

TRANSGENDER WOMEN IDENTITY CONSTRUCTION IN COLOMBIA: THE REPARATIVE PSYCHOSOCIAL CONTINUUM

By Juan Sebastián Rueda Toro

Submitted to

Central European University

Department of Gender Studies

*In partial fulfillment of the requirements for the Erasmus Mundus Master's Degree in
Women's and Gender Studies (GEMMA)*

Main Supervisor: Eszter Timar (Central European University)

Co-Supervisor: Nadia Jones Gailani (Central European University)

Second Supervisor: Débora Godoy (University of Granada)

Vienna, Austria

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Approval signed by the main Supervisor



Universidad de Oviedo



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ABSTRACT

The transgender population is traditionally associated with mental health issues such as depression and anxiety. This reality must be viewed through a psychosocial lens that allows for an understanding of the continuum, bidirectionality, and interconnection between the psychological and social realms. Recent research highlights that studies on LGBTQ+ health, mental health, and psychosocial well-being often focus solely on gay and lesbian individuals, neglecting other gender identities and lacking an intersectional perspective. Thus, the main question guiding this study was: How is gender identity constructed by transgender women in Colombia? Guided by three specific questions: (1) How can the concepts of Gender Performativity and Melancholia illuminate the process of gender identity construction among transgender women? (2) How do different affects mobilize reparative and/or paranoid readings towards the self and the other? (3) How does the concept of Mourning and Melancholia as a Continuum lead to non-pathologizing interpretations of transgender identity? This was a qualitative study employing a design for secondary data analysis, specifically, 20 interview transcripts of transgender women conducted in six cities of Colombia during the TransER program. Utilizing Critical Discourse Analysis and three analytical categories derived from each research question, a close reading of each interview was conducted. The results are presented based on the three analysis categories: Gender Performativity and Melancholia, Reparative and Paranoid Readings, and Mourning and Melancholia as a Continuum. The conclusions highlight that the process of constructing the gender identity of transgender women underscores the social rejection they continuously face and its relationship with melancholic states, self-medication, and the importance of a psychosocial and systemic perspective for a deeper understanding of these issues. Finally, recommendations are

provided for healthcare professionals, such as psychologists and psychoanalysts, working with transgender populations, and for future research endeavors.

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Transgender Women Identity Construction in Colombia: The Reparative Psychosocial Continuum

1.0 Introduction

Scholars emphasize the interconnectedness between the psychological and social well-being, self-esteem, and overall health of LGBTIQ+ population and the degree of love, support, and acceptance they receive (Dowers et al., 2020; McCann et al., 2021). Nevertheless, conventional responses from families and close associates often involve either denying the sexual and gender identity of LGBTIQ+ individuals or resorting to coercive measures, leading to feelings of depression and isolation (De Toro, 2015; Orcasita et al., 2020; Orcasita et al., 2021; Zapata-Mayor & Hoyos-Hernández, 2024). Focusing on transgender individuals (those who identify with a gender identity different from the one assigned at birth) reveals a widespread experience of social and cultural discrimination across different contexts, particularly within familial settings. While some families and close relationships may eventually embrace transgender individuals, the majority tend to reject them (Godoy, 2015; Godoy, 2019; Goulding et al., 2023; Molina et al., 2015). McCann et al. (2021) conducted a comprehensive systematic review spanning from 2010 to 2021, examining the psychosocial needs of transgender and non-binary individuals. Their review encompasses research from Latin American countries such as Colombia and Mexico, revealing that the cumulative impact of minority stress significantly diminishes the quality of life, well-being, and overall psychosocial health of this population. Furthermore, they observe a higher prevalence of mental health issues among transgender and non-binary individuals, with one in two being diagnosed with depression and anxiety, contrasting starkly with one in five individuals in

the general population. Additionally, the incidence of suicide attempts is notably elevated, with 41% of transgender individuals having reported such attempts. This highlights social animosity towards those who challenge traditional gender orders. As a result, transgender women become focal points for anxieties surrounding the destabilization of masculinity, upon which patriarchal systems rely. This anxiety is expressed through the repression of affects and the deliberate display of anger, aggression, and discriminatory behaviors. This pattern underscores society's profound discomfort with gender fluidity and rigid adherence to binary gender norms, perpetuating cycles of bias and violence against transgender individuals. Therefore, the central aim of this thesis is to study the process of gender identity construction among Trans Women in Colombia.

The following section describes the research context, starting with an analysis from a sexual and gender diversity perspective (Giraldo, 2018) of the Colombian context and the internal conflict. I then position myself from a post-transsexual perspective (Stone, 1992), clarifying my departures and supplementing this viewpoint. Subsequently, I review academic literature in Trans Studies from 2014 to 2024, focusing on theoretical, empirical, and review studies related to health, mental health, well-being, and psychosocial support, highlighting the gaps that justify the main research question: How is gender identity constructed by trans women in Colombia? Next, I present the project from which my research is derived, the TranSER program, a participatory action research conducted in six Colombian cities between 2019 and 2022, involving over 100 trans women in a project advocating for a healthy and pleasurable sexuality (Hoyos-Hernández et al., 2021). Following this, I outline the theoretical framework employed as conceptual lenses for the subsequent analysis, primarily exploring the concepts of "Gender Performativity and Melancholia" (Butler, 1997), "Paranoid Reading and Reparative Reading" (Sedgwick, 2003), and "Mourning and Melancholia as a Continuum" (Eng and Han, 2003). I then detail the methodology, focusing

on qualitative research and the design for secondary data analysis (Scribano and De Sena, 2009), sampling for saturation (Hennik & Kaiser, 2022), and Critical Discourse Analysis (CDA) (Fairclough, 2003). The analytical chapter includes a report of the CDA results conducted on 20 interview transcripts with transgender women from the TranSER Program, interpreted through the aforementioned theoretical lenses and about the literature review. Finally, in the concluding chapter, I present the study's conclusions and recommendations, its limitations and scope, and some guidelines for future research.

1.1 Problem Statement

1.1.1 Colombia: Exploring Gender Dynamics in the Nation's Armed Conflict

Colombia's armed conflict has persisted for over six decades, making it the longest-running war in Latin America. Its roots go back to the partisan violence of the 1940s and 1950s. Consequently, various Colombian governments have engaged in negotiations with illegal armed groups to address this complex situation. Although the most recent peace agreement was signed with the Revolutionary Armed Forces of Colombia (FARC) guerrilla group, its implementation has faced significant challenges (Comisión de la Verdad [CEV], 2022; Giraldo-Aguirre & Gallego-Montes, 2022). Despite ongoing peace efforts, the conflict has had devastating effects on the population. According to the Observatory of Memory and Conflict, the conflict has claimed over 267,565 lives. Additionally, the Victims Unit reports that more than 9 million people have been affected by the war (CEV, 2022). Colombia has long grappled with a unique and enduring armed conflict, marked by its adaptation to modern warfare. This conflict includes guerrilla warfare, state-sponsored violence, and the rise of paramilitary groups, all intricately linked to complex

networks of drug trafficking and illicit economies controlled by international cartels (Gallego-Montes & Giraldo-Aguirre, 2023). As a result, the intricate nature of Colombia's armed conflict exacerbates the hardships faced by marginalized communities, including transgender individuals. In regions affected by violence and insecurity, transgender individuals face heightened vulnerabilities, leading to increased levels of discrimination, marginalization, and barriers to accessing essential services and support networks (Giraldo, 2018).

In recent years, there has been increasing recognition of the victimization faced by the LGBTIQ+ community amid the Colombian conflict. The Colombian government was among the first globally to acknowledge the challenges encountered by individuals with diverse sexual and gender identities (CEV, 2022). However, this victimization is deeply rooted in long-standing systems of oppression characterized by violence and discrimination against those who deviate from traditional sexual and gender norms, perpetuated primarily by the Church since colonial times (Gontijo et al., 2020). Since the early 2000s, human rights organizations focusing on LGBTIQ+ issues have consistently documented the victimization experienced by this community in Colombia (CEV, 2022; Giraldo-Aguirre & Gallego-Montes, 2022). Reports by Caribe Afirmativo, an NGO advocating for LGBTIQ+ rights in Colombia, and the National Center of Historical Memory indicate that in regions most affected by the armed conflict, not only were armed groups responsible for violence against LGBTIQ+ population, but local communities were also complicit, and sometimes directly involved. Exceptions to the enforcement of sexual and gender norms were notably evident when influential figures, such as high-ranking officers were implicated (CEV, 2022; Gallego-Montes & Giraldo-Aguirre, 2023; Giraldo-Aguirre & Gallego-Montes, 2022).

Colombia has become a global model for integrating a gender perspective into the analysis and resolution of armed conflict and peacebuilding efforts, thanks to the political and humanitarian interventions prompted by the conflict (CEV, 2022; Gallego-Montes & Giraldo-Aguirre, 2023). The victimization of the LGBTIQ+ population within Colombia's armed conflict is a complex issue requiring sustained attention and scholarly inquiry. Although progress has been made in recognizing and addressing this victimization, much work remains to fully understand sexual and gender diversity within this context. This thesis explores the gender identity transition discourses of 20 transgender women in Colombia who have been directly or indirectly affected by the armed conflict. Research into sexual and gender diversity within the context of armed violence is limited, both in Colombia and globally. This is partly due to the historical neglect of a gender perspective in conflict and peace studies until the 1990s. According to Giraldo (2018), this oversight led to several consequences, including the failure to recognize the complex relationship between sexual and gender diversity, conflict, and peacebuilding efforts. However, significant shifts occurred after the Beijing Conference in 1995 and the UN Resolution 1325 in 2000. These landmark events raised awareness about the impact of conflicts on women's lives and prompted a reevaluation of existing approaches. Consequently, there was a drive to integrate a gender perspective into the analysis of armed conflicts and the peacebuilding initiatives undertaken by various organizations. This institutional momentum provided a conducive environment for the advocacy and consolidation of LGBTIQ+ human rights.

Colombia's social and political landscape offers a unique opportunity to explore the theoretical and methodological implications of analyzing sexual and gender diversity in the context of political violence, with significant consequences for transitional justice and peacebuilding. However, this endeavor has faced considerable resistance from various sectors within the country.

The efforts led by social organizations, the media, academia, and the state have not been without challenges. A notable event highlighting this struggle was the centrality of the gender perspective in the October 2, 2016, plebiscite, where the LGBTIQ+ population was directly stigmatized through the so-called “gender ideology” (Giraldo, 2018). Giraldo-Aguirre and Gallego-Montes (2022) identify three key findings from research on the LGBTIQ+ population within Colombia's armed conflict. First, they note that armed groups seek to impose specific political and moral frameworks, inherently encompassing gender and sexual norms. Second, individuals who deviate from cis-heteronormative standards are targeted for violence, with their gender identity, sexual orientation, gender expression, and sexual practices becoming triggers for victimization. Third, the victimization of LGBTIQ+ individuals during the armed conflict are part of a continuum of violence that spans before, during, and after the conflict (Cohn, 2013). Despite a considerable body of research on this topic, significant gaps remain, particularly regarding the experiences of transgender women (Giraldo, 2018; Giraldo-Aguirre & Gallego-Montes, 2022; Giraldo-Aguirre & Gallego-Montes, 2023). By building on their work, I aim to delve deeper into the gender transition experiences of transgender women in Colombia, examining how their identities are constructed amidst the ongoing conflict. This will involve a critical analysis of the intersectionality of gender, violence, and social norms, ultimately contributing to a more nuanced understanding of the unique challenges faced by transgender women and informing more inclusive research, policies, and interventions in the realm of peacebuilding.

1.1.2 Transgender Identity Construction from a Post-transsexual Perspective

In 1992, trans scholar Sandy Stone presented one of the seminal texts in transgender studies titled “The Empire Strikes Back: A Post-transsexual Manifesto.” In this essay, Stone identifies three primary discourses constructed around the transgender subject: the discourse of radical feminists, the medical/psychological discourse, and the discourse derived from transgender individuals' autobiographies. Stone asserts that these discourses position the transgender subject as part of the patriarchal system that reinforces the gender binary. Stone's historical analysis of these discourses is crucial for understanding contemporary conceptions of trans identity. The first discourse, involving radical feminists, treats transgender individuals as part of a patriarchal effort to erase “genetic womanhood.” The term “feminism” itself is complex, encompassing a wide range of perspectives since its inception. Various strands of feminism—such as post-structuralist, socialist, and radical—reflect diverse political, academic, and social viewpoints. This first discourse aligns with current debates between “trans-inclusive” feminist groups and “trans-exclusionary radical feminists (TERFs)” (Thurlow, 2022). The second discourse on transgender identity, as outlined by Stone, emerges from fields such as Psychology and Medicine disciplines. This discourse emphasizes establishing clinical parameters for identifying transgender individuals, evolving alongside the creation of gender clinics. Initially, these medical and psychological frameworks portrayed transgender individuals as living tumultuous and unconventional lives, aiming to categorize and define transgenderism within clinical contexts. Stone’s (1992) analysis helps elucidate how these historical discourses continue to shape and influence current understandings of transgender identities.

The formal recognition of transsexualism as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association in 1980 was a significant milestone in the medical and psychological treatment of transgender individuals. Sandy

Stone (1992) underscores the importance of framing the 'transsexual' category within conventional frameworks to establish criteria for clinical acceptance. Consequently, terms like gender dysphoria/transsexuality became fundamental in diagnosing and addressing the needs of transgender people. This historical context is vital for my thesis, as it highlights the continued reliance of Colombian healthcare institutions on the DSM and gender dysphoria diagnosis to authorize essential medical procedures such as hormone therapy and sex reassignment surgeries (Constitutional Court of Colombia, 2013). Additionally, Stone (1992) identifies a third discourse emerging from autobiographical accounts of transgender individuals, often portraying a simplistic discourse of transition that reinforces binary gender norms. Understanding these discourses is crucial in informing my analysis of transgender identity construction and advocating for more inclusive and nuanced approaches to transgender healthcare and representation in Colombia. These discourses reduce the transgender subject to object status, either by categorizing it as a clinical category, a stereotyped woman, or a product of capitalism. Stone (1992) argues that countering this erasure requires generating a counter-discourse that recovers the complexities and ambiguities of transgender life experiences. Transgender individuals, Stone asserts, can offer a disruptive discourse to conventional gender discourses. The post-transsexual counter-discourse, according to Stone, has the potential to transcend traditional gender boundaries.

Sandy Stone (1992) asserts that the transgender discourse provides an opportunity for deconstructing and reconstructing gender components in innovative and unexpected ways. However, she contends that achieving this requires increased visibility of transgender individuals to prevent "passing," which she views as a denial of complexity and a rejection of a body rich with intertextual possibilities. Stone argues that redefining the terms used to conceptualize sexuality and trans-sexuality is crucial for developing a post-transsexual counter-discourse. Stone

challenges the notion that the criterion “in the wrong body” adequately captures transgender life experiences. However, Riley Snorton (2009) presents a psychological and intersectional critique of Stone's emphasis on disregarding passing to effect social transformation. Snorton suggests that passing reshapes the discourses of gendered embodiment by opening up alternative perspectives on the world. Passing engenders hope for transgender individuals outside of clinical settings who seek connection with others and seek reconciliation between the often-conflicting intersubjective realms of society and the psyche. Snorton (2009) explores the new possibilities that emerge when passing is examined from a psychological standpoint and when transsexual bodies are non-operative and black.

Similarly, the life experiences of transgender individuals in Colombia consistently portray discourses entwined with fear, anxiety, and distress, exacerbated by the pervasive presence of stigma, discrimination, and various forms of violence—whether sexual, economic, or social—that often originate from intimate spheres (Orcasita et al., 2021; Zapata & Hoyos-Hernández, 2024). Consequently, the idea of abandoning the pursuit of "passing" remains a viable option primarily within privileged circles, such as those occupied by scholars like Stone (1992; 2014), where critical dialogues can take place, reshaping prevailing discourses regarding transgender individuals, including our own experiences. However, for the majority of transgender individuals navigating daily life in Colombia, "passing" represents a crucial survival strategy amidst pervasive social and political violence. Does this imply, then, that we should entirely discard the post-transsexual counter-discourse? Not necessarily. As Muñoz (1997) articulates, the act of passing can provide opportunities to challenge the discourses constructed by hegemonic discourse. “Sometimes misrecognition can be strategic. Identification itself can also be manipulated and utilized in ways

that offer discourses of self that exceed the confines prescribed by dominant culture” (Muñoz, 1997, p. 82).

The post-transsexual counter-discourse can be supplemented by embracing disidentification as an intersectional strategy, thus departing from the notion of abandoning passing. Disidentification, as conceptualized by Muñoz (1997), operates as a performative tactic utilized by marginalized individuals to resist the oppressive and normalizing discourse perpetuated by dominant ideologies. It represents a strategic refusal to conform to the ideology that seeks to fix individuals within the confines of state power apparatuses. Within the framework of disidentification, humor, and parody emerge as powerful tools (Muñoz, 1997), allowing minoritarian subjects to navigate and challenge dominant norms and representations. While passing remains indispensable for survival, particularly in contexts where one's safety and well-being depend on it (Snorton, 2009), it also opens avenues for disidentification—a means of resisting the imposition of normative models of femininity or masculinity onto transgender individuals (Stone, 1992). Disidentification, in essence, functions as an internalized form of passing, enabling individuals to strategically misrecognize themselves within hegemonic structures (Muñoz, 1997). Thus, by concurrently engaging in both passing and disidentification, transgender individuals can inhabit and subvert the confines of traditional gender archetypes, creating space for paradoxical expressions of identity and resistance. Understanding how transgender individuals navigate and resist dominant norms and representations through disidentification sheds light on the nuanced ways in which gender is negotiated within oppressive social contexts. This conceptual framework offers valuable insights into the diverse strategies employed by transgender individuals to assert agency and autonomy in the face of systemic discrimination and violence. As such, integrating the concept of disidentification into my research

enhances its relevance and contributes to a more comprehensive understanding of transgender experiences within Colombian society.

1.1.3 Literature Review: Research Gaps and Research Questions

The literature review was conducted in two stages during the research: first, from March to April 2023, and second, I supplemented the review with new articles from March to April 2024. In this literature review, I only included peer-reviewed scientific articles from databases using keywords such as transgender, trans women, health, mental health, psychology, well-being, and psychosocial support. From this search, I selected 16 articles that, based on their title and abstract, aligned with the aim of my research. Out of the 16 articles, ten are international (Argentina, Spain, USA, UK, and Ireland), and six are from different cities in Colombia. Subsequently, I conducted a close reading of each article to identify its objective, main arguments, employed method, and principal results, conclusions, and recommendations. Thus, based on this reading, I compiled the literature review report presented as follows.

Firstly, Dowers et al. (2020) conducted an extensive analysis of research on social support available to transgender, gender-diverse, and non-binary individuals. The findings revealed a predominant concentration of studies originating from the United States, mostly comprising quantitative research papers. Furthermore, the majority of participants represented in these studies were identified as white, adhered to a binary gender spectrum, and lived in urban areas. Among the various forms of support examined, peer support emerged as consistently linked to positive health outcomes and overall well-being. However, the researchers argue that standardized questionnaires fail to fully capture the nuanced nature of social support, advocating for more inductive approaches to better understand its intricacies.

McCann et al. (2021) explore the numerous hurdles encountered by transgender and gender-diverse individuals arising from the mismatch between their gender identity and the gender assigned at birth. By synthesizing existing qualitative research evidence, the paper seeks to evaluate the psychosocial needs of trans and non-binary individuals. This sheds light on the prevalent mental health challenges within this community, marked by higher rates of depression, anxiety, and suicidal ideation compared to the general population. Additionally, the paper underscores the contributing factors to these mental health disparities, including discrimination, victimization, family rejection, violence, substance abuse, and limited access to gender-affirming care. The exacerbation of mental health issues during the COVID-19 pandemic further exacerbates these difficulties. Despite the urgent need for tailored interventions, the study highlights a lack of systematic evaluations addressing the specific needs of transgender and non-binary individuals. Nevertheless, it points out the emergence of digital health interventions aimed at tackling psychosocial issues and promoting social inclusion among this demographic. Furthermore, the Transgender Resilience Intervention Model (TRIM) is proposed as a framework that emphasizes social support, community belonging, and self-worth to mitigate the adverse effects of minority stressors.

Reczek's (2020) review offers a comprehensive overview of studies concentrating on families with LGBTIQ+ members, primarily in North American and European contexts. Reczek delineates three main sub-areas that have been the focal points of the majority of research endeavors in this field. Firstly, there is an exploration into gay and lesbian (GL) families of origin, delving into the dynamics and experiences within families where individuals identify as gay or lesbian. Secondly, Reczek highlights studies examining the interpersonal relationships of GL individuals, shedding light on the romantic partnerships, friendships, and social networks formed

by members of the GL community. Lastly, there is an investigation into families of choice of GL individuals, encompassing the support networks and chosen families that provide crucial social and affective support beyond biological or legal ties. Over the span of ten years, Reczek finds that the predominant focus has been on gay and lesbian identities, with comparatively less attention given to bisexual, transgender, and other sexual and gender identities. Additionally, ethnic and socioeconomic factors have been largely overlooked in these investigations, representing a significant gap in the existing research landscape. Consequently, there is a pressing need to address this gap by conducting research that specifically examines the identities and experiences of transgender women from diverse ethnic and socioeconomic backgrounds in Colombia.

Goulding et al. (2023) highlight the significant health disparities faced by transgender and gender-diverse (TGD) youths, attributing these disparities to challenges like gender dysphoria and societal stressors. These disparities manifest in higher rates of mental health issues, including anxiety, depression, and suicidality, compared to their cisgender peers. Additionally, the lack of TGD-specific education in healthcare provider curricula exacerbates the issue, leading to inadequate knowledge and competency in providing care for TGD individuals. Understanding the experiences and challenges encountered by TGD youths in healthcare settings is deemed crucial for improving healthcare delivery and addressing disparities.

Compton and Morgan (2022) delve into the therapeutic experiences of transgender and gender nonconforming (TGNC) individuals, utilizing the umbrella term TGNC to encompass those whose gender identity deviates from their sex assigned at birth. Highlighting the heightened distress experienced by TGNC individuals compared to cisgender individuals, often stemming from discrimination, marginalization, and gender dysphoria, the paper underscores the role of therapy as a supportive avenue. According to the authors, therapy offers TGNC individuals an

opportunity to explore their gender identity, address gender dysphoria, enhance body image, and bolster social support networks. Despite the critical importance of the therapeutic relationship in influencing therapy outcomes, the experiences of TGNC individuals in therapy remain inadequately researched. Prior studies have unveiled mixed encounters within mental health services for TGNC individuals, with instances of stigma and discrimination persisting in some contexts.

Colliver (2021) investigates the discourse surrounding transgender individuals, with a particular focus on victimhood claims and transphobic rhetoric. The study underscores the ongoing debate regarding gender-neutral spaces and their implications for victim status, particularly concerning assertions of victimhood by cisgender individuals. Moreover, it examines the portrayal of gender-neutral toilets as sites associated with sexual danger and the marginalization of transgender individuals through appeals to scientific, natural, and mental health discourses. Furthermore, it addresses the heightened visibility of transgender communities in the UK, the rise in hate crimes targeting transgender individuals, and the ongoing contestation of rights between sex-based and gender-based perspectives.

Suess (2020) introduces the trans-de-pathologization perspective, which poses a challenge to the medical model of transgender identity. This perspective advocates for healthcare and legal recognition devoid of pathologizing prerequisites, to nurture autonomy and foster respect for gender diversity. It advocates for a reorientation of the role of mental health professionals in transgender healthcare, prioritizing support and accompaniment over psychiatric evaluation and emphasizing the importance of employing non-pathologizing language. Furthermore, it acknowledges the significant contributions of transgender individuals to knowledge production across diverse fields and underscores the crucial role of professionals in healthcare, research,

education, and law in shaping a rights-based society that embraces gender diversity. The paper underscores the necessity for an ethical framework of de-pathologization in both clinical and research practices, emphasizing the importance of self-reflective approaches among healthcare and research professionals to ensure ethical conduct and promote inclusivity. This directly relates to the objective of my research, as the theories I employ (Butler, 1997; Sedgwick, 2003; Eng and Han, 2003) are situated within a genealogy of queer theories. These theories utilize concepts derived from disciplines traditionally employed to pathologize sexual and gender diversity, such as psychoanalysis, to disrupt the hegemonic sexual and gender order, exposing its inconsistencies. Thus, I use the categories of “Gender Performativity and Melancholia,” “Paranoid Reading and Reparative Reading,” and “Mourning and Melancholia as a Continuum” as lenses to unveil the systemic, interconnected, and bidirectional nature of the social and psychological realms experienced by transgender women in Colombia.

In Latin America, Perez (2020) directs attention to the intersection of discrimination based on gender and migration status among South American trans and transvestite individuals in the Buenos Aires Metropolitan Area. The study uncovers how discrimination interacts with both migration status and gender identity, resulting in asymmetrical power dynamics that reinforce social domination. This discrimination manifests in various social interactions, including those with clients, partners, and security forces, engendering conflicts and hierarchies of dominance and subordination. Despite the study's limitations, it underscores the crucial role of legal frameworks such as the Gender Identity Law and Migration Law in safeguarding the rights and well-being of trans individuals.

Moreover, Godoy (2015) emphasizes the transformative impact of the Gender Identity Law in enabling transgender individuals to construct secure identities, particularly highlighting the

influence of social interactions on this process. Conversely, Godoy (2019) delves into the construction of gender identity among transgender individuals in the San Luis province of Argentina from 2013 to 2015. Employing a qualitative methodology inspired by Grounded Theory, the study illustrates how societal recognition and cultural perceptions of gender, femininity, and masculinity in Western contexts shape transgender identities. Through in-depth interviews with eleven participants, conducted under the purview of the Gender Identity Law, the research elucidates the importance of external validation in shaping transgender identities through ongoing negotiation. The analysis, guided by Strauss and Corbin's methodology, employs sequential coding processes like open coding, axial coding, and selective coding, complemented by techniques such as matrix construction, microanalysis, and comparison, to unravel the intricate nuances of the identity construction process.

Orcasita et al. (2021) contribute to the ongoing discourse by delving into family dynamics surrounding the disclosure and acceptance of transgender identity, particularly in Cali, Colombia. Their study challenges prevailing societal norms regarding gender and social roles, advocating for the recognition of diversity and human acceptance beyond rigid gender categories. The research identifies various pertinent themes concerning trans women, including relationship dynamics, decisions regarding sex reassignment, the role of spirituality in gender identity formation, and perceptions of healthcare professionals. Furthermore, the paper addresses the social barriers faced by trans women in expressing their identities, advocating for a comprehensive understanding of gender identity transitions to inform clinical interventions and affective support strategies within the healthcare and education sectors.

Building upon this foundation, Tovar and Hoyos-Hernández (2023) offer additional insights into gender identity awareness and self-determination, specifically from the perspective

of trans women. Drawing from feminist and trans-feminist perspectives, their study, part of the TranSER program (Hoyos-Hernández et al., 2021) critically examines power dynamics between genders. Employing a discourse methodology, the research prioritizes the voices of participants, highlighting their experiences of social rejection and its impact on reaffirming gender identity. It advocates for transdisciplinary approaches and equitable participation in research, underlining reflexivity and positionality as crucial ethical principles.

Expanding on the same discussion, Zapata and Hoyos-Hernández (2024) shed light on the significant barriers within Colombia's healthcare system for individuals with transgender life experiences. These barriers include stigma, discrimination, and inadequate specialized services. The study underscores the necessity of affirmative health services to enhance the well-being of trans individuals, revealing prevalent pathologizing practices and self-medication tendencies due to the absence of affirmative healthcare. The lack of affirmative support for transgender women within Colombia's healthcare landscape emphasizes the urgent need for educational initiatives, communication strategies, and specialized healthcare guidelines to address these systemic shortcomings.

Hoyos-Hernández et al. (2023) provide a nuanced examination of the multifaceted concept of well-being among trans women, drawing insights from experienced health professionals within the community. By distinguishing between psychological and subjective well-being, the study emphasizes the importance of autonomy, self-acceptance, and positive relationships as crucial components in promoting holistic well-being. In contrast, Valderrama and Hoyos-Hernández (2023) delve into the intricate social representations of transgender individuals among graduate Psychology students, utilizing a qualitative and phenomenological-interpretative approach. Their research underscores the necessity of training Psychology students in a trans-affirmative, gender-

inclusive, and rights-based approach to address systemic biases within psychological practice and education. Lastly, Arce-Leonel et al. (2022) highlights the pervasive global challenge of inadequate healthcare coverage, particularly affecting marginalized populations like transgender women. By illuminating deficiencies in medical protocols, trained healthcare staff, and the prevalent stigmatization within healthcare settings, the study underscores the urgent need for systemic reforms to enhance access to quality care for the transgender population. This last trio of studies (Arce-Leonel et al., 2022; Hoyos-Hernández et al., 2023; Valderrama and Hoyos-Hernández, 2023) collectively underscore the intricate interplay between social, psychological, and systemic factors in shaping the well-being and healthcare experiences of transgender women in Colombia. They advocate for comprehensive interventions and research initiatives to address persistent disparities and foster trans-affirmative healthcare practices.

The literature review provides valuable insights into the multifaceted challenges encountered by transgender, gender-diverse, and non-binary (TGDNB) individuals across diverse domains, including social support, healthcare access, and well-being. Nonetheless, the synthesis of reviewed studies reveals several notable research gaps. This thesis aims to address some of these gaps by offering a nuanced exploration of the intersectionality of gender identity, ethnicity, and socioeconomic status within the Colombian context. Through this approach, I seek to contribute insights into the experiences of transgender women and to inform more inclusive and comprehensive research approaches concerning the LGBTIQ+ population in Colombia. One significant reason for this endeavor is the pervasive lack of diversity and representation within the existing body of research. Predominantly originating from the United States, studies often focus on white participants conforming to a binary gender spectrum and residing in urban areas. This homogeneity severely limits the scope of findings and fails to capture the diverse experiences of

TGDNB individuals from various cultural, racial, and socioeconomic backgrounds. Thus, there exists a critical need for research efforts that prioritize the voices and experiences of marginalized TGDNB populations, including people with disabilities, people of color, individuals from rural settings, and those with other vulnerable intersecting identities.

The literature review underscores the importance of interventions transcending individual-level support to address systemic factors like institutional discrimination and limited access to quality gender-affirming care. It emphasizes the necessity for research initiatives to prioritize the perspectives of TGDNB individuals and utilize intersectional frameworks to develop nuanced understandings of their needs and experiences. Additionally, there exists a notable gap in research exploring the dynamics of transgender chosen families and other support networks of TGDNB individuals, especially within non-Western contexts, coupled with a lack of focus on the positive aspects of well-being and personal growth beyond mitigating harmful impacts on health and well-being. Closing these research gaps is crucial for cultivating more comprehensive insights into TGDNB individuals' experiences and guiding the development of effective support systems and interventions.

In this master's thesis, I embark on an exploration of the gender identity construction process among transgender women in Colombia. Through a nuanced examination of their experiences using a theoretical framework derived from Queer Theory and Trans Studies, I aim to illuminate the complexities inherent in this process. The primary question guiding this research is: How do transgender women in Colombia construct their gender identity? From this question arise three specific inquiries: (1) How can the concept of Gender Performativity and Melancholia shed light on the process of constructing gender identity among transgender women? (2) How do different affects mobilize reparative and/or paranoid readings towards the self and the other? (3)

How does the concept of Mourning and Melancholia as a Continuum lead to non-pathologizing interpretations of transgender identity? Through this study, I seek to contribute to the understanding of transgender identity construction in Colombia, offering insights that inform intersectional and gender-affirming approaches for transgender support, research, and advocacy.

1.1.4 TranSER Program: Healthy and Pleasurable Sexuality for Transgender Women

In my research, I delved into the experiences of Colombian transgender women. To accomplish this, I use secondary data extracted from 20 interview transcripts collected as part of the TranSER Program led by Paula Hoyos-Hernández et al. (2021). Paula, who was also my professor during my undergraduate studies in Psychology from 2015 to 2021, and I developed a strong connection through our shared interest in research focused on gender and sexuality for social transformation. Moreover, my involvement as a monitor/assistant in a study related to the TranSER project, exploring the disclosure and acceptance of sexual orientation among gay and lesbian individuals within their families, facilitated regular interactions with the TranSER team at the Psychology laboratory of Pontificia Universidad Javeriana (PUJ). These interactions fostered discussions on our data interpretations and provided me with a sense of proximity to the project, despite not being officially part of it. Consequently, upon receiving news of being awarded an Erasmus Mundus scholarship to pursue a Master's in Women's and Gender Studies (GEMMA), I shared this development with Paula, who enthusiastically encouraged me to employ the data collected by TranSER for my master's thesis. These fortuitous encounters persisted when Paula undertook a doctoral internship in Madrid, enabling the Central European University (CEU) in Vienna, where I was completing the first year of my master's program, to invite her to deliver a lecture on TranSER at the inaugural conference of the Gender Studies department titled

“TRANSforming Research.” Finally, during a visit to Colombia in the summer of 2023, I had the opportunity to engage in dialogue with some of the transgender women participants of the project. During these conversations, I shared some of my interpretations of the interviews and sought validation of their perspectives.

The TranSER program was conducted in Colombia between 2018 and 2021 through collaborative efforts between the Health and Quality of Life research group at Pontificia Universidad Javeriana Cali, the Center for Pediatric Infectious Disease Studies, and the Transmujer Foundation. Its primary objective was to gain a comprehensive understanding of the lived experiences of transgender women in Colombia, aiming to explore their perspectives on sexuality, delve into the multifaceted dimensions of gender transitions within the Colombian societal framework, and illuminate healthcare disparities at both local and national levels affecting this marginalized population (Hoyos-Hernández et al., 2021). The TranSER Project engaged 139 Colombian transgender women from diverse geographical locations, including Armenia, Calarcá, Bucaramanga, Cali, Jamundí, Bogotá, and Cartagena. An examination of their sociodemographic characteristics reveals a broad age range from 18 to 62 years (with a mean age of 32 years).

Paula's (Hoyos-Hernández et al., 2021) study unveiled that over half of the participants (58%) were engaged in professions such as styling or sex work. Each interview, meticulously crafted to capture the depth of their experiences, lasted an average of sixty minutes. The development of the interview guide was a rigorous process, with TranSER researchers meticulously considering various categories including sociodemographic aspects, sexuality, family and couple dynamics, social interactions, biomedical factors, dietary habits, psychological dimensions, and occupational aspects. This comprehensive approach aimed to provide a holistic understanding of the lives and experiences of Colombian transgender women. Additionally, it is

noteworthy that TranSER was a Participatory Action Research project (Hoyos-Hernández et al., 2021), demonstrating its collaborative development with the participants and flexibility to address their specific needs. This approach involved interventions from various disciplines such as Psychology, Medicine, Law, Nutrition, and Sexology, among others, to equip these transgender women with new knowledge and skills to approach sexuality and gender in the healthy and fulfilling manner they envisioned.

1.2 Theoretical Framework

This section of my thesis aims to define and elucidate three key concepts that will serve as analytical lenses from a queer perspective. These concepts include Gender Performativity and Melancholia (Butler, 1997), Reparative Reading and Paranoid Reading (Sedgwick, 2003), and Mourning and Melancholia as a Continuum (Eng & Han, 2003). Judith Butler (1997) illuminates the production of the heterosexual matrix through the concept of melancholia as delineated by Freud (1917; 1920). Building upon Melanie Klein's (1975; 1994) insights into psychic positions, Sedgwick (2003) introduces the concepts of paranoid reading and reparative reading about knowledge production, while Eng and Han (2003) draw upon José Esteban Muñoz (2006) contributions, among others, to depict the existence of a continuum between melancholia and mourning for marginalized subjects in the United States.

I have been pondering whether employing a theoretical framework supported by the advancements of queer theory in the Anglo-Saxon context could lead to recolonization of the experiences of transgender women in Colombia, using concepts originating from the global north. My, provisional, conclusion is that this is indeed a risk, but I align with Judith Butler's (as cited by Retana, 2023) encouragement not to shy away from reinterpreting problematic theories regarding

their emergence in privileged white contexts. This includes not concerning ourselves with how, for instance, Freud or Klein would perceive the queer interpretation of their theories, but rather exploring what can be beneficial and empowering in our present lives. I dare say that these three categories shed light on a systemic and interconnected psychosocial reality in the construction of transgender identity in Colombia, which is important to explore as it offers new perspectives for framing research and interventions to promote the well-being of this population. Additionally, these categories have enabled me to produce and reproduce a series of counter-discourses that may have the potential for shifting academic discourses, particularly psychological and psychoanalytic ones, towards more inclusive and reparative directions concerning sexual and gender diversity.

My perspective, echoing Ann Cvetkovich (2012), suggests that depression is not uncommon, although I am extending this to Latin America, where its origins can be traced back to histories of colonialism, genocide, slavery, exclusion, and ongoing segregation that deeply infiltrate our lives. By challenging clinical notions of depression and melancholia solely as mental pathologies, Cvetkovich ties them to discourses of systemic oppression experienced by descendants of colonized subjects, which I argue are also reflected in the experiences of transgender women in Colombia. She illustrates how queer theory, emerging from previously pathologizing views of melancholia, can refract these feelings of desolation, sadness, and hopelessness through a reparative lens that highlights the resistance and resilience strategies of marginalized individuals and communities, encompassing both the psychological and the social dimensions. This perspective resonates with my approach, underscoring the significance of recognizing and embracing the intricacies of despair and hope within the realm of sexual and gender diversity in Colombia.

1.2.1 Gender Identity and Gender Expression: A Psychosocial Perspective

I understand "Gender Identity" and "Gender Expression" through a psychosocial perspective, wherein both "mind" and "body" are co-constructed and expressed within power discourses surrounding gender and sexuality. This perspective acknowledges the inseparability of mental and physical aspects of identity construction, emphasizing how societal norms and power dynamics shape them mutually. Such an approach allows for a deeper comprehension of the interplay between individual subjectivities and broader socio-political structures in constructing gender. According to Kirkup (2018), gender identity refers to an individual's internal and personal experience of their gender, encompassing a spectrum ranging not only from male to female but beyond. "Gender Identity" originated as a psychiatric concept in the mid-20th century and was initially used within biomedical contexts to understand transgender identity. Over time, this concept has permeated legal frameworks, becoming integral to human rights by the 1980s. In contrast, "Gender Expression" denotes how individuals outwardly manifest their gender through various means such as behavior, appearance, dress, and language. Emerging in the 1990s, this concept responded to the performativity of gender, highlighting how societal norms dictate expressions of masculinity and femininity. With its incorporation into anti-discrimination laws in the early 2000s, "Gender Expression" gained legal recognition alongside gender identity.

As these concepts intersect and evolve within legal, social, and academic spheres, a critical examination is warranted to grasp their nuanced complexities. By adopting a psychosocial lens, I aim to elucidate the intricate dynamics shaping gender identities and expressions, transcending traditional dichotomies and embracing the multifaceted nature of human experiences. Through this exploration, I endeavor to contribute to broader discussions on Queer Theory and Trans Studies

and activism, advocating for a more comprehensive understanding of gender in contemporary discourses. While “Gender Identity” and “Gender Expression” emerged from distinct historical contexts and were initially driven by different concerns, they have become increasingly intertwined to encapsulate both internal self-identification and external presentation of gender. According to Kirkup (2018), this amalgamation of terms in recent human rights legislation has introduced a novel dynamic, wherein users often employ the terms without full awareness of their conceptual origins and broader implications. This has prompted legislative bodies to confront the complexities inherent in reconciling the narrow, biomedical concept of “Gender Identity” with the broader sociological notion of “Gender Expression.” By examining these complexities, we can better understand how legal and social frameworks can more effectively address the diverse realities of gender.

At the turn of the century, the terms "Gender Identity" and "Gender Expression" were merged to address both the internal self-perception and external presentation of transgender identities. This merging reflects a broader epistemological conflict between Sedgwick's (1990) concepts of minoritizing and universalizing views of gender and sexuality. “Gender identity” aligns with the minoritizing perspective, focusing on the individual's inner experiences, affects, and self-perception across diverse identities. In contrast, “Gender Expression” corresponds to a universalizing perspective, emphasizing the enactment of socially constructed norms and conventions, which dictate how individuals conform to or diverge from societal expectations of being male or female. This integration necessitates that legal and social frameworks navigate the complexities of addressing both internal and external dimensions of gender (Kirkup, 2018).

Drawing parallels with Haraway's (1990) concept of the “Cyborg,” which challenges the dichotomy between technology and nature, this thesis aims to disrupt the conventional division

between “Gender Identity” as an internal psychological aspect of subjectivity and “Gender Expression” as its external manifestation within the social. In line with Haraway's idea of transgressed boundaries and potent fusions, this exploration seeks to blur the distinctions between the social and the psychological realms. Haraway argues that the boundaries between domains are inherently imprecise, encouraging us to embrace the transformative possibilities that arise from navigating these liminal spaces. By proposing the cyborg as a transformative category that disrupts traditional notions of gender and embodiment, Haraway offers a new framework for understanding identity and politics—one that transcends fixed categories and essentialist views of identity. This thesis adopts this perspective to explore how gender identity and expression can be re-conceptualized beyond conventional binaries. As Haraway described (1990):

The cyborg is resolutely committed to a partially, irony, intimacy, and perversity. It is oppositional, utopian, and completely without innocence. No longer structured by the polarity of public and private, the cyborg defines a technological polis based partly on a revolution of social relations in the oikos, the household. Nature and culture are reworked; the one can no longer be the resource for appropriation or incorporation by the other (p. 192).

From this perspective, identities emerge as contradictory, partial, and strategic (Haraway, 1990). Recognizing the social and historical constitution of gender, sexuality, race, and class reveals that categories cannot form the basis for believing in an “essential” identity. For instance, “womanhood” lacks inherent qualities that universally bind women; instead, it's shaped by contested sexual scientific discourses and social practices. Thus, the Cyborg framework integrates the complexity inherent in categories deemed “natural” and “cultural,” recognizing both as products of power dynamics (Butler, 1997; Foucault, 1978).

In conclusion, understanding gender from a psychosocial perspective allows for an intricate examination of how "Gender Identity" and "Gender Expression" are co-constructed within societal power discourses. By considering both mental and physical aspects as inseparable and mutually influential, this approach emphasizes the complex interplay between individual subjectivities and broader socio-political structures. Historical developments have seen "Gender Identity" evolve from a psychiatric term into a legally recognized aspect of human rights, while "Gender Expression" emerged as a response to gender performativity, gaining legal recognition alongside identity. These concepts, though originating from distinct contexts, have become intertwined in contemporary discourses, necessitating a nuanced understanding to address the complexities inherent in their application. By drawing on theories such as Haraway's (1990) "cyborg," this thesis disrupts traditional binaries, advocating for a framework that transcends fixed categories and essentialist views, thereby contributing to a comprehensive discussion on gender within Queer Theory and Trans Studies and Activism. This perspective underscores the importance of recognizing the multifaceted nature of gender, challenging conventional divisions, and embracing the transformative potential of navigating the liminal spaces between the social, physical, and psychological realms.

1.2.2 Psychoanalysis and Gender Performativity: Gender and Melancholia

This section delves into the intricate relationship between psychoanalysis and gender performativity, focusing on the dynamics of gender and melancholia within Judith Butler's (1997) theoretical framework. By building upon Freud's psychoanalytic insights, Butler offers a nuanced understanding of how exclusion and negation shape the construction of gender identity. Butler's analysis emphasizes the impact of compulsory heterosexuality and performativity on identity

construction, shedding light on the challenges faced by those who defy conventional gender norms. She argues that compulsory heterosexuality, reinforced through performativity, plays a crucial role in establishing the gender binary and perpetuating societal norms. Drawing on Lacan, Butler further suggests that gender identity is formed through symbolic identification with cultural norms, a process that can create a sense of loss or lack concerning one's desires. This section concludes by applying Butler's theory to the experiences of transgender women, highlighting how discrimination and stigma contribute to feelings of exclusion and disconnection, and underscoring the importance of recognizing and validating diverse gender identities and expressions.

Building upon Freud's framework, Judith Butler's (1997) exploration of gender identity and melancholia provides a nuanced understanding of how exclusion and negation shape identity construction. Butler's analysis of compulsory heterosexuality and performativity highlights the challenges faced by individuals who defy conventional gender norms, emphasizing the impact of societal expectations on identity construction and offering valuable insights into the experiences of transgender women. According to Freudian psychoanalytic theory, mourning is the psychological response to the loss of a beloved object, but Freud (1917) posits that for some individuals, this process can lead to melancholia rather than conventional mourning. This pathological state is characterized by intense affective suffering, disinterest in the external world, and an inability to experience affection, stemming from the loss of the object, ambivalence, and a regression of libido towards the self. Freud's (1920) further elaboration introduces the concept of the death drive, manifesting in self-destructive affects and thoughts directed towards both the lost object and the self, explaining the propensity for suicidal tendencies in severe cases of melancholia.

For Butler (1997), Freud's (1917; 1920) psychoanalytic framework elucidates the psychological dynamics involved in the construction of gender identity. Building on Freud's

insights, Judith Butler explores the intricate connection between gender identity and melancholia, positing that gender identity arises from processes of exclusion and negation, often leading to melancholic feelings. By delving into the relationship between gender and melancholia, Butler suggests that we can gain deeper insights into the experiences of gender identity construction. Furthermore, understanding this connection may pave the way for fostering more inclusive and accepting societies that embrace diverse gender identities and expressions.

According to Butler, compulsory heterosexuality—a prerequisite for establishing the gender binary—is reinforced through performativity, a ritualized repetition of norms and cultural practices. Psychoanalysis enables us to uncover why heterosexuality is perceived as natural rather than a discursive social construct, a phenomenon Butler terms the heterosexual matrix:

If the assumption of femininity and the assumption of masculinity proceed through the accomplishment of always tenuous heterosexuality, we might understand the force of this accomplishment as mandating the abandonment of homosexual attachments or, perhaps more trenchantly, *preempting* the possibility of homosexual attachment, a foreclosure of possibility which produces a domain of homosexuality understood as unlivable passion and unbelievable loss. (Butler, 1997, p. 135)

Drawing on Lacan, Butler (1997) argued that gender identity is formed through a process of symbolic identification with the social and cultural norms of the dominant culture. This process involves repression of desire and submission to the norms of the dominant gender order, which can create a sense of loss or lack concerning one's desires:

Consider that gender is acquired at least in part through the repudiation of homosexual attachments; the girl becomes a girl through being subject to a prohibition that bars the

mother as an object of desire and installs that barred object as a part of the ego, indeed, as a melancholic identification. Thus, the identification contains within it both the prohibition and the desire and so embodies the ungrieved loss of the homosexual cathexis. If one is a girl to the extent that one does not want a girl, then wanting a girl will bring being a girl into question; within this matrix, homosexual desire thus panics gender (Butler, 1997, p. 136).

Butler (1997) suggests that this process of identification and repression can be challenging for individuals who do not fit neatly into conventional gender categories or norms, such as those who identify as transgender or gender non-conforming. As a result, these individuals may experience a loss or lack of their gender identity, leading to feelings of melancholia.

In conclusion, Butler's (1997) theory of gender identity construction through exclusion and negation in a melancholic process can be applied to the experiences of transgender women, who frequently face discrimination and stigma, leading to feelings of exclusion and disconnection. Transgender women may resist or reject traditional gender norms, resulting in feelings of isolation and a struggle to find a legible gender identity. As many transgender women seek to perform a gender identity that corresponds to their internal sense of self rather than the gender assigned to them at birth, this performance is frequently required to gain social acceptance and recognition, and failure to accomplish that can result in increased discrimination and stigma.

1.2.3 Reparative and Esquizo/Paranoid Positions: Paranoid and Reparative Readings

Recent interpretations building upon Freud's (1917; 1920) theories have offered new perspectives on melancholia, portraying it as a potentially reparative process rather than inherently

pathological (Eng & Han, 2003; Klein, 1975; Klein, 1994; Sedgwick, 2003; Muñoz, 2006). Melanie Klein's (1975; 1994) seminal work, for instance, delves deeply into the intricate dynamics of the mother-infant relationship and its profound influence on the infant's internal world. Klein argues that the weaning experience serves as a crucial juncture in the infant's development, signifying the beginning of separation from the mother and the emergence of the infant's self-awareness. At the heart of Klein's theory lies the complex interplay between the infant's desires and the mother's responses to those needs, shaping the infant's early experiences and psychological development.

Klein (1975; 1994) argues that the nature of the mother-infant relationship significantly influences the infant's internal world and affective resilience as they grow. Departing from a linear developmental model, Klein introduces the concept of subjective and dynamic positions. For instance, the paranoid-schizoid position signifies a phase characterized by intense feelings of persecution and anxiety. Typically triggered by perceived threats or losses like the death of a loved one or traumatic experiences, this phase fosters overwhelming fear, anger, and suspicion toward others. Within the paranoid position, individuals grapple with a fragmented sense of self and external reality, often leading to confusion and disorientation. Symptoms such as paranoia, delusions, and distorted thinking may emerge as manifestations of this internal turmoil.

On the other hand, Klein (1975; 1994) posits that the depressive position signifies a pivotal stage in psychological development, emerging as the infant begins to recognize the mother as a separate entity and grapples with feelings of loss or separation anxiety when she is absent. This phase also involves the emergence of guilt and responsibility for aggressive impulses directed towards the mother, often triggering anxiety and depressive symptoms. Within the depressive position, individuals confront both positive and negative aspects of the maternal object, as well as

their own aggressive and destructive tendencies towards it. Negotiating these conflicting affects, individuals experience a profound sense of ambivalence toward the object. According to Klein (1975), this internal struggle constitutes a crucial aspect of affective and psychological growth, laying the groundwork for the formation of intricate and intimate relationships in adulthood.

Drawing upon Melanie Klein's (1975; 1994) theories, Eve Sedgwick (2003) introduces the concepts of paranoid and reparative readings, rooted in Klein's ideas regarding the psychological development of individuals transitioning between the schizoid/paranoid position and the depressive position. Klein delineates the schizoid/paranoid position by its manifestations of envy, anxiety, and a fragmented perception of others, contrasting it with the depressive position, characterized by a mitigated sense of anxiety and a more comprehensive understanding of others as subjects. Nonetheless, Sedgwick observes that attaining the depressive position presents challenges for individuals, often leaving them in an oscillatory state between the paranoid and depressive positions. The significance of the depressive position lies in its potential for reparative action, parallel to what Klein identifies as love.

Sedgwick (2003) further delves into the epistemological distinctions between the paranoid and reparative positions. In paranoid knowledge, the affective motive is marginalized, and truth often masquerades as a singular reality. This viewpoint systematically disregards reparative motives linked with affect. Conversely, adopting a reparative stance entail relinquishing the pursuit of absolute truth and embracing the potential for pleasant surprises. Sedgwick posits that these positions and practices, operating both individually and collectively, shape histories, communities, and discourses. In this context, "reparative readings" serve as practices through which individuals and communities derive sustenance from culture, even in instances where the dominant culture fails to support them.

Duggan and Muñoz (2009) delve into the productivity of both the paranoid schizoid position and the depressive position within various contexts. The paranoid schizoid position is portrayed as a state where individuals reject unfavorable aspects of reality and adhere to idealized visions of fulfillment under controllable circumstances. While this position can foster a sense of political solidarity and vitality, it may also lead to anti-relationality and refusals of normative maturity. Despite these potential drawbacks, embracing the pleasures associated with the paranoid schizoid position offers a space for critical engagement and potential transformation, providing an avenue for escaping the constraints imposed by mainstream social structures and nurturing anti-normative resources for queer existence.

In contrast, Duggan and Muñoz (2009) depict the depressive position as a means of moving beyond the impasse rather than a marker of developmental maturity. Individuals in this position accept the uncontrollable nature of political reality and engage in critique and transformative actions with an awareness of potential failure. While this position may initially evoke feelings of hopelessness, it ultimately leads to educated hope—a critical modality of hope that counters the immobilizing effects of despair. Educated hope serves as a force that generates concrete utopian thought and action, enabling individuals to challenge present conditions and envision a different world through the unity of theory and practice. Despite the risks associated with hope, Duggan and Muñoz emphasize the importance of embracing educated hope and actively working towards creating concrete utopias as essential steps towards effecting change in the world.

Expanding on Sedgwick's (2003) theories, José Esteban Muñoz (2006) emphasizes the importance of prioritizing reparative processes in queer experiences. Muñoz builds on Klein's (1975; 1994) conceptualization of relationality, highlighting the significance of fostering repair. According to Muñoz, Klein's insights provide a valuable framework for understanding the intrinsic

longing within individuals to reconstruct relational dynamics after adverse experiences. Klein's definition of love transcends mere romanticism, encapsulating a profound yearning for belonging amidst numerous challenges. This perspective underscores the transformative potential of reparative actions in nurturing resilient relational environments within queer communities, aligning with Sedgwick's notion of reparative readings as practices that sustain individuals and communities.

Muñoz (2006) reframes the concept of the depressive position as not merely a dissolution of the self or social cohesion but as a locus of political potentiality and transformative power. He advocates for an ethic of "brownness" that highlights the inherent connection between the psychic and social realms. Within this framework, the depressive position embodies hope and reparative potential, serving as a platform for resistance against societal disrepair. Muñoz posits that embracing the depressive position enables marginalized subjects to navigate the complexities of societal norms while preserving their ability to empathize with and understand others. Reparation, inherent to the depressive position, entails acknowledging and tolerating loss and guilt, thereby facilitating the subject's reconciliation with reality.

In examining the paranoid-schizoid and depressive positions, recent interpretations by Sedgwick (2003) and Muñoz (2006) highlight their productive potential within queer experiences. The paranoid-schizoid position, marked by the rejection of negative aspects of reality and adherence to idealized visions, fosters political solidarity and vitality but risks anti-relationality and normative refusals. Despite these challenges, it offers a critical space for transformation and resistance against mainstream social constraints. Conversely, the depressive position, characterized by an acceptance of political reality's uncontrollable nature, leads to educated hope and concrete utopian thought (Duggan and Muñoz, 2009). Muñoz reframes this position as a locus

of political potentiality, emphasizing reparative processes that nurture resilient relational environments within queer communities. This approach underscores the transformative power of reparation, enabling marginalized individuals to navigate societal norms with empathy and resilience, fostering deeper connections, and promoting social change.

1.2.4 Reparation to Systemic Oppression: Mourning and Melancholia as a Continuum

David Eng and Shinhee Han (2003) delve into the concept of racial melancholia, seeking to understand the enduring effects of racial oppression on marginalized communities in the United States. Traditionally, psychoanalytic theories have overlooked the profound impact of racism and other systems of oppression on the individual psyche. Eng and Han advocate for adopting the concept of racial melancholia to address this oversight. They define racial melancholia as a state characterized by grief and mourning resulting from experiences of systematic racial oppression and the subsequent loss of cultural heritage and identity. This framework offers a nuanced understanding of the intricate interplay between identity, historical trauma, and psychological well-being. By incorporating an intersectional perspective (Snorton, 2009), the concept of racial melancholia can be extended to individuals experiencing systematic oppression based not only on racial identity but also on sexual and gender identity.

Eng and Han (2003) posit that racial melancholia permeates marginalized communities as a prevalent and enduring phenomenon, manifesting through various psychological and behavioral symptoms. Individuals grappling with racial melancholia may experience depression, anxiety, diminished self-worth, and a pervasive feeling of estrangement from their cultural roots. Furthermore, the Eng and Han underscore the political ramifications of racial melancholia,

highlighting its potential to instill a sense of resignation and despair within marginalized groups, thereby impeding collective efforts to combat oppression. However, Eng and Han (2003) argue that embracing and addressing melancholia represents a crucial step toward healing and emancipation for marginalized individuals. This perspective aligns with the concept of reparative actions advocated by José Esteban Muñoz (2006), who emphasizes the transformative potential of repairing relational dynamics within marginalized communities. By acknowledging and confronting melancholia, individuals and communities can work towards reclaiming agency, fostering resilience, and cultivating inclusive social landscapes.

Eng and Han (2003) posit that for marginalized individuals subjected to systematic oppression, melancholia and mourning coexist along a continuum, illustrating a multifaceted and enduring process of grief. They propose that individuals and communities impacted by systemic oppression undergo a continuous cycle of mourning, grappling with ongoing losses and traumas inflicted by oppression. However, this mourning trajectory is often obstructed by the entrenched and systemic nature of oppression, culminating in a state of despondency and disillusionment. While this state may initially serve as a defensive reaction to loss and trauma, Eng and Han argue that it also presents an opportunity for catalyzing healing and restoration. By acknowledging and addressing the complexities of melancholia, individuals, and communities can transform their grief into a source of resilience and collective empowerment, fostering a more profound understanding of their identity and shared experiences:

The process of assimilation is a negotiation between mourning *and* melancholia. The ethnic subject does not inhabit one or the other—mourning *or* melancholia—but mourning *and* melancholia coexist at once in the process of assimilation. This continuum between mourning and melancholia

allows us to understand the negotiation of racial melancholia as *a conflict* rather than *damage*. (Eng & Han, 2003, p. 363)

Adopting an intersectional lens (Snorton, 2009) allows us to view the processes of assimilation, mourning, and melancholia as a continuum, shedding light on how transgender individuals navigate their emergence and development within societal and cultural norms that reject them, notably the heterosexual matrix (Butler, 1997). This matrix erects formidable barriers, impeding or complicating trans people's ability to forge meaningful connections with individuals and environments that resonate with their identities. Moreover, the establishment of community bonds and nurturing relationships is hindered by the enduring and systemic discrimination perpetuated by heteropatriarchal and cisnormative structures, which systematically frustrate their endeavors to fully actualize identities beyond the confines of the cisgender binary. By drawing intersections between the experiences of transgender individuals and other marginalized groups, such as those affected by racial oppression, we can gain deeper insights into the interconnected nature of psychosocial struggles faced by marginalized communities:

In this manner, melancholia is neither pathological nor permanent but, as José Esteban Muñoz, following Raymond Williams, eloquently suggests, "a structure of feeling," a structure of everyday life. In *Disidentifications: Queers of Color and the Performance of Politics*, Muñoz states that, for queers as well as for people of color, melancholia is not a pathology but an integral part of daily existence and survival. (Eng & Han, 2003, p. 363)

In conclusion, Eng and Han's (2003) exploration of melancholia underscores the enduring and pervasive nature of systemic oppression, manifesting through complex psychological and behavioral patterns within marginalized communities. Their work highlights the importance of acknowledging and confronting melancholia as a crucial step toward collective healing and

emancipation. This perspective aligns with the concept of reparative actions advocated by José Esteban Muñoz (2006), emphasizing the transformative potential of repairing relational dynamics within marginalized communities. By adopting an intersectional lens, I extend this understanding to encompass the experiences of transgender individuals, illuminating the interconnected nature of psychological and social struggles faced by diverse marginalized communities. Embracing and addressing mourning and melancholia as a continuum allows oppressed individuals and communities to reclaim agency, foster resilience, and, ultimately, advance towards a more equitable society.

2.0 Method

In this research endeavor, I undertake an analysis of secondary data derived from interview transcripts gathered by the TranSER Project. Executed between 2018 and 2021 in Colombia, the TranSER Project represents a collaborative initiative involving the Health and Quality of Life research group at Pontificia Universidad Javeriana Cali, the Center for Pediatric Infectious Disease Studies, and the Transmujer Foundation. Its principal objective was to elucidate the experiences of transgender women concerning their sexuality within the Colombian societal context. Specifically, the project aimed to delve into the multifaceted journey of gender transition in Colombia, examine the diverse dimensions of their sexuality, and bring attention to the existing local and national disparities in healthcare access and provision (Hoyos-Hernandez et al., 2021).

This study extends beyond surface-level data analysis; it aims to examine mental health factors through a psychosocial (McCann et al., 2020; Snorton, 2009) and reparative framework (Sedgwick 2003; Muñoz, 2006). Departing from the limitations of a predominantly North American-centric research paradigm, this investigation adopts a qualitative approach intentionally

omitting white upper-middle-class populations, as endorsed by Dowers et al. (2020). Through a reparative lens, this study seeks to reveal the complex interaction between mental health dynamics and sociocultural contexts within the experiences of transgender women in Colombia.

2.1 Design: Qualitative Secondary Data

For this study, I analyzed secondary data following the guidelines outlined by Scribano and De Sena (2009). The data was sourced from interview transcripts obtained during the implementation of the TranSER Project. Secondary data analysis, as described by Scribano and De Sena, involves reanalyzing previously collected information to broaden interpretations and conclusions. This process occurs after the initial data collection and is a well-established method in the social sciences for enriching understanding and insights from existing datasets.

In ensuring the validity of my study, I followed the recommendations set forth by Scribano and De Sena (2009). This entailed critically reflecting on various aspects, including the methods of data collection, the theoretical frameworks guiding the development of data acquisition instruments, and the primary objectives motivating the data collection efforts. To uphold the reliability of the secondary data, it was essential to undertake measures such as contacting the original interviewers, gaining a comprehensive understanding of the data's origin and construction before analysis, and meticulously verifying the validity and reliability of the primary source. Furthermore, a comprehensive review encompassed consistency checks, examination of design elements, evaluation of techniques and instruments employed, scrutiny of obtained responses, consideration of the acquisition timeline, analysis of underlying theories, and assessment of operationalization methods.

In addition to methodological considerations, strict adherence to ethical guidelines was maintained throughout the research process, following the recommendations of Scribano and De Sena (2009). This commitment entailed transparency and ethical alignment, especially when utilizing information from participants with undisclosed identities. Furthermore, efforts were made to maintain thematic continuity between the current study and its predecessor, involving extensive consultations with initial participants, researchers, interviewers, and archival sources. Methodological, epistemological, and theoretical justifications were rigorously applied to justify the rationale behind initiating this new phase of inquiry.

It is imperative to underscore that conducting a comprehensive secondary analysis entails thorough engagement with the data, which involves processes of deciphering, deconstructing, and peeling back layers to construct underlying insights. Additionally, researchers must uphold unwavering attention to detail, maintain vigilance throughout the analytical process, possess a nuanced understanding of the data's origins and contextual stones, and demonstrate proficiency in both interrogation and imaginative interpretation capacities, as emphasized by Scribano and De Sena (2009). These multifaceted considerations highlight the commitment to methodological rigor and the pursuit of meaningful inquiry throughout the research endeavor.

2.2 Participants: TranSER Selection Criteria and Sample for Saturation

2.2.1 *TranSER Selection Criteria*

In the TranSER Project, 139 Colombian trans women actively participated, representing diverse geographical locations including Armenia, Calarcá, Bucaramanga, Cali, Jamundí, Bogotá, and Cartagena. A comprehensive overview of their sociodemographic characteristics reveals a

broad age range from 18 to 62 years, with a mean age of 32 years. Notably, 69% of the participants belonged to socioeconomic strata 1 and 2¹, 70% reported a family income below 2 Colombian minimum wages, and half of the participants had completed less than a high school education. Additionally, the study highlighted that over half of the participants (58%) were engaged in professions such as styling or sex work (Hoyos-Hernandez et al., 2021). Regarding the inclusion criteria in TranSER, participants were required to meet the following conditions: (1) self-identification as trans women for at least the last two years, (2) age over 18 years, (3) residency in one of the specified cities for a minimum of six months, and (4) voluntary expression of willingness to participate in the study by providing verbal informed consent and signing the corresponding form. Exclusion criteria included: (1) individuals who identify as trans and exhibit alternating gender expression between feminine and masculine, and (2) trans women who, in the researcher's judgment, display cognitive processes insufficient for informed consent or other psychiatric conditions impairing autonomous decision-making (Hoyos-Hernandez et al., 2021).

2.2.2 Sample for Saturation

The interview transcript sample I used for my thesis (N=20) was determined using the saturation sampling method, as outlined in Hennik and Kaiser's (2022) systematic review of qualitative articles on saturation sampling. According to Hennik and Kaiser, saturation serves as a crucial criterion for assessing the adequacy of samples in qualitative research. It indicates that the dataset has reached a comprehensive level when no additional issues or insights emerge during

¹ In Colombia, socioeconomic strata refer to a classification system used to categorize households and neighborhoods based on their income level and living conditions. The system ranges from Strata One (lowest income and most basic living conditions) to Strata Six (highest income and best living conditions). The classification takes into account factors such as housing quality, access to public services, and neighborhood infrastructure. Socioeconomic strata play a significant role in determining utility rates, taxation, and government subsidies, with lower strata often receiving preferential treatment or assistance.

data collection—in my case, data analysis. Hennik and Kaiser (2022) delineated two distinct approaches for evaluating saturation: studies employing empirical data and those utilizing statistical models. Among these, I opted for the former. In this approach, the 16 studies assessed by the authors achieved saturation before conducting 20 interviews, typically between 9 and 17. Hennik and Kaiser (2022) clarify that their findings provide empirical evidence countering the common critique of qualitative samples being too small and therefore ineffective. Their results highlight the efficacy of small samples in qualitative research, as they adequately achieve saturation.

Additionally, Hennik and Kaiser (2022) strongly advise against setting fixed interview quotas to achieve saturation and discourage the use of standardized sample sizes in qualitative studies. Instead, they recommend incorporating their findings as an additional guideline, considering the unique characteristics of each study. Saturation serves as a crucial benchmark, indicating that the sample effectively captures the phenomenon under investigation, confirming that data collection has thoroughly captured the breadth, depth, and novelty of the issues explored, thereby validating the content. Consequently, saturation emerges as one quality assurance measure for ensuring the reliability of qualitative research.

Among the methods for evaluating saturation outlined by Hennik and Kaiser (2022), I selected the “code meaning” approach. This method aims to achieve a comprehensive understanding of the data's issues to gauge saturation, ensuring thorough identification and comprehension of the issue, its dimensions, and its nuances. My focus was on three analytical categories: performativity and melancholia (Butler, 1997), reparative reading and paranoid reading (Sedgwick, 2003), and mourning and melancholia as a continuum (Eng & Han, 2003). After comprehending each author's concepts, I operationalized their definitions, as demonstrated in the

subsequent data analysis section. Utilizing these concepts as codes facilitated information organization. I considered comprehension of the phenomena as the ability to elucidate their connection with the experiences of transgender women in Colombia for both academic and non-academic audiences, reaching this milestone between the analysis of 13 to 15 interview transcripts. Finally, to ensure the absence of novel insights, I extended the analysis to include 20 interviews.

2.3 Data Analysis

In the TranSER project, every interview, meticulously crafted to encapsulate the experiences of trans women, lasted approximately sixty minutes on average. Crafting the interview guide was an intricate endeavor, with TranSER researchers meticulously considering a wide array of categories, including sociodemographic factors, sexuality, family and interpersonal dynamics, social interactions, biomedical influences, dietary habits, psychological dimensions, and professional aspects, while also implementing triangulation by researchers. This comprehensive approach was geared towards providing a nuanced understanding of the multifaceted lives and experiences of Colombian trans women. Moreover, the project utilized the thematic analysis method to delve into the collected data (Hoyos-Hernández et al., 2021).

2.3.1 *Critical Discourse Analysis*

Inspired by Fairclough's (2003) seminal contributions to Critical Discourse Analysis (CDA), this study employs a robust analytical framework to scrutinize textual representations of transgender women identity in Colombia. Building upon Fairclough's theoretical underpinnings, the analysis delves deeply into the role of language as a tool for constructing social events and shaping assumptions. Through a meticulous examination of linguistic strategies within the TranSER interview transcripts, the study aims to unveil underlying ideologies and power dynamics

influencing the portrayal of transgender women's identity. Fairclough's framework provides a post-structural lens through which to not only decipher surface-level meanings conveyed by the text but also understand the socio-political contexts that inform these constructions.

The CDA conducted in this study is comprehensive, addressing various facets of language usage and representation. Drawing upon Fairclough's (2003) framework, the analysis is organized around: genres, discourses, and styles. Firstly, the examination of genres involves a detailed exploration of how language operates within the interview context. Through close examination of linguistic interactions between interviewers and interviewees, the study aims to unveil patterns of communication contributing to the construction of transgender women's identity. Secondly, the analysis of discourses entails identifying embedded representations within the text concerning sexual and gender identity. This process involves meticulous deconstruction of discursive strategies employed to convey notions of gender identity, thereby elucidating dominant discourses and underlying assumptions. Lastly, the analysis of styles delves into the ways identities are both constituted and negotiated within the interview setting.

Recognizing that CDA is inherently flexible and requires a creative approach tailored to the unique structures of each discourse, I have opted to employ three categories informed by the intersection of queer theory and psychoanalysis, as delineated in Table 1. This approach begins with the acknowledgment that transgender identity has historically been constructed alongside psychiatric knowledge, which has often pathologized mental states such as depression and melancholia about transgender experiences (Snorton, 2009; Stone, 1992). However, queer reinterpretations of these notions offer a reparative lens, bridging psychopathology with queer identities. From my standpoint as both a Psychologist and Social Researcher, this perspective, as articulated by Sedgwick (2003), reframes the relationship between psychopathology and queer

identities, recognizing the reciprocal influence between the psychic and the social realms (Muñoz, 2006). Consequently, psychopathology cannot be isolated to individual or community contexts alone but must be understood within the broader social and political systems of power (Foucault, 1978). This implies that the mind is a social construct, while simultaneously acknowledging that the social is continually reconstructed within the minds of individuals. Therefore, our understanding of psychopathology cannot be confined to a linear cause-and-effect perspective; rather, it necessitates a systemic and comprehensive view of the bidirectional formation of phenomena within the realms of the mind and the social sphere. One illustrative framework that captures this complexity is the rhizomatic framework proposed by Givens and Kimble (2023).

2.3.2 Categories of Analysis

Table 1

Categories of Analysis

Main Research Question

How do transgender women in Colombia construct their gender identity?

Specific Question	Research Category	Definition
How can the concepts of Gender and Melancholia shed light on the process of	Gender Performativity and Melancholia.	Operationalizing Judith Butler's (1997) concept, gender construction can be understood as a process partly defined by the rejection of homosexual

constructing gender
identity among
transgender women?

attachments. This involves societal prohibitions that disallow certain objects of desire, leading to their internalization within the ego as a form of melancholic identification. In this framework, gender identification incorporates both the prohibition and the desire, encapsulating the unresolved loss associated with homosexual attachments. Consequently, if one's identity as a girl is contingent upon the absence of desire for another girl, the emergence of such desire can destabilize one's gender identity.

How do different affects mobilize reparative and/or paranoid readings towards the self and the other? Paranoid reading and Reparative reading.

Paranoid reading is characterized by a fragmented perception of reality, driven by envy, anxiety, and suspicion. Individuals in the paranoid position tend to devalue affective motives and perceive truth as a singular, elusive reality. This mode of reading systematically overlooks reparative

impulses associated with affect, resulting in a heightened sense of mistrust and defensiveness towards others. In contrast, reparative reading embraces the potential for healing and restoration within cultural texts and contexts. Individuals engaging in reparative reading relinquish the pursuit of absolute truth and adopt a more open and receptive stance towards diverse affective experiences. This practice involves welcoming the possibility of being pleasantly surprised by new insights and perspectives, fostering connections and sustenance within cultural discourses, even amidst societal challenges and adversities (Sedgwick, 2003).

How does the concept of Mourning	and	Mourning and melancholia exist along
Mourning	and Melancholia	as a a continuum for marginalized
Melancholia	as a Continuum	individuals, as elucidated by Eng and
Continuum lead to non-		Han (2003). This continuum captures

pathologizing
interpretations of
transgender identity?

the multifaceted process of grief and psychological distress resulting from systemic oppression. Within this framework, mourning represents a response to the ongoing losses and traumas, while melancholia embodies a state of enduring despair and disillusionment. Eng and Han propose that these states coexist simultaneously, illustrating a continuous cycle of negotiation between mourning and melancholia. However, this negotiation is impeded by the systemic nature of oppression, resulting in ongoing conflict rather than damage or psychopathology.

2.4 Research Process

My research unfolded in five stages: **Phase 1: Literature Review** - The literature review from the main project was revisited and supplemented with an extensive search across specialized databases in both English and Spanish, spanning from 2014 to 2024. Based on this review and the identified recommendations and limitations, research questions were formulated. **Phase 2: Design**

and Methodology - The type and design of the study, as well as inclusion and exclusion criteria for participants, were delineated, considering insights from the original project. The sample size was determined using the method of saturation sampling. **Phase 3: Pre-analysis** - Categories for analysis were generated based on literature review findings. Five of the interviews were then coded to refine and modify codes, resulting in the final category framework. **Phase 4: Analysis** - This stage involved coding data from 15 transcribed interviews, following Taylor and Bodgan's (1987) recommended steps for qualitative data analysis. This included initial discovery, coding based on categories, and contextual interpretation of data. Atlas Ti 8.0 software facilitated data organization, coding, segmentation, and regrouping. **Phase 5: Results, Discussion, Conclusions, and Recommendations** - Results were compiled by analysis categories and discussed about relevant literature and theory. Finally, study conclusions were drafted, and recommendations for future research were provided, highlighting method strengths and limitations, as well as practical implications for professionals working with trans women and future research in Queer Theory and Trans Studies.

2.5 Ethics, Positionality, and Reflexivity

As a white, gay, non-binary, middle-class Colombian Psychologist and Social Researcher, I am deeply committed to maintaining ethical integrity in my research, exemplified through my practice of reflexivity (Piovani & Muñiz, 2018). Reflexivity, as elucidated by Cuesta-Benjumea (2011), involves the researcher critically examining the impact of their presence on the study. It facilitates the expression of the researcher's awareness and fosters a deeper connection with the research context, serving as a valuable tool for analyzing the influence of subjectivity and intersubjectivity on the research process. In shaping my research approach, I place significant emphasis on reflexivity, as outlined by both Cuesta-Benjumea (2011) and Piovani and Muñiz

(2018). This framework underscores the importance of self-reflection in understanding and mitigating the researcher's impact on the study. Moreover, reflexivity serves as a conduit for expressing the researcher's awareness and fostering a deeper connection with the research context, while also providing valuable insights into how subjectivity and intersubjectivity shape the research process.

Throughout the phases of data analysis and the writing process of the final report, I applied two of the five models of reflexivity proposed by Cuesta-Benjumea (2022). Firstly, individual introspection involved an ongoing process of self-assessment regarding my reactions and attitudes towards the research. Secondly, the examination of mutual interactions involved evaluating the dynamics between researchers and participants, who were indirectly engaged through transcribed interviews. Reflexivity is integral to my participation in the TranSER Program (Hoyos-Hernández et al., 2021), where I continuously consider how my presence influences dynamics and discourses. This entails recognizing potential impacts on my understanding of Colombian transgender women's life experiences and taking proactive measures to mitigate any biases. I prioritize avoiding pathologization, amplifying the voices of transgender women, and adhering to the principles of anonymity and voluntary participation established in the TranSER consent forms.

3.0 Analytic Chapter

In this Master's thesis, I explore the fundamental question: How do trans women in Colombia construct their gender identity? This chapter entails the analysis of 20 interview transcripts gathered during the TranSER Program (Hoyos-Hernández, 2021). The study addresses three specific inquiries: (1) How can the concept of gender performativity and melancholia illuminate the process of constructing gender identity among trans women? (2) How do different affects mobilize reparative and/or paranoid readings towards the self and the other? (3) How does

the continuum of mourning and melancholia lead to non-pathologizing interpretations of transgender identity? The subsequent section presents the findings of the analytical process, discussed within the framework of the theoretical perspective and in conversation with the literature review. Employing CDA (Fairclough, 2003), I conducted a close reading of the transcripts, integrating three analytical categories corresponding to each research question: (1) Gender Performativity and Melancholia (Butler, 1997); (2) Paranoid Reading and Reparative Reading (Sedgwick, 2003); and (3) Mourning and Melancholia as a Continuum (Eng & Han, 2003). The results and their discussion are presented according to each category, with themes organized based on the discourses of the participants. To ensure participant anonymity, names were replaced with the name of the city where the interview took place, followed by a number to differentiate between interviews from the same city.

3.1 Gender Performativity and Melancholia: Transgender Women Identity Construction

The first research question guiding this study is: How can the concept of gender performativity and melancholia illuminate the process of constructing gender identity among trans women? To address this question, I formulated the analytical category “Gender Performativity and Melancholia,” based on Butler's (1997) theoretical perspectives. This category is delineated as a process influenced by societal norms, encompassing both the internalization of prohibitions on specific desires and the consequent melancholic identifications. Gender Performativity and Melancholia reflects the conflict between societal expectations and personal inclinations in gender identification. Following the CDA process I organized my findings and interpretations in five themes: medicalization, intersectionality, ambivalence, belonging, and resilience.

3.1.1 Medicalization: Identity Construction Among Transgender Women

The discourses surrounding the construction of identity as transgender women are strongly linked to medicalization, which includes undergoing or desiring surgeries, hormone therapy (whether medically supervised or self-administered), the use of psychoactive substances (e.g., marijuana, cocaine, basuco), preventive or actual treatment for HIV, and psychiatric medicalization. This medicalization varies depending on each participant's access to health care; some can access treatments prescribed by healthcare system doctors, while others seek advice on the internet or from their friends or chosen families on how to administer hormones (CALI 1).

Well, first of all, I started hormone therapy at a very young age. I haven't been diligent about getting medical checkups; instead, I self-prescribe, and that worries me... When I arrived here in Cali, I had an accident and got burned, but my health insurance [EPS, Colombia's contributory health system] doesn't cover me here. I find that strange because it is supposed to provide coverage nationwide. (CALI, 1).

Discourses of medicalization primarily involve aligning the body more closely with gender stereotypes associated with femininity, as previously described in the literature (Morgan, 2022; Orcasita et al., 2021; Tovar & Hoyos-Hernández, 2023; Withers, 2020). This directly relates to Butler's (1997) concepts of the heterosexual matrix and gender performativity. Even in transgender individuals, the incorporation of practices defining womanhood in terms of femininity is evident in the construction of a new identity that remains within the female-male binary. Some participants expressed a desire to appear feminine and may take risks, such as self-medicating, to achieve this. Additionally, some pursue changes traditionally associated with femininity, such as growing their hair (CARTAGENA 1) and getting breast implants.

I let my hair grow out, and the second thing I did was look for tutorials on the internet, which I don't recommend because self-medicating with hormones and pills is risky. After saving some money, I went to an endocrinologist. (CARTAGENA 1)

According to the participants' discourses, the gender transition process appears to be characterized by a continual need for problem-solving. This aligns with Butler's (1997) assertions regarding the instability of gender identity experienced by individuals who do not conform to traditional gender norms, such as transgender women. For instance, participant BOGOTÁ 1 has had to navigate multiple medical referrals to secure the necessary authorizations for medical transition (as highlighted by Arce-Leonel et al., 2022; Hoyos-Hernández et al., 2023; Valderrama and Hoyos-Hernández, 2023). Conversely, other participants recall occasions when they faced various health complications due to self-medicated hormone therapy.

I tried to start the hormone therapy process through the health insurance, but it's very complicated. They sent me to the transgender support group, which... well, they treat you well there, but the problem arises when it comes to the insurance authorizing all the necessary tests and getting new appointments because that's what happened to me. I mean, I went to the transgender support group, they evaluated me, sent me for a bunch of tests, then referred me back to the endocrinologist, and the endocrinologist referred me back to the support group to start the process. (BOGOTÁ 1)

Another method of self-medication used by the participants involved the use of psychoactive substances such as marijuana, tobacco, alcohol, cocaine, and basuco. As previously documented in the literature (Goulding et al., 2023; Hoyos-Hernández et al., 2023; McCann et al., 2021; Withers, 2020), participants report this substance use not as a problem but as a coping mechanism to deal with psychological distress (ARMENIA 1), which can be linked to the sense of loss and the inability to conform to conventional gender norms discussed by Butler (1997) in

the gender identification process. These feelings of depression and hopelessness result from stigma and social discrimination.

(I): Do you consume any type of psychoactive substance? (P): Obviously, man, hahaha. (I): Marijuana? Every day? (P): Yeah, honestly, I love weed. I'm fascinated by it; I live for it. (I): And since what age have you been smoking? (P): Since I was 14 until now, about six years. (ARMENIA 1)

When a participant disclosed her HIV-positive status, discussions about medicalization intensified, particularly regarding the frequency of visits to healthcare professionals or institutions for treatments or participation in programs such as nutrition or HIV workshops (BOGOTÁ 1). This can be related to some of Butler's (1997) arguments using a Lacanian psychoanalytic perspective, about how the process of identification with dominant sociocultural norms requires the repression of desire and its submission to dominant gender norms. In other words, as these individuals "deviated" from gender rules in their acquisition of a virus traditionally associated with "deviant" sexual practices, their need for medical treatment for survival increases, thus enhancing biopolitical control (Foucault, 1988).

Well... with the nutritionists from the group that sees me in the HIV program... there's all that, yes. Yeah, everything... every time I need... they send me an appointment with a nutritionist for A or B reason, it's because I'm thin because I'm very... I mean, I don't know, by the doctor's criteria, so they send me to get mine, so that's where I go, they recommend that I eat this, not that, reduce fat, less salt. (BOGOTÁ 1)

Participants recalled seeking mental health services such as psychiatry or psychology, which is related to the prevalence of mental health issues found in the literature, with one in every

two trans individuals diagnosed with anxiety and depression (McCann et al., 2021). However, their accounts often followed two distinct paths: firstly, during childhood, several participants were involuntarily taken to these services, typically to change their gender identity. Secondly, in their teenage years or adulthood, many participants independently sought mental health services to address the stigma and discrimination they encountered due to their gender identity. CALI 1's discourse illustrates both scenarios:

(P): Hahaha when I was little, they kept me at the psychiatrists, like I was crazy. (I): Seriously, and what was your craziness? (P): I used to run away from home, for fun, back when the world was just starting and I was exploring things, they sent me to the psychiatrist, the psychologist, because, you know. (I): But did you ever take psychiatric medicine? (P): Well, I think they give you some when you get admitted over there. (I): Oh, you were admitted! (P): Yeah, I was at El Prado Clinic. (I): And how long were you there? (P): Yeah, about a month. (I): Was that your decision or did people say “this girl needs to stay there”? (P): It was my decision; you decide for yourself. (CALI 1)

The discourses presented by transgender women reveal the intricate relationship between medicalization and the construction of their identities (Withers, 2020). From hormone therapy to surgeries and self-medication, medical interventions play a significant role in aligning their bodies with societal and cultural expectations of their gender identities (Butler, 1997). However, access to healthcare and experiences within medical systems vary widely among participants, highlighting systemic inequalities (Goulding et al., 2023; Hoyos-Hernández et al., 2023; McCann et al., 2021; Withers, 2020).

3.1.2 Intersectionality: Displacement, Sexuality, and Gender Identity

The stories shared by trans women offer valuable insights into their real-life experiences, showcasing a range of paths and hurdles. Among these discourses, two main themes stand out: the

array of jobs taken up by participants and their experiences of being displaced. While some find themselves turning to sex work to make ends meet, others pursue various careers, from hairstyling to modeling, reflecting their diverse approaches to making a living. Additionally, their journeys of displacement highlight the complexities of their lives, shaped by factors like family conflicts, violence, and the quest for opportunities in urban areas (CEV, 2022; Giraldo, 2018; Giraldo-Aguirre & Gallego-Montes, 2022; Giraldo-Aguirre & Gallego-Montes, 2023). Two types of employment stand out in the participants' discourses: styling and sex work (Hoyos-Hernández et al., 2021). However, other professions also emerge, such as working as cleaning staff, makeup artists, modeling, and participating in beauty contests. While one interpretation of this analysis is that participants have limited access to higher-status professions due to discrimination and stigma towards their gender identity, which, according to Butler (1997), can generate feelings of exclusion and disconnection, another aspect, less recognized in the literature, is that they find in these professions a vocational path for personal growth (CALI 1).

(I) Do you feel satisfied with the activity you're doing? (P) I love it, my passion is makeup and hairstyling, that's my thing. (CALI 1)

Regarding sex work, participants perceive it as a means to achieve economic advancement due to the difficulty of being accepted in most jobs because of their gender expression (Dowers et al., 2020; McCann et al., 2021; Reczek et al., 2020). However, sex work continues to be associated with situations of vulnerability, such as having to live and work on the streets (BOGOTÁ 1), being unable to initiate medical treatments for gender transition like hormone therapy, and being victims of discrimination and violence.

I've been at it for a year now. For me to retire from what was prostitution, that was tough, I had to sleep on the streets, hungry and all, it was something terrible, but well, it was worth it. (BOGOTÁ 1)

The realities of extreme vulnerability, as depicted in the participants' discourses, can be elucidated through the lens of the heterosexual matrix (Butler, 1997). According to Butler, it is through this ritualized construction of norms regarding sexuality and gender that heterosexuality is perceived as “natural.” Thus, the refusal to conform to these norms, particularly in terms of homosexual and transgender desires, positions the participants as subversive to the hegemonic gender system. Consequently, the system responds by discursively constructing these individuals as “the other”—a minority, deemed “deviant”, and oppressed by the broader society (Bersani, 1987), especially by white, upper-class, heterosexual, cisgender families.

Another recurring theme in the participants' discourses is their experiences of displacement from their places of origin and the consequential psychosocial impact on their lives, particularly due to conflicts with their families (Hoyos-Hernández et al., 2021; McCann et al., 2021; Orcasita et al., 2021). Participants mention leaving due to various reasons, including violence from armed actors in the Colombian internal conflict, relationship breakups, family conflicts, and the pursuit of better opportunities (BOGOTÁ 1). Additionally, many reported migrating to “big cities” (Weston, 1998) like Bogotá, Medellín, and Cali, where they hope to find greater acceptance and tolerance towards their gender identities.

I have no communication with my family. I left my hometown when I was 16 years old because I was born in Magangué, Bolívar, beyond Cartagena, and since I didn't know what else to do, I ended up in prostitution. From there, you get to know a world that you completely didn't know when you were... in your adolescence, you don't know what drugs are or what comes with entering

prostitution. So, I distanced myself from my family, I didn't go back, and I haven't... it's been almost 20 years since I heard anything from them. (BOGOTÁ 1)

Differences in the construction of gender identity became apparent in the discourses where transgender identification intersected with other identity markers such as sexual orientation, age, and socioeconomic status (BUCARAMANGA 1). These intersections tend to heighten the vulnerability of transgender women, as they often find themselves categorized as part of the marginalized “other”—including Black, Indigenous, lower-class, and less educated individuals. This exacerbates their oppression in terms of stigma, discrimination, and violence. According to Butler (1997), this can lead individuals to experience a loss or lack of gender identity, resulting in feelings of melancholy. This, in turn, is linked to the widely reported feelings of depression in the literature on the psychosocial well-being of transgender individuals (De Toro, 2015; Goulding et al., 2023; McCann et al., 2021).

When I was 10 years old, well, after my dad passed away, it was really hard for us, to be honest. Because she [mother] lost everything her husband, who was the love of her life. Well, as a result of that, my mom ended up on the streets, almost having to go to the San Francisco square to beg for food, well, I did it. Sometimes, I felt the same because I was so young, I would pass by the stalls and say, “Sir, can you give me something, please?” So, I had a bit of a complicated life. (BUCARAMANGA 1)

The discourses of transgender women offer insights into the complexity of their experiences, touching upon both their career aspirations and the hurdles of displacement. Participants' involvement in professions like styling, modeling, and sex work reflects the economic tactics they employ to navigate a society that frequently opposes them. Displacement, stemming from violence, family discord, and the pursuit of better prospects, adds layers of complexity to

their journeys, often propelling them towards larger urban centers in search of increased acceptance. These discourses underscore the pervasive influence of systemic discrimination and the intersections of diverse identity markers such as socioeconomic status, age, and sexual orientation.

3.1.3 Ambivalence: Relationships with Family and Friends

The participants' discourses consistently underscore the importance of relationships with family members, friends, and chosen family, a phenomenon well-documented in existing literature (Hoyos-Hernández et al., 2021; McCann et al., 2021; Orcasita et al., 2021; Reczek, 2020). Moreover, the analysis unveils a recurring ambivalence within these discourses. While participants express gratitude for the financial, affective, or informational support they receive (Orcasita et al., 2021), they also recount instances of discrimination or violence from these same individuals stemming from challenges in accepting their gender identities. This resonates with Butler's (1997) concept of the melancholic process in gender identification, which is intensified for participants as they strive to embody a gender identity divergent from the one assigned at birth. This often results in heightened discrimination and stigma from others grappling to comprehend them, engendering feelings of isolation.

In discussions concerning their families of origin, participants frequently reference their mothers and fathers, with siblings, uncles, aunts, and grandparents mentioned to a lesser extent, consistent with previous findings (Tovar & Hoyos-Hernández, 2023; Zapata-Mayor & Hoyos-Hernández, 2024). Many participants recount initially encountering difficulties with their families upon disclosing their transgender identity. However, they also acknowledge a gradual shift towards receiving support, albeit with the belief that their families still have room for improvement

in terms of complete acceptance (ARMENIA 1), a sentiment echoed in other studies (Hoyos-Hernández et al., 2021; Molina et al., 2015; Orcasita et al., 2021; Reczek, 2020).

Well, it's been tough. Sometimes they accept it, sometimes they don't, but it takes time and patience. There are, of course, arguments and face-to-face confrontations, but gradually they start to come to terms with it. Occasionally, they make indirect comments like, "It's such a shame, if you hadn't been this way, you would have had more job opportunities. (ARMENIA 1)

As evident from the preceding quote, these discourses are punctuated by instances of discrimination that can escalate to episodes of violence, a phenomenon rooted in the Colombian context's attitudes towards sexual and gender diversity (Giraldo, 2018). These attitudes are often shaped by entrenched Catholic beliefs that perpetuate hetero- and cisnormativity, thereby reinforcing the heterosexual matrix (Butler, 1997). For example, participant CALI 1 recounted being expelled from her home and physically assaulted by her mother upon disclosing her gender identity, exacerbated by her involvement in sex work. Moreover, participants commonly faced unfavorable comparisons to other family members, aimed at inducing feelings of inferiority, or were subjected to discrimination with assertions that their gender identity constituted a mental disorder.

From my mom and dad, well, at the beginning, you know how parents never accept that you come out with this “problem.” (...) When I left home at 17, it was really hard on my mom, she kicked me out. (CALI 1)

The discourses of the participants illustrate that the acceptance of their transgender identity within their families of origin was frequently impeded by specific family dynamics. For example, families hailing from coastal regions with deeply entrenched conservative and patriarchal values

encountered more formidable obstacles (CARTAGENA 1). Furthermore, age emerged as a factor, with older siblings often displaying less acceptance while younger ones offered support. This underscores the significance of adopting an intersectional lens when examining the experiences of transgender individuals and their immediate circles (McCann et al., 2021; Reczek, 2020; Snorton, 2009).

Well, not exactly issues, but you know, complete acceptance wasn't there, coming from a coastal, patriarchal family. Many times, my uncles were the ones making most decisions in the household, so obviously, I often felt my way of life was somewhat invisible because there were other priorities and things to pay attention to rather than me being trans. (CARTAGENA 1)

Ambivalence permeates relationships with chosen families and friends, where participants may find support in certain aspects, such as financial assistance, but lack it in others, like affective backing (CALI 1). Likewise, extended family dynamics demonstrate ambivalence, providing affective support yet hesitating to acknowledge the participant's chosen name (Reczek, 2020). However, additional research is warranted to explore the origins of this ambivalence in relationships, its repercussions, and its potential.

At the moment, I feel more supported by some people I've recently met, but I don't feel supported by the ones I've known for nine months here: they've always played against me; if it were up to them, I wouldn't be here with you right now. (...) If I ask them for a favor, they do it reluctantly; these are things that have put me in a state of distress, they lower my morale. (CALI 1)

The discourses of transgender women illuminate the intricate dynamics within both familial and chosen relationships, unveiling a journey characterized by ambivalence. This ambivalence, viewed through the prism of the heterosexual matrix (Butler, 1997), may extend

beyond familial contexts to encompass broader societal structures. Despite the initial hurdles associated with disclosing their transgender identity, many participants noted a gradual acceptance and support from family members, reflecting societal and political shifts in recent years toward greater recognition of LGBTIQ+ rights (Colliver, 2021; Godoy, 2015; Godoy, 2019; Perez, 2020; Sues, 2020). However, this journey was often fraught with discord, as evidenced by instances of discrimination and violence. Similar tensions persisted within chosen families and friendships, where participants, for instance, received financial assistance but lacked affective support.

3.1.4 Belonging: Dynamics of Belonging and Experiences of Displacement

In the discourses surrounding the gender transitions of participants, the emergence of communities of trans women, or chosen families, and belonging to them assumes particular significance (Orcasita et al., 2021; Reczek, 2020). While some participants may initially value solitude, many express profound gratitude upon discovering such communities. Despite facing challenges inherent to any group dynamic, these communities cultivate profound companionship and relationships, providing a supportive environment distinct from mainstream society (ARMENIA 1). This observation resonates with the findings of McCann et al. (2021) highlighting the critical role of community belonging in interventions.

Sometimes solitude is good. It's good because, practically speaking, in this community we always touch on this topic. Thank God, here in Armenia, we trans women are very united. We're not like in other places where there's a lot of hypocrisy. I'm not saying there's no hypocrisy here because it exists everywhere, but sometimes you just need to take a breather, to be calm, to be alone away from society. But it's not out of sadness; it's to take a break and rest. (ARMENIA 1)

Transgender women's communities form what could be described as mobile communities. While some members may stay for extended periods, most rotate more frequently, leading to fluid membership. This fluidity holds the potential for subverting the traditional family structure entrenched in the heterosexual matrix (Butler, 1997), which often idealizes static family units composed of cisgender heterosexual parents and children conforming to binary gender norms. In contrast, the chosen families of participants predominantly consist of transgender women but are not limited to them. Consequently, these communities may include individuals beyond the trans experience, such as partners, friends, and relatives of community members (BUCARAMANGA 1).

No, 9 of us are trans, and then there's the mother's partner and her son. (I): OK, perfect. So, do the people you live with stay there permanently, or do they rotate? (P): Well, to be honest, we come and go. Some of us arrive, and others find a new place. Some of us travel or move somewhere else, I don't know. (BUCARAMANGA 1)

The “mothers” within these communities are typically transgender women leaders, often the founders of the community, dedicated to creating a nurturing environment that offers social, economic, and affective stability for fellow transgender women. These maternal figures play a central role, serving as primary sources of support, guidance, and order, akin to traditional mother figures. They offer correction and education when necessary, embodying a symbolic identification with societal norms of femininity (Butler, 1997), while simultaneously subverting these norms by assuming roles traditionally associated with biological motherhood (Klein, 1975; 1994).

(I): Okay. And where you live, is it called "the mom" or "the mother"? (P): The mother. She's the one who supports us, gives us everything, and helps us with whatever we need. (I): Oh, okay. (P): She's a very kind person, despite what people say about her, it's like everything. She has to be very

strict; she has to fight for us, she has to take care of us, right? She has to keep an eye on us, and what we do, she also scolds us, of course. She corrects us too. (I): Okay. So, she's the one who's always looking after you. (P): Yes, always looking after us. (BUCARAMANGA 1)

Belonging to the transgender women community is not merely a physical presence but also carries symbolic significance. This includes conforming to certain aesthetic standards, such as undergoing surgeries for body feminization, as discussed in previous studies (Compton & Morgan, 2022; De Toro, 2015). Additionally, sexual orientation plays a crucial role in defining womanhood within this community. Participants unanimously expressed sexual attraction exclusively toward individuals identifying as masculine, with amusement expressed at the thought of engaging with women sexually. This underscores the reinforcement of traditional gender norms, where masculinity is equated with authenticity and superiority (ARMENIA 1). Moreover, there is a clear reluctance among participants to pursue romantic or sexual relationships with other trans women. This adherence to heterosexual norms reflects the performative aspect of womanhood, wherein adherence to societal expectations becomes integral to identity construction, aligning with Butler's (1997) concept of melancholic identification.

Yes, honestly... I don't like being with, let's say, another 'queen', more feminine than me, or a 'pirobo' who wears makeup, no, I like men, real men. (I): Okay, both for your work and for... (P): For my taste. (ARMENIA 1)

The participants' discourses frequently touch upon the theme of forced displacement within the context of community belonging. Many shared accounts of fleeing their homes out of fear of violence perpetrated by armed groups, while others cited direct threats or acts of violence, including kidnappings targeting their family members (CARTAGENA 1). These accounts resonate with depictions of the Colombian landscape found in scholarly works, illustrating how

armed groups actively enforce conventional sexual and gender norms (Giraldo, 2018). Essentially, these groups seek to perpetuate the heterosexual matrix, a framework deeply intertwined with melancholic identifications as outlined by Butler (1997). Such identifications, deeply rooted in the psyche of armed actors, serve to reinforce the illusion of their own sexual and gender identities as “normal” in contrast to the perceived “abnormality” of gender non-conforming individuals.

I was a victim of the armed conflict, not directly with me but with my entire family nucleus. In '95, they kidnapped my uncle. I was very young, and they kidnapped him, held him captive, and threatened our whole family. They made us sell all our properties. (CARTAGENA 1)

The discourses of belonging among participants consistently oscillate between experiences of acceptance and rejection, echoing findings observed by McCann et al. (2021) and Tovar and Hoyos-Hernández (2023). This duality of acceptance and rejection finds expression not only in societal attitudes but also in the responses of neighborhoods and participants' families of origin (CARTAGENA 1). Within this context, I propose that this paradoxical interplay between acceptance and rejection mirrors Freudian conceptualizations of the life and death drives (Freud, 1917; Freud, 1920). In melancholia, for instance, the libido is turned inward, with self-destructive tendencies stemming from the death drive. Consequently, I argue that these dynamics may manifest unconsciously as a reflection of the inherent ambivalence between life-affirming and life-negating forces, a psychological conflict internalized by participants over years of interaction with affective ambivalent significant others since childhood.

(I): What was the most difficult thing since you started transitioning? (P): Acceptance, for people to understand that I'm not doing this on a whim or for profit or because people accept me, it's because I feel this way, I identify this way. (CARTAGENA 1)

In summary, the discourses shared by transgender women offer insights into the intricate dynamics of belonging, encompassing the establishment of supportive communities, the hurdles of acceptance, and the harrowing experiences of forced displacement. Led predominantly by transgender women themselves, these communities serve as vital sources of companionship and solidarity beyond the confines of mainstream society, representing both tangible support networks and symbolic realms of belonging. The figure of the "mothers" within these communities symbolizes leadership, providing guidance, and protection, and fostering a deep sense of belonging. Furthermore, the discourses underscore the significance of aesthetic transformations and sexual orientation in shaping individuals' perceptions of belonging within these communities. However, amidst these affirming accounts, discourses of forced displacement due to violence and rejection underscore the precarious nature of belonging for many transgender women in Colombia.

3.1.5 Resilience: Navigating Melancholic Feelings

Participants frequently express feelings of sadness and/or anger stemming from the hurdles encountered during their gender transition process, particularly regarding acceptance by significant individuals such as family or friends, as previously discussed about the heterosexual matrix and its implications (Butler, 1997). However, within these discourses portraying instances of melancholy, there are also reparative interpretations of these experiences (Sedgwick, 2003; Muñoz, 2006). In other words, participants employ strategies to acknowledge negative affects arising from rejection or challenges with their significant others, such as differentiating their own beliefs from those of their relatives or actively endeavoring to reshape these beliefs through activism and education, as evidenced by the account of CALI 1.

From my mom and dad, well, at first, you know that parents never accept when someone comes out with that issue. Because they see it from the point of view that we are a problem, and we are not a problem, nor are we a disease. We are people who came into the world like this, for various reasons. (CALI 1)

The process of disentangling beliefs can occur independently, as evident in the previous quotation, or it may involve engagement in support groups or therapy or other environments where alternative perspectives are encountered, such as specific philosophical frameworks (CARTAGENA 1). However, significant others also play a crucial role in consistently validating the participants' gender identity, leading to positive affects like motivation and hope, a phenomenon supported by numerous studies (Compton & Morgan, 2022; Dowers et al., 2020; Godoy, 2015; McCann et al., 2021; Orcasita et al., 2021; Perez, 2020; Reczek, 2020; Suess, 2020; Zapata & Hoyos-Hernández, 2024).

Yes, because there's something I also strongly believe in philosophy..., that's about how for one to be well, others have to be well too, so from there I take my life philosophy, that maybe by serving others one is well with oneself, whether it's to the family, society, or in some other way contributing a little to society's change. (CARTAGENA 1)

Participants frequently express affects like pain, hopelessness, anger, loneliness, and depression. Nonetheless, their agency (Butler, 2004) empowers them to transcend these experiences through acts of resistance, such as advocating for LGBTIQ+ rights, pursuing personal growth by setting higher expectations for themselves and cultivating resilience (CARTAGENA 1). This highlights the continuum of resistance outlined by the CEV (2022), wherein amid the spectrum of violence experienced by the LGBTQ+ population in Colombia, forms of creative resistance enable them to persevere in their lives.

I always tell myself, "Motivate yourself," and something I also learned is to be resilient because that's the word that I carry with me the most at the moment and that I have in mind, to be resilient. One has to accept, cope, and somehow continue. (CARTAGENA 1)

Depression emerges as a prevalent negative affect in the discourses of the participants, albeit with diverse underlying causes. These discourses highlight a psychosocial continuum essential for understanding the formation of transgender women's identities in Colombia and their mental health and well-being. In essence, as they navigate their identity within a matrix designed to uphold the stability of presumed cisgender heterosexual norms (Butler, 1997), transgender women directly associate their transgender status with feelings of loneliness and resilient attributes like courage in confronting these challenges, considered "normal" for transgender individuals (BUCARAMANGA 1).

Sometimes I feel sad, alone, without anyone, because, in the end, one's support, everything one has, I believe, right? Well, everything I had was my dad and my mom. And since my dad passed away first, all I had left was my mom. So, after she passed away, it's been very tough because I only had her, you, see? (BUCARAMANGA 1)

In summary, the discourses shared by participants encompass a spectrum of affects, ranging from sadness and anger to hope and motivation. The hurdles encountered in seeking acceptance from family and friends often evoke feelings of melancholy and frustration. However, participants exhibit remarkable resilience and agency in addressing these challenges. They employ reparative strategies, such as distancing themselves from the beliefs of their loved ones and engaging in educational initiatives to promote understanding and acceptance. Furthermore, the presence of supportive networks, whether through philosophical outlooks or affirmations from significant others, serves as a wellspring of motivation and hope. These discourses illuminate the complex

interplay between emotional struggles and coping mechanisms, emphasizing the pivotal role of resilience and community support in navigating the gender transition process.

3.2 Reparative and Paranoid Readings: The Depressive and Esquizo/Paranoid Positions

The second research question guiding this study is: How do different affects mobilize reparative and/or paranoid readings towards the self and the other? To address this inquiry, I constructed the “Paranoid Reading and Reparative Reading” analytical category, drawing upon the work of Sedgwick (2003). This category is delineated as follows: Paranoid reading is characterized by a fragmented perception of reality driven by envy, anxiety, and suspicion, leading to the devaluation of affective motives and a perception of truth as singular and elusive, thereby fostering mistrust and defensiveness. On the other hand, reparative reading embraces healing and restoration in cultural texts, adopts an open stance towards diverse experiences, and nurtures connections by welcoming new insights and perspectives amidst societal challenges. Employing these definitions, the CDA (Fairclough, 2003) process facilitated the organization of findings and their discussion with theoretical underpinnings into paranoid readings and reparative readings, which are subsequently presented.

3.2.1 *Paranoid Readings: Knowledge Construction, Family Ambivalence, Isolation, and Sexual Paranoia*

As proposed by Duggan and Muñoz (2009), inhabiting a schizoid/paranoid stance and being propelled by affects like anger can also yield productive outcomes. The individual cannot sustain a depressive posture indefinitely and oscillates between it and the schizoid/paranoid stance (Klein, 1975; Klein, 1994). For the transgender women participants, adopting a hermeneutics of

suspicion (Sedgwick, 2003) is imperative for psychosocial survival. This is exemplified in the discourse of CALARCA 1, which attributes society, religion, and heteronormativity as the root causes of extreme vulnerability among transgender women in Colombia. Acknowledging this places the transgender subject in a state of oppression that cannot be dismantled single-handedly, prompting them to seek avenues of resistance, such as envisioning a future world beyond the confines of the male-female binary.

Because society itself ensures that. They push the girls into sex work or other roles. For example, from a religious standpoint, because we have a different sexual orientation, we are seen as children of the devil and subjected to all those kinds of beliefs. These binary terminologies and heteronormativity imposed on us by the constitution in Colombia right now are the issue. There shouldn't be distinctions between men and woman; instead, we should just be seen as people.
(CALARCA 1)

The nuanced dynamics within relationships with the family of origin, as mentioned earlier, offer a plausible rationale for the paranoid readings (Duggan & Muñoz, 2009; Sedgwick, 2003) that transgender women attribute to these interactions. From early childhood, these women encounter affectively ambivalent scenarios with their relatives. For instance, CALARCA 1 recounts how her aunt's inquiries about her partner, seemingly borne out of curiosity, are perceived as intrusive. However, in another instance, her aunt has begun offering support. These fluctuating actions align with the schizoid/paranoid position, where the object is dichotomized into two: good and bad. The good object, which fulfills the subject's expectations, garners affection, as evidenced by the supportive behavior in this scenario. Conversely, the bad object, representing elements that unsettle the subject—such as a non-conforming gender identity—elicits suspicion and hostility (Klein, 1975; Klein, 1994), here then, manifesting in discrimination and violence.

I'm very reserved about my matters with my family, and now with my aunt, it's been... she's been the most annoying person to me, but now it's different because she's shown concern, she's helped me with things for the shows, one thing after another, even helping me fix my dress. (CALARCA 1)

Isolation emerges as a recurring theme in the participants' narratives, a finding echoed in prior studies (De Toro, 2015; Zapata & Hoyos-Hernández, 2024). Despite the profound sense of loneliness and depression often associated with it, the prevalence of isolation stems from a societal stance rooted in the schizoid/paranoid position (Duggan & Muñoz, 2009; Sedgwick, 2003) towards gender-diverse communities. This societal position breeds stigma, discrimination, and violence against such populations (Gontijo et al., 2020; Molina et al., 2015). Consequently, isolation serves as a defensive mechanism, which can also have reparative effects on the self (Klein, 1975; Klein, 1994). This is exemplified in the narrative of CARTAGENA 1, who has learned to derive pleasure and tranquility from solitude:

It's something normal, I mean, you handle everything with your mind, with your body, everything you try to do, you manage it spiritually. I'm cheerful, I like to have fun, I like to share, but I don't fit in with everyone, I mean, where there's falsehood, immorality, that's not me, I mean, maybe in another setting where we're together, we talk amongst ourselves and share, but suddenly when we're all together and you stand up and they start criticizing you, I mean, that's not for me, not at all. I prefer to be alone, to be in my room in my house alone, looking up at the ceiling, but I prefer to be isolated from everyone. (CARTAGENA 1)

There's a notable sense of what I would call “Sexual Paranoia” or apprehension regarding sexual practices intertwined with the medicalization of transgender identities, evident both in the interviews and corroborated by existing literature (Withers, 2020). The participants' discourses

delineate norms of “responsibility” concerning sexuality, manifested through regular interviews and medical examinations aimed at identifying potential infections or diseases. Moreover, these interview transcripts, analyzed through a lens of suspicion (Sedgwick, 2003), reinforce entrenched notions of sexuality tethered to biological sex. For instance, the dialogue between BOGOTÁ 3 and the interviewer underscores the portrayal of sex as inherently biological, consequently dictating gender and sexual orientation possibilities, thus perpetuating the confines of the heterosexual matrix (Butler, 1997).

(I): Regarding your sex, that is, your physical characteristics, are you male, female, or intersex?
(P): Female, I mean, I'm a woman. I don't understand. (I): Physically, do you still have male sexual characteristics? Penis, testicles. (P): Yes. (I): Gender? Female in this case? In other words, do you identify as a woman? (P): I am a woman. (I): Your sexual orientation? Heterosexual, homosexual, bisexual, pansexual. (P): Lesbian. What? Yes, I'm a lesbian. (I): So, you have relationships or your partners are women. (P): I like women because I work with men, and I like the ones who pay me. (I): So, you can also be with men. (P): Yes, I can. (I): Would you consider yourself bisexual in that case? (P): Yes, rather, much better. (I): These are things that sometimes make the interview a bit longer because sometimes the concepts are not so clear. (P): Yes. (BOGOTÁ 3)

In summary, the narratives of transgender women offer insights into the intricate interplay between affective encounters and societal frameworks. Oscillating between the schizoid/paranoid and depressive stances, as proposed by Duggan and Muñoz (2009), reveals both hurdles and potential avenues for productivity. The imperative to construct knowledge through hermeneutics of suspicion (Sedgwick, 2003) reflects a survival necessity amidst pressures stemming from societal, religious, and heteronormative norms. Ambivalence within familial bonds contributes to paranoid interpretations, highlighting the nuances of interpersonal relationships. Isolation acts as

a shield against stigma and violence while fostering moments of introspection and tranquility (Muñoz, 2006). Furthermore, sexual paranoia surrounding medicalization underscores the perpetuation of normative binaries (Butler, 1997).

3.2.2 Reparative Readings: Fluid Identities, Activism, Medicalization, the Body, Trust, and Social Support

While the majority of participants identified as women within a binary framework, some maintained fluid gender identities (Calhoun, 2009) for various reasons. These included finding enjoyment in activities traditionally associated with masculinity, and seeking acceptance within male-dominated social circles, just because they wanted or for mitigating conflicts with their families. This diversity of identities offers intriguing insights; for example, some participants with fluid gender identities found themselves defending their identity within the transgender community (CALARCA 1). This underscores the presence of internal discrimination within transgender communities (Hoyos-Hernández et al., 2021), highlighting the inescapable power dynamics at play (Foucault, 1988), particularly within the framework of the heterosexual matrix (Butler, 1997). However, participants employ reparative strategies (Sedgwick, 2003; Muñoz, 2006) to resist such norms. They engage in educational efforts within the transgender community to share their personal identity experiences and prioritize living in alignment with their feelings rather than conforming to societal expectations.

I prefer sharing more things associated with men because I've been a man all my life, right? Playing soccer sometimes with the guys, playing pool, and like I mentioned last time, if I ride a motorcycle or get in a car like a girl at home, I'm going to have problems because they'll say, "You were with a girl," and all that, whereas if they see me with a man, they'll never say anything. So, it's like those

things of well... why shouldn't I be able to do it, if I enjoy it, especially if it's from the girls' side, because I used to argue with them before, I'd say, "I'm not the same as you," I mean, we're trans women, but I'm different from you. (CALARCA 1)

Activism often arises from reparative affects like hope and strength (Muñoz, 2006; Schindler, 2022; Sedgwick, 2003), driven by the desire to reform society to be more inclusive and respectful of non-normative sexual and gender identities (Snorton, 2009). This activism manifests in various ways, ranging from educating personal spheres like family or chosen family to assuming political roles in advocating for LGBTIQ+ rights (CALARCA 1).

This is the third event I have organized with the Department of the Interior through the Departmental Council of Citizen Participation. So, at the departmental level, well, we started like this: at the national level, I am LGTBI for peace. Regarding the national part for trans women, which we are doing with a friend, I am the departmental representative. From there, at the departmental level, I am a delegate of the Departmental Council of Citizen Participation as a trans woman, LGTBI, and to the Departmental Peace Council as a trans woman from the LGTBI community. That's the national part. Then, at the local level, as a representative of the Women's Council, I was the representative of the Culture Council, where I served as president and the representative of the LGTBI community in the municipal council. So, I have a few responsibilities. Well, if this paid, I would be so wealthy, but well, that's social work. (CALARCA 1)

Medicalization (Withers, 2020) surfaces once more in the participants' discourses, albeit linked to experiences described as spiritual, introspective, or transcendental. In these instances, the psychoactive substances consumed were typically hallucinogens, like mushrooms or yage. Participants connect these experiences with profound moments of symbolic healing within their connections, either with themselves or with other important figures (CALARCA 1), facilitating

their shift from affects such as sadness, anger, and hopelessness to love, restoration, acceptance, and comprehension (Muñoz, 2006).

Yeah, I'm not saying that's why I went for the second yage... that was about a month ago, it was the second dose, and no, the yage didn't want to show me what I wanted to see, it just cleansed me, purged me, I vomited, and well, normally one does vomit but I was completely turned over, but I didn't have epiphanies like the first time, the first time I had revelations with my best friend who had died, who is the mother. (CALARCA 1)

Once again, the participants' discourses illustrate reparative perspectives (Sedgwick, 2003; Muñoz, 2006) regarding the male/masculine-female/feminine binary, particularly concerning bodily forms. While some participants, as previously noted, underwent physical modifications to conform more closely to societal norms, others opted against altering their bodies for reasons such as aversion to pain or political convictions (CALARCA 1). Instead, they sought alternative methods to align with feminine stereotypes when desired, finding comfort in their bodies, which may be perceived as more masculine at times. This demonstrates a strategic (Muñoz, 1997; Snorton, 2009) and fluid (Calhoun, 2009) approach to managing gender identity.

Oh yes, the truth is I'm fine as I am, and if I grow breasts, that's fine too, and if not, it's also okay. It hasn't been a hindrance for me to attract men or to do anything, mainly I would get breasts so that someone else could benefit from them, not me, because just knowing that it's going to hurt me traumatizes me. (CALARCA 1)

Trust emerges as a prevailing affect in the discourses of participants, underscoring community cohesion and a sense of belonging. Whether it's about having confidence in the support of their families of origin, viewing this support as empowering for their aspirations, as noted in

existing literature (Dowers et al., 2020; McCann et al., 2021; Orcasita et al., 2021; Zapata and Hoyos-Hernández, 2024), or highlighting the loyalty and trust within their chosen families alongside fellow transgender women, as exemplified in CARTAGENA 2. This can be interpreted as a reparative strategy (Sedgwick, 2003; Muñoz, 2006) concerning “family,” especially since many participants have endured childhood and adolescent violence within their families of origin. However, within their chosen families, they discover an environment that nurtures and sustains them, even embodying the concept of a “mother” (Klein, 1975; Klein, 1994), which, as mentioned earlier, also assumes leadership within the community.

Because of the trust and loyalty, we have among ourselves, it's something inexplicable. We share things and secrets, and it stays within us. We talk about things, and it stays between us. That's what makes me feel good, the trust I have in sharing things and that everything stays within us.
(CARTAGENA 2)

The backing from significant figures like partners, family members, and therapists emerges in participants' discourses as indicative of a psychosocial continuum (Eng & Han, 2003; Muñoz, 2006). Principally, participants perceive this social backing as instrumental in altering their affective states and driving their motivations at a psychological level. They associate this support with the capacity to initiate their transition or even progress independently if support from their family of origin is lacking (CARTAGENA 2). This aligns closely with Muñoz's (2006) concept of the depressive position and reparation, which implies an ethical standpoint recognizing feelings of anguish and despondency stemming from trauma caused by societal violence and discrimination from loved ones. However, it also enables the transgender individual to mobilize efforts towards rebuilding their network of relationships and fostering a sense of belonging.

They helped me grow tremendously, to change many things in my life, to become the person I am today, to begin my transition. This journey, which I won't say was easy or difficult, always had their support. Even my therapist was there, helping me, believing that I could move forward without my family's support. There was a lot of guidance. (CARTAGENA 2)

In summary, the discourses shared by participants uncover a complex interaction between gender identity, societal expectations, and intimate connections. Despite encountering internal discrimination and societal pressures aligned with the heterosexual matrix (Butler, 1997), trans women exhibit resilience through reparative actions (Sedgwick, 2003) like activism, spiritual engagement, and fostering trust within their communities. These endeavors not only facilitate a flexible and strategic navigation of gender identities but also cultivate a profound sense of belonging and positive affection (Muñoz, 2006). Moreover, the backing received from significant individuals such as partners and therapists accentuates the pivotal role of a robust psychosocial network in their paths, enabling them to convert adversity into empowerment and communal unity (Eng & Han, 2003).

3.3 Mourning and Melancholia as a Continuum: Happiness, Stress, and the Other

The third research question guiding this study is: How can the concept of mourning and melancholia as a continuum lead to non-pathologizing interpretations of transgender identity? In response to this question, I formulated the "Mourning and Melancholia as a Continuum" analytical category, drawing upon Eng and Han's (2003) theoretical framework. This framework proposes that mourning and melancholia represent a spectrum for marginalized individuals, capturing the intricate journey of grief and psychological distress stemming from systemic oppression. Mourning reflects a response to ongoing losses and traumas, while melancholia embodies a

persistent sense of despair and disillusionment entrenched within an unending cycle of negotiation impeded by systemic barriers. Rather than indicating pathology, this conflict signifies a resistance against pervasive societal obstacles. Through this framework, the CDA (Fairclough, 2003) process facilitated the organization of findings and their discussion within the context of themes: Happiness, Stress, and the Other.

3.3.1 Happiness: Resistance to Systemic Sadness by Oppression

Happiness is a profoundly cherished affect that permeates the discourses of the participants, standing in stark contrast to the prevalent and poignant sadness that they also encounter. They grapple with the heart-wrenching sting of rejection from their families, friends, and other significant individuals. They confront formidable hurdles that hinder their pursuit of professional occupations beyond sex work and hairstyling, all while contending with societal stigma and violence. This melancholic affect, interwoven with threads of despair and desolation, finds vivid expression in the discourse of CALI 1, encapsulating both individual and communal sorrow. This portrayal vividly illustrates the intricate continuum spanning from mourning to melancholia (Eng and Han, 2003). The enduring sorrow and the elusive pursuit of happiness crystallize into melancholia, their impact heightened by the resounding echoes of violence and discrimination perpetuated by systemic oppression. Yet, amidst the sadness, the participants resist by holding onto happiness.

Many times, I'm not happy, and generally, we are not happy because of the lack of affection and love. (CALI 1)

The emotion of sadness intricately intertwines with familial rejection, a recurrent theme in existing literature (Hoyos-Hernández et al., 2021; Orcasita et al., 2020; Orcasita et al., 2021;

Reczek, 2020). Transgender women often recount harrowing tales of being ostracized by their families, marked by traumatic incidents such as being labeled as mentally unstable, being forcefully ejected from their homes, or enduring the loss of both financial and emotional support. Through the narratives of participants like CALI 1, we can observe a connection between the harsh reality of familial rejection and the quest for psychological solace, exemplified by resorting to psychoactive substances in social settings. This underscores how the conventional association between substance use and the transgender and gender-diverse community (McCann et al., 2021) can be traced back to systemic oppression against marginalized groups (Eng & Han, 2003), prompting a critical examination of interventions that fail to address the systemic and psychosocial dimensions of this phenomenon.

When my mom found out about my situation, it made sense that, being her eldest son, I would shock her. She sought help from a psychologist and said to me, "I made an appointment with a psychologist for you; they will fix your madness." I replied, "You should go because you need to understand that you didn't have a crazy son, but one with a different orientation. It's not your fault or mine." That day, I got to the office but didn't go in. Since then, I have looked at mirrors, and for me, mirrors are like seeing people of my gender. I was young and hadn't started my hormone transition yet, so I attended many parties—parties with marijuana and cocaine. But no one forces you to take drugs; you do it because you like it, not because anyone makes you. I was surrounded by all that drug use, but I chose to cut ties, saying, "This isn't good for me, this isn't good for me," and now I only have one friend. (CALI 1)

Anxiety and depression emerged as salient affects within the participants' discourses, reflecting congruent findings in extant scholarship (Goulding et al., 2023; McCann et al., 2021; Orcasita et al., 2021). These affective tribulations were mitigated through diverse coping

mechanisms, encompassing behaviors such as binge eating, recourse to therapeutic interventions from psychologists or psychiatrists, or pharmacological interventions. Within the narrative elucidated by BOGOTÁ 1, depression intertwines with the precarity engendered by reliance on sex work to fulfill fundamental needs, notably shelter and sustenance. Consequently, the pervasive manifestation of anxiety and depression in the discourses of transgender women may be intrinsically linked to the enduring sense of discontent and sorrow precipitated by systemic oppression. This narrative echoes the nuanced interplay delineated by Eng and Han (2003) between the processes of mourning and melancholia.

The truth is, I suffer a lot. When I get anxious, I turn to eating. I eat and eat and eat and eat until I'm very full. I know it's anxiety, but I don't know how to manage it, so I eat. I often suffer from depression, especially when I was in the world of prostitution. I was always struggling financially—paying rent, not having enough food, sometimes having to choose between lunch and dinner. That kept me pretty depressed, but currently, thanks to God, my situation has improved. (BOGOTÁ 1)

In summary, the participants' discourses underscore the profound entanglement of systemic oppression and familial rejection with their experiences of enduring discontent and systemic sorrow. This chronic discontent, often escalating into melancholic states, vividly illustrates the intricate continuum delineated by Eng and Han (2003) between mourning and melancholia. Familial rejection, compounded by societal stigma and constrained vocational prospects, markedly amplifies their distress. Consequently, there emerges a reliance on psychoactive substances as a coping mechanism, underscoring the imperative for systemic and psychosocial interventions. Moreover, the persistent manifestations of anxiety and depression articulated by the participants further underscore the profound psychosocial repercussions of their marginalization.

3.3.2 Stress: Chronic Systemic Oppression

Stress emerges as a recurrent affect within the discourses of the participants. The chronic nature of stress is particularly pronounced among transgender women notably in instances where familial support is absent, as exemplified in the account of CARTAGENA 2. This persistent stress, stemming from familial rejection, has been correlated with both physical ailments and the development of anxiety, depression, and other mental disorders (Veale et al., 2023). Adopting a psychosocial framework enables a nuanced understanding of these encounters, revealing a spectrum that extends from mourning to melancholia (Eng & Han, 2003) within the participants' discourses. The enduring familial rejection, experienced as an ongoing bereavement due to the relentless offensive of sexual and gender-based oppression, engenders stress, which subsequently manifests in the form of anxiety and depression.

(I): Is there a reason why you can't sleep? (P): I don't know if it's stress; sometimes I think it's stress, especially when I feel extremely stressed. (I): And what usually stresses you out? (P): Problems, or sometimes everything related to my family issues affects me. Not having communication with them affects me a lot. Not having their support, not having them by my side saying "Do this, do that," it affects me. (CARTAGENA 2)

The stress induced by rejection can be compounded by feelings of isolation, as previously highlighted. For instance, in the narrative of CARTAGENA 2, she associates heightened sentiments of sadness and depression with observing the close familial bonds of her peers, triggering a wave of nostalgia and subsequent despair. This continuous oscillation between solitude and societal reintegration, as articulated in the participants' discourses, mirrors the continuous process between mourning and melancholia delineated by Eng and Han (2003). Within this conceptual framework, transgender individuals concurrently inhabit both affective states,

grappling with an ongoing internal conflict that necessitates repeated resolution. This dynamic resembles the subjective oscillation between Melanie Klein's (1975; 1994) depressive and schizoid/paranoid positions.

(I): What kind of affects do you experience when you're stressed? (P): I get bored, I don't want anyone to see me, I lock myself in and don't go out. (I): Sadness? Depression? (P): Let's say a bit of sadness with depression. I just don't want anyone to see me, nothing, and I lock myself in for two or three days where I don't want anyone to see my face. (I): And how often does that happen? (P): Frequently. (I): Can we put a timeframe on it? (P): I think it happens when I see myself reflected in other families, like friends who have very close-knit families. Those things make me feel nostalgic and lead to depression and all that. (CARTAGENA 2)

In summary, the chronic stress documented among participants underscores the profound influence of societal norms on the lives of transgender women. The enduring absence of familial support emerges as a significant factor contributing to this chronic stress, which, in turn, is intricately linked to both physical and mental health challenges, notably anxiety and depression (Veale et al., 2023). Through a psychosocial lens, these experiences unveil a continuum spanning from mourning to melancholia (Eng & Han, 2003), wherein continual familial rejection and societal isolation perpetuate a cycle of stress, sadness, and depression. The participants' turn to psychoactive substances as a coping mechanism emphasizes the necessity of contextual understanding, urging us to avoid simplistic interpretations and instead engage with the specific complexities of their situations. This underscores the imperative for comprehensive, nuanced interventions that account for the interplay of psychosocial and systemic factors shaping the mental health and well-being of transgender women.

3.3.3 The Other: Relational Construction of the Transgender Women Identity

In addition to the aforementioned medicalization of transgender identity (Withers, 2020), there exists a significant psychological dimension. Many participants have been referred to psychiatry and psychology services, either for assistance with their gender transition process, HIV prevention, and care, or management of psychiatric disorders such as anxiety and depression (De Toro, 205; Goulding et al., 2021; McCann et al., 2021). Furthermore, support groups and other psychosocial strategies, as exemplified by the case of BOGOTÁ 1, are instrumental. This underscores the crucial role of mental health institutions and professionals—such as psychiatrists and psychologists—who serve as gatekeepers to healthcare access for the transgender population (Verbeek et al., 2022) and contribute to shaping the understanding of transgender women's identity. Their interventions and interactions with transgender women in this study directly influence the formation of their gender identity, echoing Godoy's (2019) perspective on the relational nature of transgender identity construction.

(P): Yes, I have taken sertraline. (I): For how long? (P): I took it for about two or three months. (I): Okay. Besides psychiatry, have you attended psychological consultations? (P): Yes, frequently with the psychologist. (I): How often do you go? (P): Whenever the general doctor suggests it or refers me to them. (I): As part of the HIV group, for example? (P): Yes, I have to go through them. (I): Okay. In a year, how often do you see the psychologist? (P): I have seen her sometimes two or three times a year. (BOGOTÁ 1)

In considering the pivotal role of healthcare professionals as gatekeepers in the formation of transgender identity (Verbeek et al., 2022), a critical question emerges regarding the choice to undergo physical changes to align with one's gender identity. This decision, as exemplified in the

case of CARTAGENA 2, is intertwined with profound emotions such as happiness and well-being. However, within CARTAGENA 2's discourse, we discern the repercussions of pursuing desired bodily modifications, notably her expulsion from the cheerleading squad—a source of personal fulfillment. This illustrates how the heterosexual matrix (Butler, 1997) perpetuates a gender hierarchy that inevitably engenders systemic oppression against those who deviate from its norms, as evidenced by the violence and rejection experienced by transgender women in Colombia, exemplified here through the expulsion by the teacher of the participant. Once more, this underscores how melancholic affect among transgender individuals is not inherently pathological or enduring but rather a pervasive structure of feeling (Eng & Han, 2003) inherent in daily existence—a means of navigating and persisting amidst the continual denial of one's identity.

Now, I'm better and happier. I felt complete, like what I wanted to be, and I think it was something complementary to my life and my body. However, the teacher always knew I was gay. Similarly, most of the students at school are gay, and given the case, one day I decided that I wanted to be a woman because I started to feel horrified as I began to notice the changes. I couldn't continue like this anymore; I decided to change. When I went to school, the teacher told me no, that I couldn't be in school. He expelled me and said I couldn't come back, and honestly, it hit me hard because here, it's the only school there is. There were two, but one closed, and this one remained. (CARTAGENA 2)

The account of social rejection faced by JAMUNDI 1 underscores a pattern of violence and discrimination inflicted upon transgender individuals. Instances such as the actions of another teacher targeting JAMUNDI 1, alongside the disqualification of a fellow transgender woman from competitions or the penalization of the team, elucidate the pervasive nature of transphobic attitudes within societal structures. This rejection of transgender identity not only reflects the workings of

the heterosexual matrix and its resultant systemic oppression (Butler, 1997) but also illustrates the psychosocial continuum delineated by the interplay of mourning and melancholia (Eng & Han, 2003): the experience of systemic social rejection engenders continuous mourning affective states associated with melancholy.

(P): Well, nothing, I just felt rejected by him, who is the coach, and it's not like my teammates said anything, just because I was part of the school. (I): Was the school only for boys? (P): No, it was mixed, boys and girls, but I don't know, the teacher said no, that many times in the tournaments... when we had competed, my friend, who was below, she had been in cheerleading as a trans girl, and when we had gone to compete, we had been penalized, points deducted because she was a trans girl, so let's say in the rules it wasn't allowed for a trans girl or if it was allowed but if she competed as a boy, not as a girl, so the teacher said that we had had certain difficulties with another trans girl and well, the trans girls, no, no, and so that's why I simply didn't attend the practice. (JAMUNDI 1)

In the context of medicalization, psycho-pathologization, and gatekeeping processes within physical and mental healthcare systems and their impact on the construction of transgender identity, the lived experience of CARTAGENA 2, representative of this research and corroborated by findings from other studies (Orcasita et al., 2021; Zapata and Hoyos-Hernández, 2024), underscores the imperative for intersectoral involvement in affirming transgender identity. Transgender women navigate a multifaceted healthcare landscape, engaging with a spectrum of professionals—general practitioners, general surgeons, plastic surgeons, psychologists, psychiatrists, and social workers—where they continually articulate their internal experiences to justify bodily modifications. This dynamic reflects the relational construction of transgender identity (Godoy, 2019) between individuals identifying as transgender and healthcare

practitioners. It underscores the crucial necessity for healthcare professionals serving transgender populations to possess extensive training in theories of relational gender identity construction.

Surgery wasn't on my mind until a close lawyer friend suggested it for a university project. Through a lengthy process involving evaluations by general and plastic surgeons, legal battles, and support from my friend, I underwent breast augmentation. Despite insurance denials and questioning from medical professionals, I persisted because I felt like a woman and wanted to align my body with my identity. It was a significant personal victory. (CARTAGENA 2)

In summary, the discourse surrounding transgender identity underscores the pervasive influence of medicalization, psycho-pathologization, and gatekeeping mechanisms within healthcare systems. The discourses shared within this research underscore the role healthcare professionals play in shaping the discourse surrounding transgender identity. As transgender individuals navigate consultations with various specialists, they traverse a nuanced journey aimed at aligning their physical presentation with their gender identity, reflecting both medical and psychosocial dimensions. Instances of social rejection highlight the systemic oppression entrenched within societal norms and institutional structures. Nevertheless, these challenges also illuminate the resilience and agency inherent within the transgender community. Looking ahead, healthcare professionals must receive comprehensive training in relational theories of gender identity construction to offer inclusive and affirming care to transgender populations.

4.0 Final Remarks

In this master thesis, I embark on a comprehensive exploration of the intricate process of gender identity construction among transgender women in Colombia. Guided by Queer Theory and Trans Studies, I aim to illuminate the multifaceted nature of this process, propelled by the

central question: How do transgender women in Colombia construct their gender identity? This overarching inquiry unfolds into three specific questions: (1) How can Gender Performativity and Melancholia shed light on the process of gender identity construction among transgender women? (2) How do various affects relate to reparative and/or paranoid readings towards the self and others? (3) How does the concept of Mourning and Melancholia as a Continuum offer non-pathologizing readings of transgender identity? Through this study, I aspire to deepen the understanding of transgender identity formation in Colombia, offering valuable insights to inform intersectional and gender-affirming approaches in transgender support, research, and advocacy efforts. Next, I present the study's conclusions, derived recommendations, and the scope and limitations of the research.

4.1 Conclusions

Scholars have emphasized the intricate linkages between the psychological and social well-being of LGBTIQ+ individuals and the extent of love, support, and acceptance they receive (McCann et al., 2021). McCann et al.'s (2021) research highlights a heightened prevalence of mental health challenges among transgender and non-binary individuals compared to the general population, underscoring the urgent need for comprehensive support systems and interventions. Additionally, historical analyses by scholars such as Sandy Stone (1992) offer invaluable insights into the construction of discourses surrounding transgender subjects, which continue to inform contemporary understandings of transgender identity. In conclusion, this study provides a comprehensive exploration of gender identity construction among transgender women in Colombia, drawing on interdisciplinary perspectives to illuminate the multifaceted nature of this phenomenon. Looking ahead, prioritizing intersectional and gender-affirming approaches in

supporting transgender populations, advocating for policy reforms, and conducting further research will be crucial for advancing transgender rights and fostering well-being.

The first research question investigates how the concepts of gender performativity and melancholia illuminate the process of constructing gender identity among transgender women. Drawing on Butler's (1997) theoretical perspectives, this study develops the analytical category “Gender Performativity and Melancholia.” This category captures the identity construction process influenced by societal norms, encompassing both the internalization of prohibitions on specific desires and the resulting melancholic identifications. This framework reflects the conflict between societal expectations and personal desire in gender identification. The findings analyzed through CDA, reveal themes of medicalization, intersectionality, ambivalence, belonging, and resilience. The theme of medicalization underscores the significant role of medical interventions in the construction of transgender identities. The narratives shared by participants in the research presented in this Master Thesis underscore the significant influence of medicalization on the shaping of transgender identities. From hormone therapy to surgical procedures and mental health treatments, medicalization permeates various facets of transgender women's experiences in Colombia. Nonetheless, the accessibility of these medical interventions varies, exposing systemic disparities within healthcare systems. Participants' accounts also illuminate the complexities of navigating mental health services, often flawed by stigma, discrimination, and familial estrangement.

Intersectionality is a crucial theme that illustrates the multifaceted nature of transgender women's experiences in Colombia. Their career aspirations and economic strategies, often shaped by systemic discrimination, highlight the intersections of various identity markers such as socioeconomic status, age, and sexual orientation. Displacement due to violence, family discord,

or the pursuit of better opportunities adds further layers to their experiences, often leading them to urban centers where they seek greater acceptance. These narratives underscore the pervasive influence of systemic discrimination, armed conflict environment, and the complex interplay with gender identities. The ambivalence in relationships with family and friends reveals the intricate dynamics of acceptance and rejection that transgender women face. Despite initial challenges in disclosing their transgender identity, many participants experienced gradual acceptance and support from family members, reflecting societal shifts towards greater recognition of LGBTIQ+ rights. However, this process is often fraught with discord, discrimination, and violence and similar tensions exist within chosen families and friendships, were, for example, emotional support may be lacking despite financial assistance.

Belonging and experiences of displacement underscore the significance of supportive communities predominantly led by Colombian transgender women themselves. These communities offer affective companionship and solidarity, serving as both tangible support networks and symbolic realms of belonging. The figure of "mothers" within these communities symbolizes leadership and guidance, nurturing a profound sense of belonging. However, the precarious nature of belonging is emphasized by discourses of forced displacement due to violence and rejection, illustrating the challenges many Colombian transgender women encounter in seeking acceptance. Resilience emerges as a recurring theme in the participants' discourses, highlighting their remarkable ability to navigate melancholic feelings and systemic challenges. Despite emotional struggles stemming from familial and societal rejection, transgender women demonstrate agency and resilience. They employ various coping mechanisms, such as distancing themselves from unsupportive beliefs and engaging in educational initiatives to promote understanding. Supportive networks and affirmations from significant others serve as sources of

motivation and hope, underscoring the role of resilience and community support in their gender identity construction process. In conclusion, the concepts of Gender Performativity and Melancholia (Butler, 1997) provide a nuanced understanding of the process of constructing gender identity among transgender women in Colombia. This approach illuminates the interplay between societal norms, medicalization, intersectionality, ambivalence, belonging, and resilience, elucidating the complexities and challenges transgender women face in constructing their identities. It emphasizes the importance of supportive networks and equitable healthcare while calling for a deeper understanding of these dynamics to foster inclusive and affirming environments for transgender women and queer people in general.

The second research question guiding this study was: How do different affects mobilize reparative and/or paranoid readings towards the self and the other? The findings, organized through the analytical category of "Paranoid Reading and Reparative Reading" as defined by Sedgwick (2003), provide a nuanced understanding of how transgender women in Colombia navigate complex affective landscapes. Paranoid readings, driven by affects such as envy, anxiety, and suspicion, emerged prominently in participants' discourses. These readings reflect a fragmented perception of reality, where societal, religious, and heteronormative pressures necessitate hermeneutics of suspicion for psychosocial survival. This vigilance highlights the constant need to guard against pervasive oppression and discrimination within the transgender population. On the other hand, within family dynamics, the schizoid/paranoid position often manifests in affectively ambivalent relationships, reinforcing paranoid readings where perceived threats to one's gender identity elicit defensive responses. Isolation was another recurrent theme linked to paranoid readings. Although associated with loneliness and depression, isolation served

as a protective mechanism against societal stigma and violence. Sexual paranoia, intertwined with the medicalization of transgender identities, further illustrated paranoid readings.

In contrast, reparative readings are characterized by healing, restoration, and an openness to diverse experiences (Sedgwick, 2003). Participants who embraced fluid gender identities demonstrated how engaging in traditionally masculine activities or seeking acceptance within male-dominated spaces can be a strategic and reparative approach to identity management. This fluidity challenges internal discrimination within transgender communities and disrupts entrenched power dynamics. Activism, fueled by reparative affects such as hope and strength, emerged as a significant theme. Participants engaged in various forms of activism, from educating personal networks to assuming political roles, underscoring a commitment to societal reform and the promotion of inclusivity and respect for non-normative identities. Medicalization, when linked to spiritual and introspective experiences, also took on reparative qualities. Participants who utilized hallucinogens for symbolic healing reported profound emotional transformations, shifting from feelings of sadness and anger to love and acceptance. These experiences highlight the potential for reparative strategies to foster psychological and emotional well-being. Reparative readings also extended to perceptions of the body and trust within community networks. Participants exhibited strategic approaches to bodily modifications, choosing to align with feminine stereotypes when desired while finding comfort in their body forms. Trust and loyalty within chosen families and community support systems were crucial, providing a sense of belonging and fostering positive affective states. This support network played a crucial role in participants' ability to transition and thrive, illustrating the reparative potential of strong social bonds. Finally, the discourses of transgender women reveal a dynamic interplay between paranoid and reparative readings, shaped by societal pressures, affective encounters, and personal resilience.

Paranoid readings underscore the necessity of vigilance and defense in the face of oppression, while reparative readings highlight the potential for healing, activism, and community support to foster empowerment and belonging. This duality provides a comprehensive understanding of how transgender women navigate their identities and interactions within a complex social landscape.

The third research question investigates how understanding mourning and melancholia as a continuum can lead to non-pathologizing interpretations of transgender identity. Drawing on Eng and Han's (2003) framework, this study conceptualizes mourning and melancholia as a spectrum that captures the psychological impact of systemic oppression on marginalized individuals. Mourning reflects responses to ongoing losses and traumas, while melancholia embodies a persistent despair rooted in systemic barriers. This framework shifts the interpretation of transgender individuals' struggles from pathology to a form of resistance against societal obstacles. CDA (Fairclough, 2003) helps organize these findings within the themes of happiness, stress, and identity construction. Happiness emerged as a cherished affect in participants' discourses, contrasting sharply with the sadness and despair caused by familial rejection and societal obstacles. The discourses reveal the profound impact of systemic oppression, which often hinders professional opportunities and fosters societal stigma and violence. Despite these challenges, the pursuit of happiness remains a form of resistance, highlighting the complex interplay between mourning and melancholia. Familial rejection frequently leads to psychological distress and substance use as coping mechanisms, emphasizing the need for interventions that address both systemic and psychosocial dimensions.

On the other hand, stress is a recurrent theme, particularly in the absence of familial support. Chronic stress, linked to anxiety and depression, reflects the continuous negotiation of mourning and melancholia (Eng & Han, 2003). Familial rejection and societal isolation exacerbate

this stress, leading to sadness and depression. These experiences underscore the systemic pressures that transgender individuals face daily, perpetuating a cycle of anxiety and depression. The use of psychoactive substances as a coping mechanism further highlights the need for nuanced, systemic interventions. The medicalization and psycho-pathologization of transgender identity significantly shape participants' experiences. Interactions with healthcare systems for gender transition, HIV prevention, and mental health management underscore the role of mental health professionals as gatekeepers. These interactions influence the construction of transgender identity, requiring individuals to navigate complex healthcare landscapes to justify bodily modifications. This dynamic underscores the relational nature of transgender identity construction and the need for healthcare providers to be well-versed in relational gender identity theories. Social rejection and systemic oppression further illustrate the challenges faced by transgender individuals, reinforcing the necessity for comprehensive, inclusive care. Understanding mourning and melancholia as a continuum reframes the struggles of transgender individuals from pathology to resistance against systemic oppression. This approach highlights the importance of addressing both systemic and psychosocial dimensions in research and interventions, emphasizing the need for inclusive and affirming care that considers the complex interplay of factors shaping transgender identity, mental health, and well-being.

4.2 Research Scope and Research Limitations

The research framework of this study entails a thorough exploration of the gender identity construction process among transgender women in Colombia, with a distinct focus on de-pathologizing adverse experiences and utilizing them as catalysts for personal growth and empowerment. In essence, this study aims to deepen our comprehension of gender identity construction among transgender women in Colombia, highlighting the importance of de-

pathologizing adverse experiences and fostering reparative pathways for marginalized communities. By scrutinizing the intersections of performativity, affect, and societal frameworks, this research seeks to inform intersectional and gender-affirming approaches for transgender support, research, and advocacy, thereby contributing to social change and well-being.

The methodology adopted to gauge saturation adhered closely to the “code meaning” approach outlined by Hennik and Kaiser (2022), designed to achieve a nuanced comprehension of the data's intricacies and determine saturation. Central to this investigation were three primary analytical categories: performativity and melancholia (Butler, 1997), reparative reading and paranoid reading (Sedgwick, 2003), and mourning and melancholia as a continuum (Eng & Han, 2003). The operationalization of these theoretical constructs facilitated the analysis and organization of data, marking a significant milestone in understanding after scrutinizing 13 to 15 interview transcripts. Subsequently, validation was extended through 20 interviews to confirm the absence of new insights. The discourses shared by transgender women and analyzed through CDA (Fairclough, 2003) offer invaluable insights into the nuances of belonging, shedding light on the formation of supportive communities, challenges related to acceptance, and the struggles of forced displacement. These communities, predominantly led by transgender women themselves, serve as pillars of companionship and solidarity, providing tangible support networks alongside symbolic realms of inclusion.

Furthermore, the discourses of transgender women provide new insights into the intricate interplay between affective experiences and societal structures, offering a rich terrain for exploration within the scope of this research. These discourses navigate the complex terrain of emotions, oscillating between schizoid/paranoid and depressive stances as delineated by Duggan and Muñoz (2009). The imperative to construct knowledge through hermeneutics of suspicion

(Sedgwick, 2003) emerges as a survival strategy amidst the pervasive pressures of society. Within the familial domain, the inherent ambivalence often leads to paranoid interpretations, shedding light on the subtle yet profound dynamics of interpersonal relationships within the transgender community. Isolation, functioning both as a shield against external stigma and violence and as a catalyst for internal reflection and peace, underscores the multifaceted nature of transgender experiences (Muñoz, 2006). Finally, the central role assumed by "mothers" within these communities is paramount, serving as symbols of leadership, guidance, and protection. Moreover, their embodiment challenges conventional femininity norms by embracing roles traditionally associated with biological motherhood, thereby expanding the scope of gender expression and familial dynamics within transgender communities.

On the other hand, it's crucial to acknowledge the inherent research limitations in this study, as they help contextualize the findings and their implications. One such limitation pertains to the composition of the sample. The majority of participants represented in the study adhered to a binary gender spectrum and resided in urban areas. This lack of diversity within the sample may constrain the analytical generalizability of the findings, particularly to transgender women from different racial or ethnic backgrounds, non-binary individuals, or those living in rural settings or with disabilities. Additionally, while the research aimed to delve into the intricacies of gender identity construction among transgender women in Colombia, it predominantly focused on specific analytical categories derived from Queer Theory and Trans Studies. Consequently, other relevant theoretical frameworks or perspectives, such as Discursive Psychology (Weatherall, 1998; 2011; 2015; 2016) and Trauma-Informed Approaches (Hall & DeLaney, 2021; Levenson et al., 2023), were not extensively integrated into the analysis and could be essential for future research on the topic. Moving forward, future research could benefit from adopting an interdisciplinary approach

that integrates a diverse range of theoretical frameworks to provide a more comprehensive understanding of transgender processes of identity construction.

Additionally, the study relied on qualitative methods, particularly semi-structured interviews, to gather data and generate insights into the participants' experiences. While qualitative research offers rich and detailed accounts, it may be limited in its ability to capture broader trends or quantitative measures of association. Therefore, future studies could consider supplementing qualitative approaches with quantitative methods to triangulate findings and enhance the robustness of the research. Furthermore, the study highlighted the importance of social support, peer networks, and community belonging for transgender individuals' well-being. However, standardized questionnaires used to assess social support may not fully capture its nuanced nature (Dowers et al., 2020). Future research could explore different inductive approaches to better understand the complexities of social support dynamics within transgender communities, such as interactive techniques like photo voice or timeline maps (Orcasita et al., 2021; Orcasita et al., 2023). Lastly, the study identified significant health disparities and psychosocial challenges faced by transgender women in Colombia. However, the research primarily focused on adult transgender women, limiting the insights into the experiences of other transgender populations or age groups. Future research should aim to address these gaps by examining the unique needs and challenges of diverse transgender populations across different contexts and developmental stages. Overall, recognizing these limitations can guide future research efforts to advance our understanding of transgender identity construction and promote more inclusive and affirming practices for transgender individuals.

4.3 Recommendations

In light of the predominance of participants adhering to a binary gender spectrum and residing in urban areas, future research should prioritize diversifying participant representation by including transgender and non-binary individuals from diverse racial and ethnic backgrounds, as well as those in rural settings and coping with disabilities. This expansion will enhance our understanding of transgender experiences and identity construction processes across various social contexts. While standardized questionnaires and self-reports may not comprehensively capture the nuanced realities and journeys of transgender women in crafting their identities, they can still offer valuable insights into various phenomena, including mental health, coping mechanisms, and health-related issues. Therefore, integrating both qualitative and quantitative approaches alongside detailed personal narratives can provide a more comprehensive understanding of individuals' challenges and strengths. Such insights are instrumental in informing the design of targeted interventions that cater to the unique needs of transgender women. These insights will inform the development of targeted interventions tailored to the specific needs of transgender women.

Expanding on the emergence of digital health interventions (McCann et al., 2021) addressing psychosocial concerns among transgender and non-binary individuals, future research should rigorously assess the efficacy of these interventions. The study underscores substantial health disparities within the transgender population, encompassing elevated rates of mental health disorders and insufficient training among healthcare providers. Subsequent investigations ought to delve into the experiences and obstacles encountered by transgender individuals throughout their lifespan within healthcare settings, to inform the design of educational curricula and enhancing healthcare provision for this demographic. Furthermore, interventions targeted at promoting

gender euphoria and societal stressors among transgender individuals are imperative to ameliorate mental health inequities.

Furthermore, this study underscores the stress induced by rejection, which can be exacerbated by feelings of isolation for transgender women in Colombia. Future research should delve deeper into the intricate interplay between rejection, isolation, and mental health outcomes among transgender individuals. Gaining insight into how these factors contribute to feelings of sadness, depression, and other mental health challenges can guide the development of tailored psychosocial and systemic interventions aimed at supporting the mental well-being of transgender individuals. In summary, forthcoming research endeavors should prioritize diversity and inclusivity in participant representation, explore innovative methodologies to comprehend psychosocial dynamics, assess the effectiveness of health and social interventions as well as resilience models, address healthcare disparities across transgender individuals of diverse ages and backgrounds, and investigate the complex interplay between rejection, isolation, and mental health outcomes within transgender communities. By addressing these critical research areas and adopting a reparative de-pathologizing perspective (Suess, 2020), we can advance our understanding of transgender identity construction and foster inclusive and affirming practices.

The findings of this research provide several recommendations for psychoanalysts, psychologists, and other mental health professionals to enhance support for transgender individuals within the healthcare system (Zapata-Mayor & Hoyos-Hernández, 2024). Primarily, urgent attention must be directed towards addressing the significant barriers entrenched within Colombia's healthcare system that impede access to affirmative care for individuals with transgender experiences. These obstacles, which include stigma, discrimination, and the lack of specialized services tailored to the unique needs of transgender individuals, necessitate the

implementation of affirmative health services. Accompanied by educational initiatives, communication strategies, and specialized healthcare guidelines, these efforts are vital to safeguard the well-being and mental health of transgender individuals in Colombia and counteract prevailing pathologizing practices (Suess, 2020).

Additionally, healthcare professionals must acknowledge the pervasive impact of medicalization, psycho-pathologization (Withers, 2020), and gatekeeping mechanisms (Verbeek et al., 2022) within healthcare systems on transgender identity construction. Transgender individuals often encounter challenges when navigating consultations with various specialists, as they strive to align their physical presentation with their gender identity amidst both medical and psychosocial dimensions. Therefore, healthcare professionals should undergo comprehensive training in relational theories of gender identity construction (Godoy, 2019) to offer inclusive and affirming care to transgender populations. This training should encompass an understanding of the systemic oppression ingrained within societal norms and institutional structures, while also recognizing the resilience and agency inherent within the transgender communities.

Furthermore, mental health professionals should adopt a psychosocial framework to comprehensively understand and address the chronic stress experienced by transgender individuals, particularly in instances of familial rejection and work environments. Extensive research has established a correlation between chronic stress and physical ailments, anxiety, depression, and other mental disorders among transgender individuals (Veale et al., 2023). Recognizing the continuum extending from mourning to melancholia (Eng & Han, 2003) within transgender individuals' discourses allows mental health professionals to provide more nuanced and effective support tailored to their specific needs. Additionally, embracing queer reinterpretations of psychopathology offers a reparative lens, bridging the social and psychological

realms with queer identities and acknowledging the reciprocal influence between the psychic and the social (Sedwick, 2003; Muñoz, 2006; Duggan & Muñoz, 2009). In conclusion, mental health professionals must acknowledge the complexity inherent in transgender identity construction and the intersecting influences of societal norms, institutional structures, and individual experiences. By adopting affirmative and inclusive approaches to care, integrating relational theories of gender identity construction, and actively addressing systemic barriers within healthcare systems, mental health professionals can significantly enhance their support for the well-being and mental health of transgender individuals in Colombia and beyond.

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