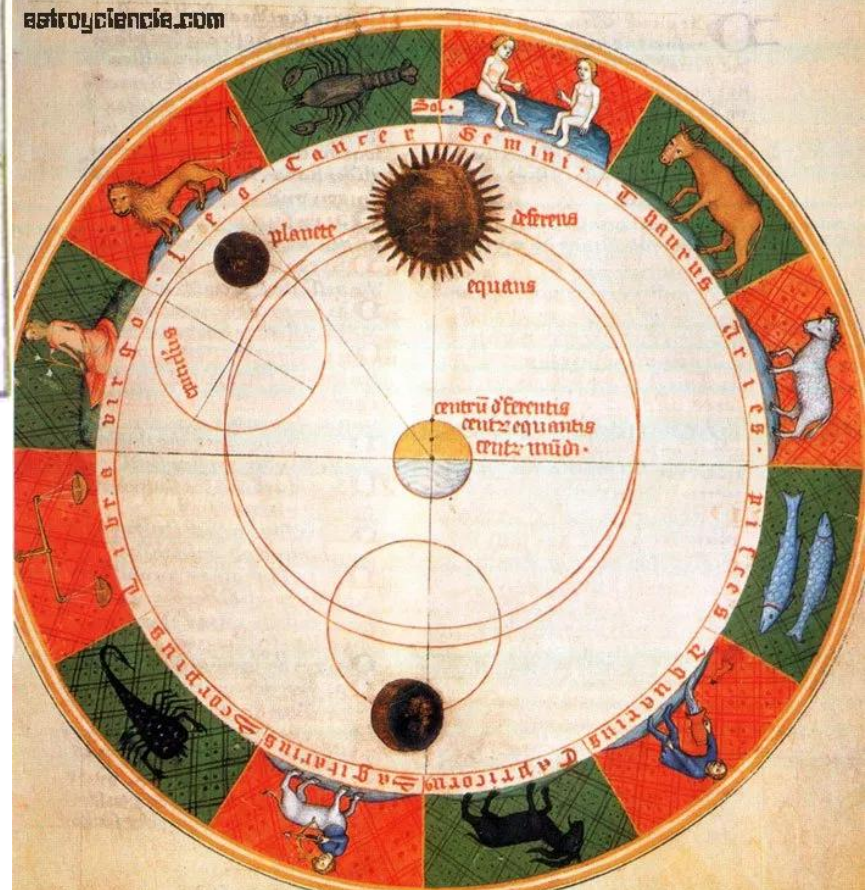




Aristòtil, s IV AC



astrocyencia.com



Ptolomeu, s. II AC

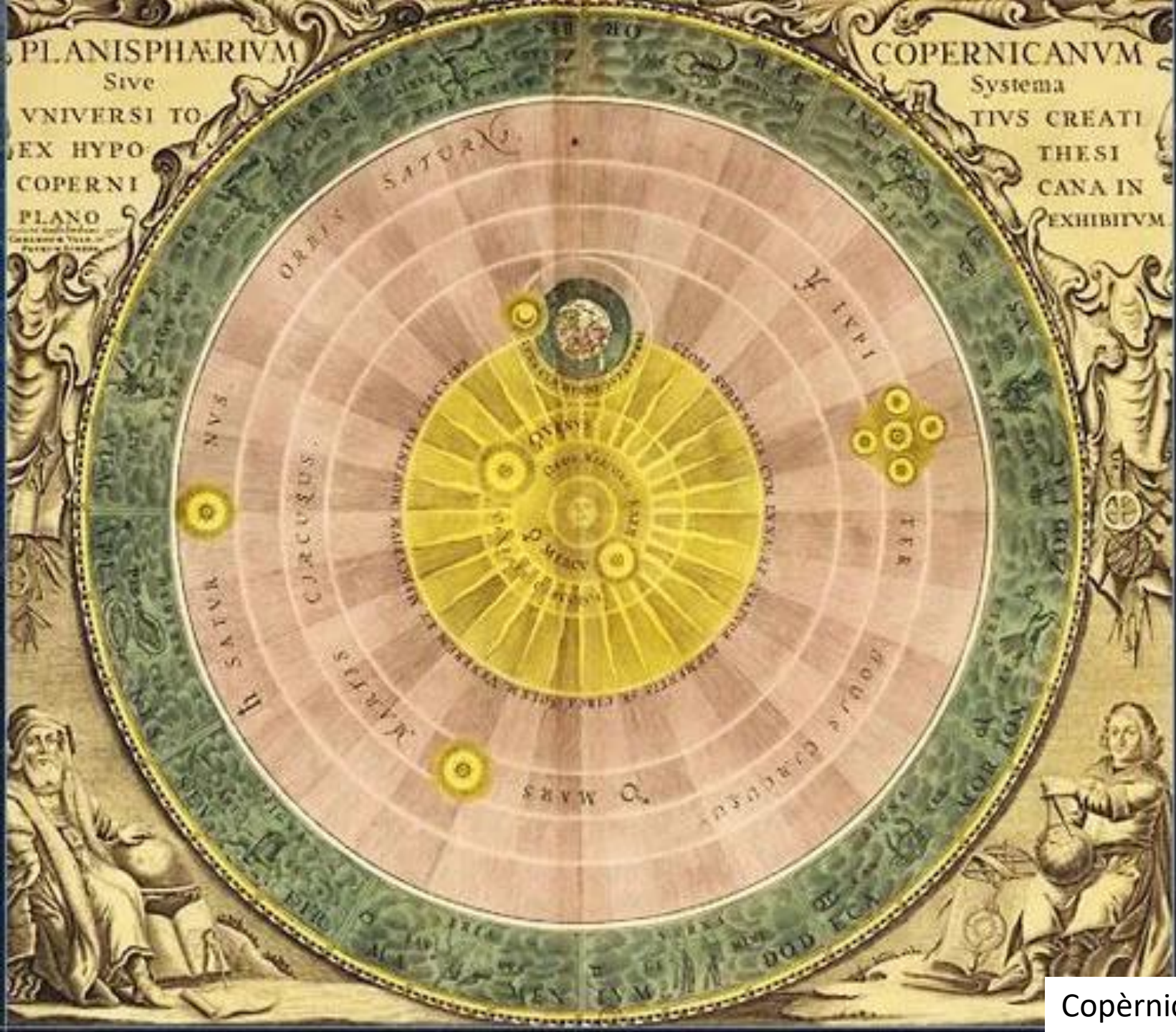
By figur der Epithel der stende der richtunge der hindergeunge und der grosside yade aller planeten und des mones suelichait und begrihait

PLANISPHERIVM

COPERNICANVM

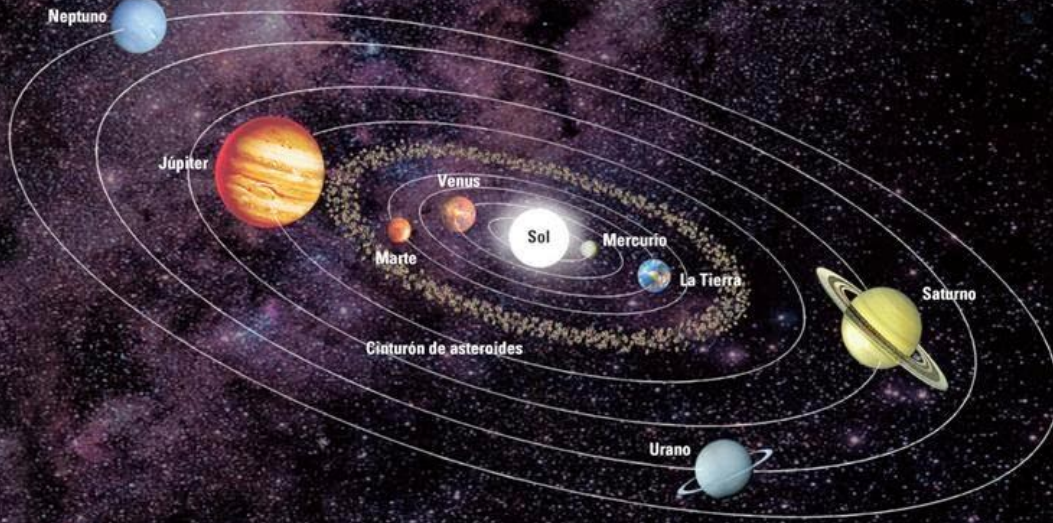
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EXHIBITVM

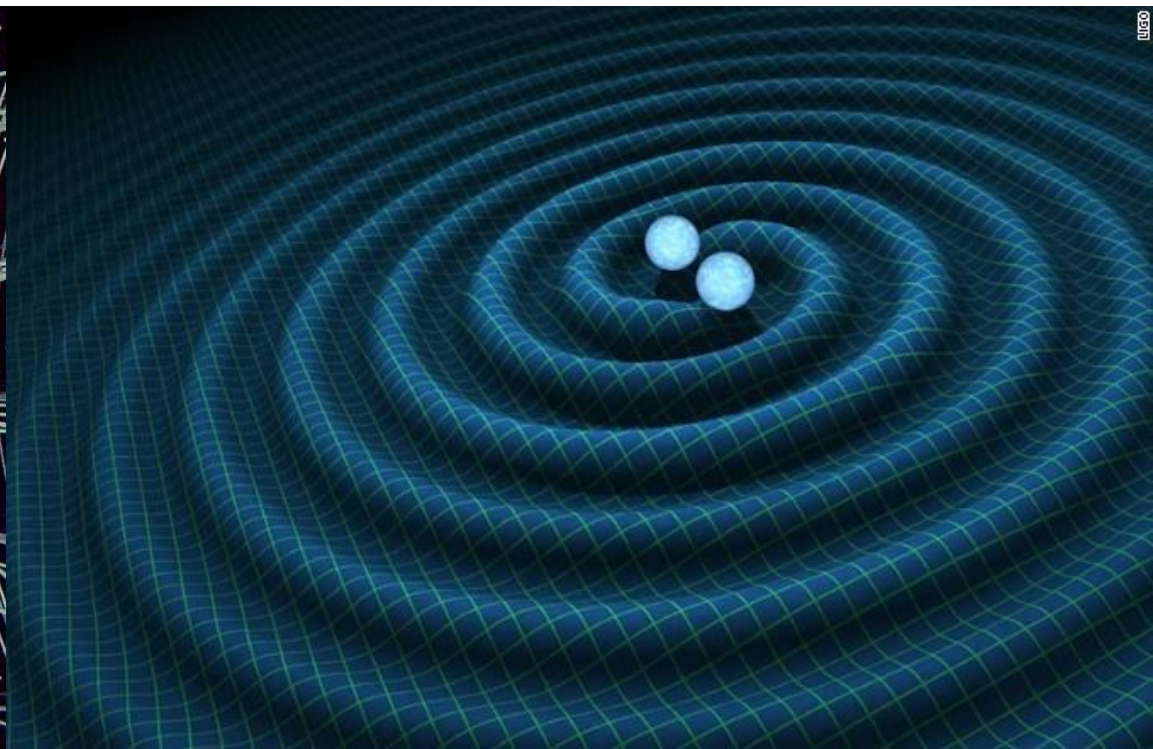
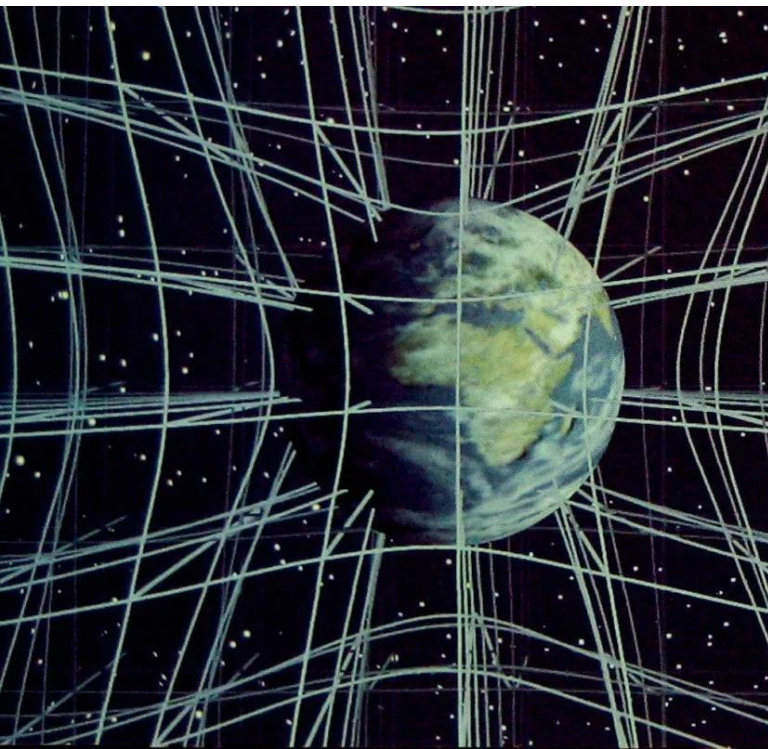


Copènic, s XVI

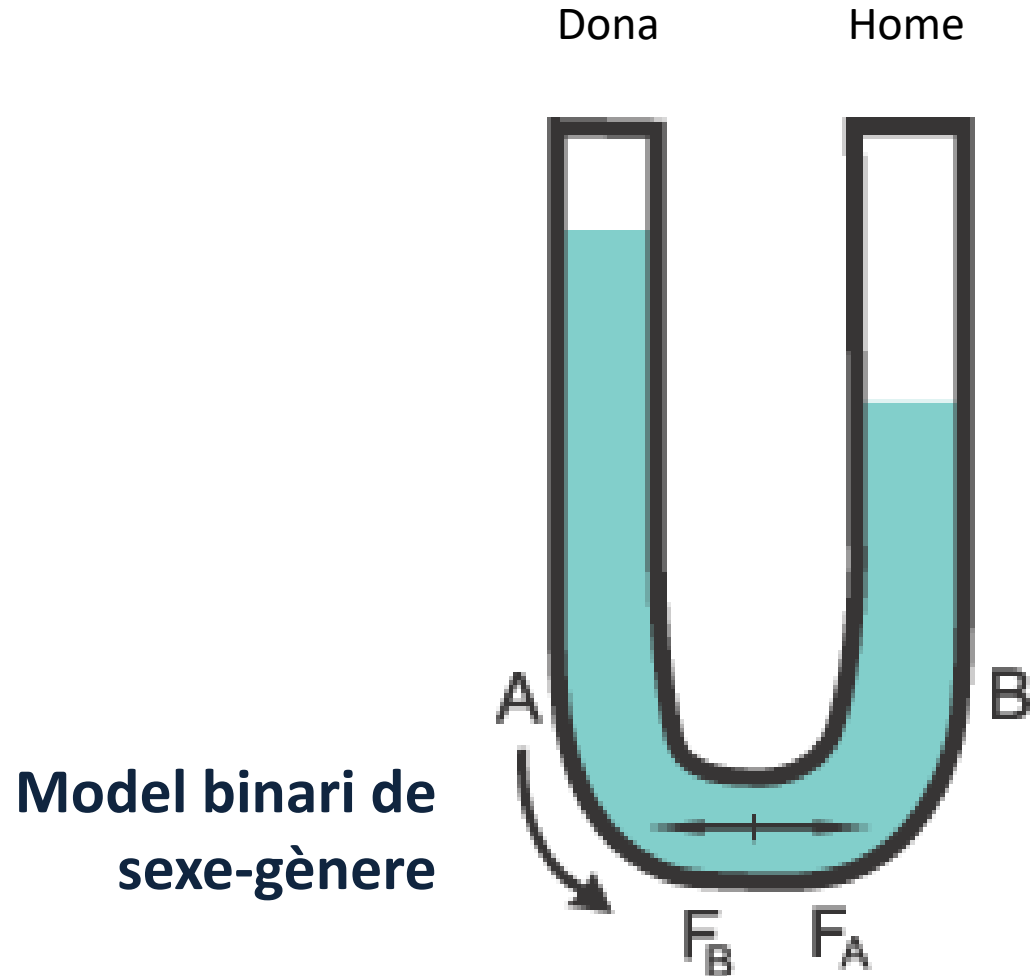
Kepler-Newton, s. XVII



Einstein, s. XX



# Qui s'adapta a qui en el gènere, el marc teòric o la observació?





nature

International journal of science

EDITORIAL • 30 OCTOBER 2018

# US proposal for defining gender has no basis in science

*A move to classify people on the basis of anatomy or genetics should be abandoned.*

The memo claims that processes for deciding the sex on a birth certificate will be “clear, grounded in science, objective and administrable”.

The proposal — on which HHS officials have refused to comment — is a terrible idea that should be killed off. It has no foundation in science and would undo decades of progress on understanding sex — a classification based on internal and external bodily characteristics — and gender, a social construct related to biological differences but also rooted in culture, societal norms and individual behaviour. Worse, it would undermine efforts to reduce discrimination against transgender people and those who do not fall into the binary categories of male or female.

# Gènere i anatomia NO casen...

By some estimates, as many as one in 100 people have differences or disorders of sex development, such as hormonal conditions, genetic changes or anatomical ambiguities, some of which mean that their genitalia cannot clearly be classified as male or female. For most of the twentieth century, doctors would often surgically alter an infant's ambiguous genitals to match whichever sex was easier, and expect the child to adapt. Frequently, they were wrong. A 2004 study tracked 14 genetically male children given female genitalia; 8 ended up identifying as male, and the surgical intervention caused them great distress (W. G. Reiner and J. P. Gearhart *N. Engl. J. Med.* **350**, 333–341; 2004).

### 24 Factors influencing health status or contact with health services

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#### Description

Categories in this chapter are provided for occasions when circumstances other than a disease, injury or external cause classifiable elsewhere are recorded as "diagnoses" or "problems". This can arise in two main ways:

1. When a person who may or may not be sick encounters the health services for some specific purpose, such as to receive limited care or service for a current condition, to donate an organ or tissue, to receive prophylactic vaccination or to discuss a problem which is in itself not a disease or injury.
2. When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury. Such circumstance or problem may be elicited during population surveys, when the person may or may not be currently sick, or be recorded as additional information to be borne in mind when the person is receiving care for some illness or injury.

# CIE 11

## International classification of diseases ICD11

### ▼ 24 Factors influencing health status or contact with health services

- ▼ Reasons for contact with the health services
  - ▶ Contact with health services for purposes of examination or investigation
  - ▶ Contact with health services for counselling
  - ▶ Contact with health services for reasons associated with reproduction
  - ▶ Health care related circumstances influencing the episode of care without injury or harm
  - ▶ Factors related to medical facilities and other health care
  - ▶ Donors of organs or tissues
  - ▶ Fitting, adjustment or management of devices
  - ▶ Dependence on enabling machines or devices
  - ▶ Presence of device, implants or grafts
  - ▶ Surgical or postsurgical states
  - ▶ Convalescence
  - ▶ Contact with health services for specific surgical interventions
  - ▶ Contact with health services for nonsurgical interventions not involving devices
  - ▶ Contact with health services related to immunizations or certain other prophylactic measures
  - ▶ Interventions not carried out
  - ▶ Contact with health services associated with the health of others
  - ▶ QC30 Malingering
  - ▶ Personal or family history or late effect of prior health problems
  - ▶ Risk factors associated with infectious or certain other conditions
  - ▶ Concern about body appearance
  - ▶ Gender incongruence
- ▶ Factors influencing health status



# Principis del nou model d'atenció a la salut de les persones trans\*

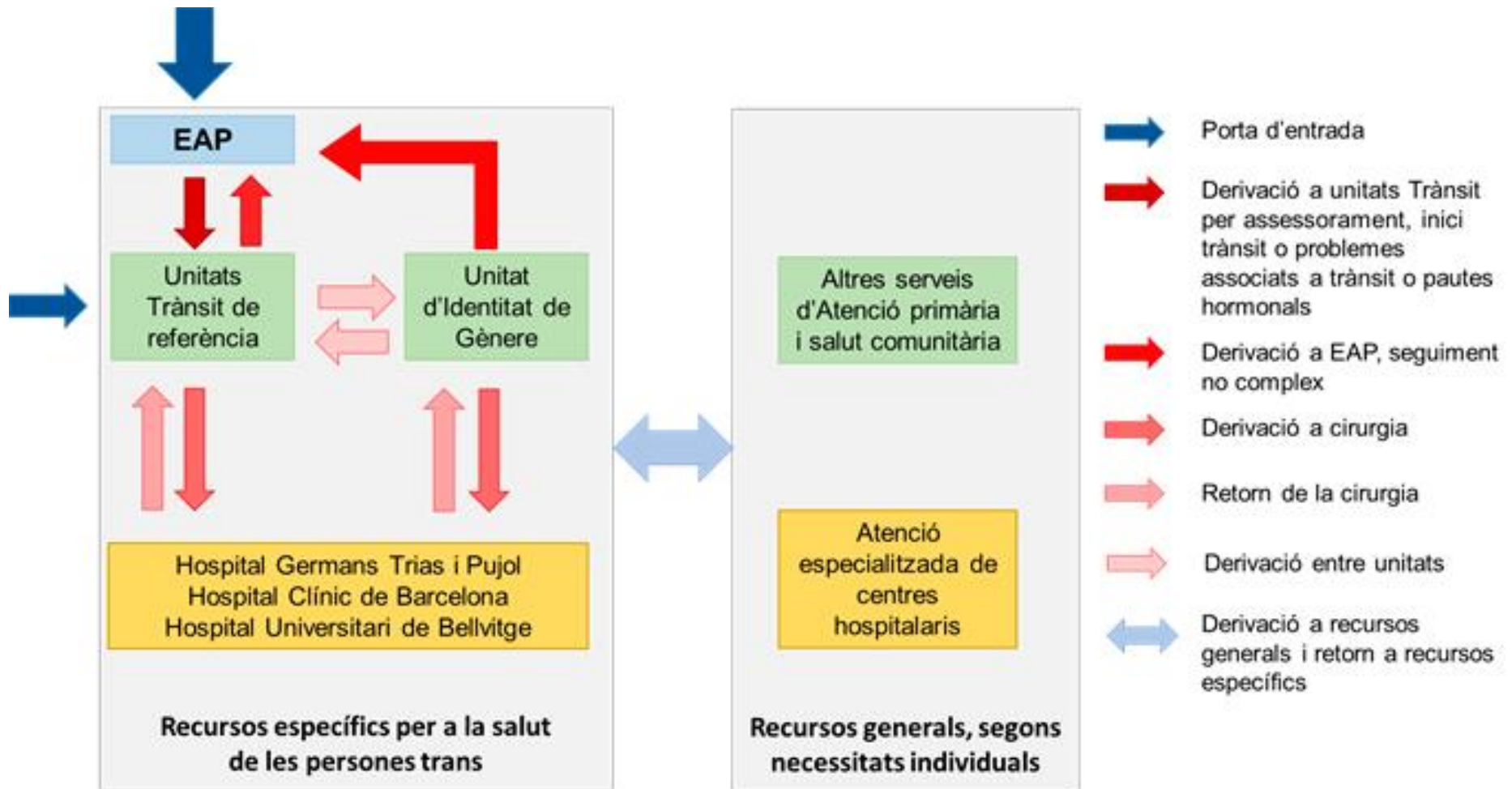
- **Públic i gratuït** perquè el fet trans no té classe social i la salut és un dret
- Per a **menors, adults i gent gran**
- **No binari** i respectuós amb la identitat personal
- **Obert** perquè les identitats de gènere són dinàmiques
- **Integral i social**, perquè ha de donar resposta a la integració social de la persona
- **No tutelar** i que acompanyi la persona des de la seva autonomia
- **No capacitista** sinó inclusiu
- **Universal** perquè no importa la trajectòria personal, àmbit laboral, diversitats funcionals, classe social o estat migratori

Reivindicació  
d'un nou model d'atenció a la  
salut de les persones trans\*



# Model d'atenció a la salut de les persones trans\*

## actual (10 nov 2017)



# (Algunes) implicacions del model

- **No binari** i respectuós amb la identitat personal

**Fer homes i dones *passables* NO és un objectiu**

**No pressuposa cap gènere ni la seva expressió**

- **Integral i social**, perquè ha de donar resposta a la integració social de la persona

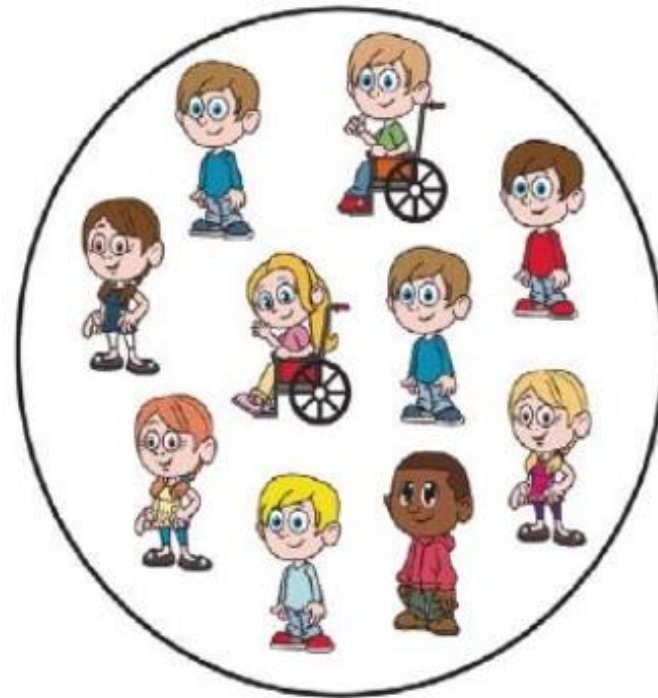
**Empapar la societat del fet trans\* SÍ és un objectiu**

**La invisibilitat del fet trans pot crear nínxols de problemes**  
(risc d'entrar en l'armari trans)

# En salut i en tots els àmbits, cal inclusió!



Integració



Inclusió

**Cal que les lleis incloguin el fet trans, no només que una llei ens integri**

- Reproducció assistida (homes i NB trans)
- Violència de gènere (dones i NB trans)

# Bases del model patologitzador

Binarisme home/dona

Determinisme de gènere

Tutela en el recorregut vital

Capacitisme

Lectura primària de la natura

Prejudici

Cànon de bellesa imposat

Motxilles addicionals

Nínxols de vida



Interviú n. 907, 16 set 1993

# Bases del masclisme

Binarisme home/dona

Determinisme de gènere

Tutela en el recorregut vital

Capacitisme

Lectura primària de la natura

Prejudici

Cànon de bellesa imposat

Motxilles addicionals

Nínxols de vida



Guía de la buena esposa (1953)

# Quanta vida existeix a l'univers? Quants planetes hi ha?

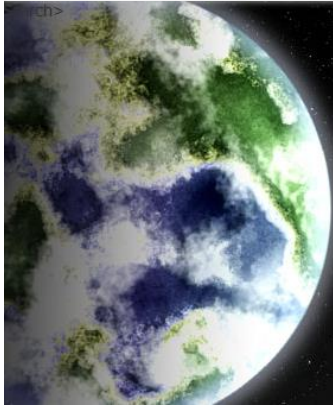
exoplanets.org

Exoplanets  
Data Explorer

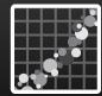
Methodology  
and FAQ

Exoplanets  
Links

California  
Planet Survey



Table



Plots

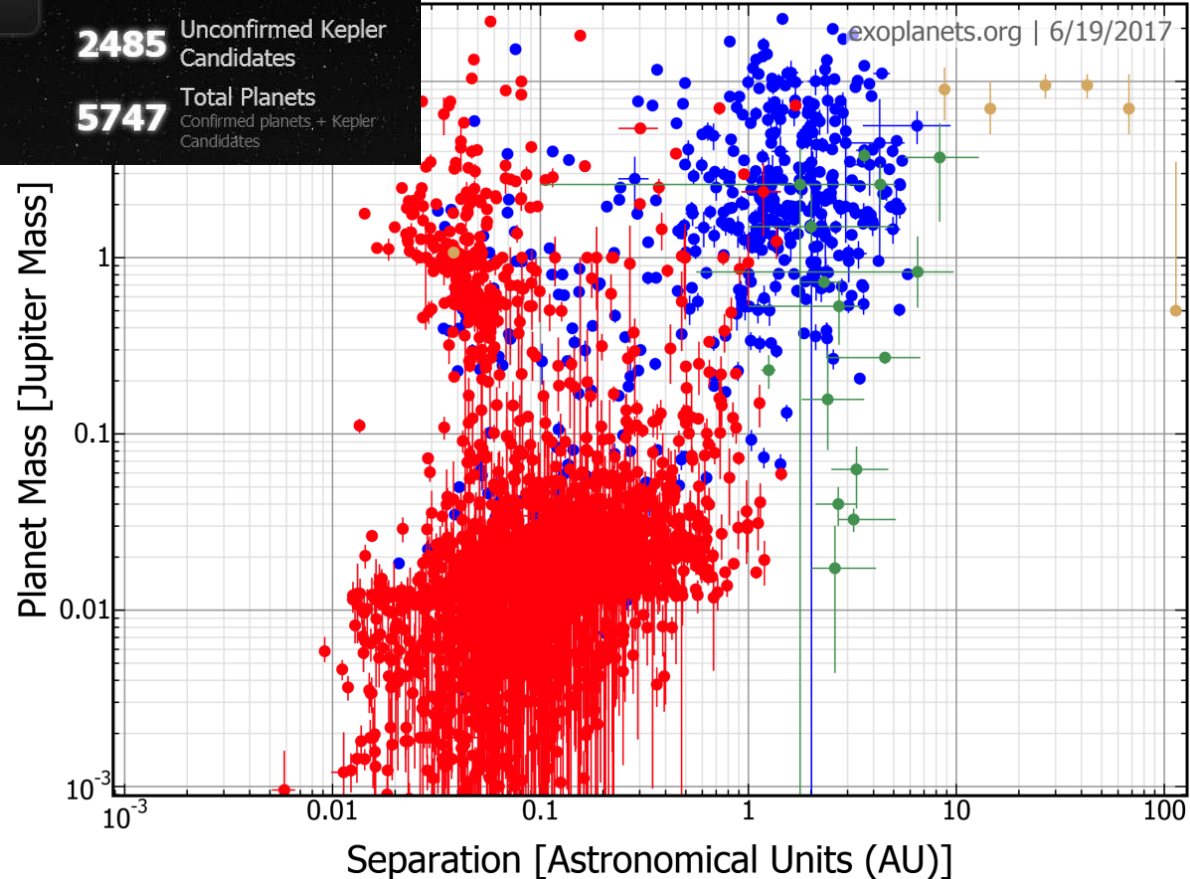
**3236** EOD Planets  
Planets with good orbits listed in  
the Exoplanet Orbit Database

**26** Other Planets  
Including microlensing and  
imaged planets

**3262** Total Confirmed  
Planets

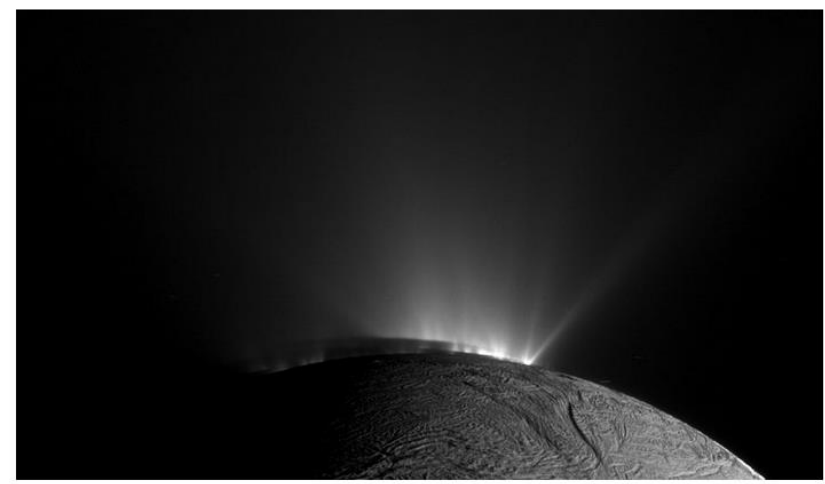
**2485** Unconfirmed Kepler  
Candidates

**5747** Total Planets  
Confirmed planets + Kepler  
Candidates



# Plumes From Saturn's Moon Enceladus Hint That It Could Support Life

By KENNETH CHANG APRIL 13, 2017

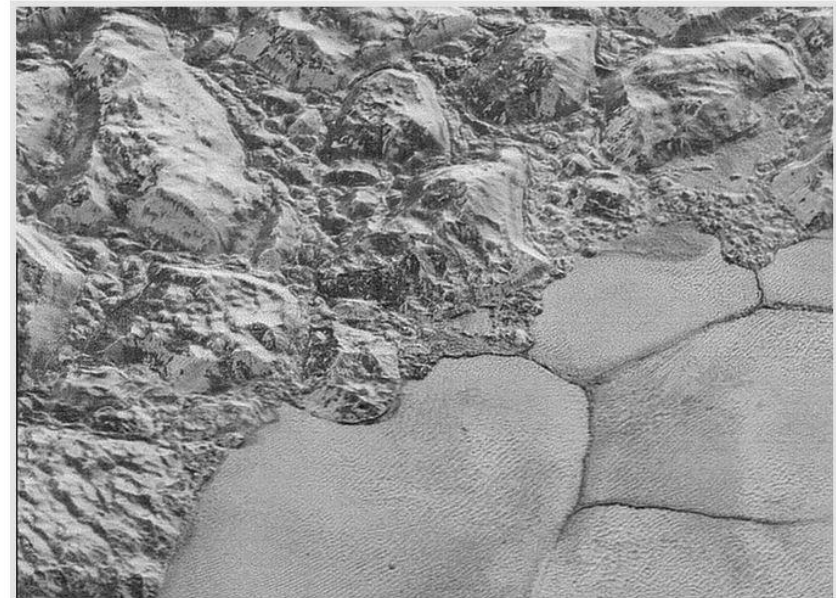


Rows of plumes rise from ice fractures on the surface of Enceladus. NASA/JPL-Caltech, via Space Science Institute



# DOES PLUTO HAVE THE INGREDIENTS FOR LIFE?

By Elizabeth Howell - Feb 23, 2017



One of the surprises of the New Horizons mission was finding water ice mountains on Pluto, that quite possibly are floating on a subsurface ocean of liquid water. Credit: NASA/JHUAPL/SWRI

Water vapor detected on Jupiter's moon Europa, adding intrigue to potential for life

**Pot haver vies mai imaginades abans,  
necessitem fer-les nostres**





**Gràcies!**

**TW @judithjuanhuix**  
**IG @judjuanhuix**