

The failure of postmodern biopolitics: some notes on *travesti* beautification technologies and practices

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THEMATIC ARTICLE

Julieta Vartabedian (<https://orcid.org/0000-0003-4022-6357>)¹

Abstract *Based on the ethnographic work I conducted with a group of Brazilian travesti sex workers in Rio de Janeiro and Barcelona, this article aims to analyze how they adopt technologies to transform and beautify their bodies that question the biomedical model of our society: their bodies are not read as “docile”, “healthy”, or “productive” since they do not “fit into”, nor pretend to fit into the dominant sexual binary. On the other hand, beauty – as a political and transformative field – is one of the main elements that travestis have to find their place in the world through their (trans)national displacements: they are self-constructing as social subjects who claim some intelligibility while they become beautiful travestis. Therefore, travestis believe that beauty is a (transitory) space of liberation that, ultimately, reveals how certain biopolitical technologies have failed to produce undisciplined bodies and beautiful travestis who – through their survival – rebel against a heteronormative power that considers that their bodies are not worthy of mourning and, consequently, “deserve to die”.*

Key words *Beauty, Technologies, Health, Biopolitics, Travestis*

¹ Departamento de Antropología Social y Psicología Social, Facultad de Ciencias Políticas y Sociología, Universidad Complutense de Madrid. Pozuelo de Alarcón Madrid España. julivart@ucm.es

Introduction

This article is nested in the ethnographic work conducted a few years ago with a group of Brazilian *travesti* sex workers in Rio de Janeiro and Barcelona. Most participants were very young sexual workers, self-perceived brunettes (*morenas*) originating from impoverished environments in the inland region of the country, with deficient schooling levels and a family history generally marked by violence and rejection. The central question of my research was to understand how *travestis* could become beautiful and feminine *travestis*, following the aesthetic patterns and ideals of the group, in a social context that dehumanizes them: their bodies are read as “illegitimate” and abject and, consequently, must be allowed to die. Although a little over ten years have passed since fieldwork completion, this research remains closely linked to me and the various topics I intend to discuss grounded on it. The breadth of topics that I have been addressing through the *travestis*’ bodies and life experiences (beauty, space, sexual work, sexualities, and migrations) has also led me to dialogue with more current debates and concerns.

Very recently, on February 28, 2023, the so-called “Trans Law” (Law 4/2023) was approved in Spain, which recognizes the individual’s will as the only requirement to “change sex” in the registry from the age of 16, among other rights. It prohibits conversion therapies and imposes measures for diversity in education and the workplace. Without questioning, under any circumstances, the significant advance in terms of human rights for the LGTBI population that this new law promotes, and considering the enormous diversity under the “trans” category, I wonder – however paradoxical it may seem – whether the inclusion of a variety of trans identities does not carry with it the danger of making their particularities invisible. However, the law explicitly refers to “trans” as a synonym for transsexual and, apparently, is based on a specific trans body and may not be as inclusive as defined. For example, let us think about the differentiation that the biomedical system has taken pains to emphasize between transsexuals and *travestis* (from a medical perspective, the latter category refers to people who feel a *compulsion to wear clothes of the opposite sex*. The *travestis* I refer to in this article are not recognized in this limited medical definition since their identities – constructed in the field of gender – transcend the act of engaging in “*travesti*” acts episodically and temporarily). Although

the Western hegemonic biomedical model has pathologized both categories, the dominant narratives around the “distress” of transsexual people who have been born in “wrong” bodies have attracted the attention of endocrinologists, psychologists, and surgeons who have specialized in perfecting different technologies to intervene on the bodies of these people (and I am referring more specifically to interventions on the bodies of transsexual women) since the 1950s, and thus “cure” their “distress”. On the other hand, the new trans law in the Spanish context is clearly in favor of depathologizing these identities. However, I wonder whether it will be inclusive, for example, with *travestis* (subjects participating in my research) who wish to perform bodily changes (and not others), which could be more “aesthetic” but profoundly affect the construction of their identities.

This article will reflect on the close link between biopolitical technologies and *travesti* bodies to understand, on the one hand, how and with what objectives biomedicine has used these technologies to intervene on the bodies that move away from normativity and, on the other hand, how *travestis* I have met take ownership of these technologies and for what purpose. We will thus see how, for *travestis*, beauty becomes a fundamental means to find their place in the world, an unstable place but one that, at least temporarily, allows them to become intelligible subjects desired and admired by their peers and clients.

This will not be a story with a “happy ending” because the *travestis* do not manage to transgress or subvert, nor is it their intention, the sexual binarism from which their bodies are read and punished. However, as members of a system that oppresses and discriminates against them, they do manage, through the beauty and aesthetic ideals they embody, to obtain some agency to resist and challenge – albeit provisionally – some dominant structures that regulate society based on a sexual binarism that is very useful to a heteronormative system like ours and whose ultimate goal is to produce “good” citizens.

From biopolitics to biomedicine for the regulation of trans bodies

The Foucauldian concept of biopower will be instrumental for us to think about how modern forms of power intersect bodies, in general, and trans bodies, in particular, to make them docile, productive, and healthy bodies. A new form of power has emerged since the mid-18th century.

It focuses on the body-species; that is, the idea of an individual body subjected to the will of a sovereign to give death is abandoned. On the contrary, power is now represented in the ability to manage life, and the entire population is regulated and controlled since the biological is reflected in the political. The political technologies “are going to invade the body, health, ways of feeding and lodging, life conditions, and the entire space of existence”¹(p.128). In what Foucault calls biopolitics, life becomes a political object, regulating the population through complex technologies and political strategies, including disciplinary techniques that operate on individual bodies to shape them through institutions and integrate them into society. Biopolitics ultimately defines the *valuable* and *healthy* body necessary for the nation to thrive. The body is understood in that tense conjunction of the individual, social, and political body² and “becomes a project through which one’s identity is constructed, particularly one’s identity as a good and productive citizen”³(p.702). The body of the nation thus becomes equivalent to the body of the *ideal* citizen⁴.

Biomedicine is one of the biopolitics strategies that regulate and manage people’s bodies. These interventions are implemented following a logic firmly established in the structures of modern Western thought. For example, we see from Laqueur⁵ how the “model of the two sexes” was established historically and due to specific political and epistemological changes starting in the 18th century, which highlights the physical differences between men and women. The two sexes are not only different but also incommensurable. They are two opposites arranged horizontally depending on the presence of the phallus. Consequently, the radical dimorphism and biological divergence between men and women progressively emerge as an unquestionable truth. Similarly, biologist Fausto-Sterling⁶ tells us that a combination of social radicalism and morality has imposed the predominance of the sex system. This system has been used to justify discrimination and exclusion of people whose sexual traits do not fit traditional gender stereotypes. Intersex people provide us with a clear example of how medical sciences suppress any sign of ambiguity to immediately “repair” any “anomaly” that does not fit the binary system of the two sexes. As the author tells us:

Bodies within the “normal” range are culturally intelligible as male or female, but the rules for living as male or female are strict. No clitorises that are too big or penises that are too small

*are allowed. Masculine women and effeminate men are of no interest. These bodies are, as Butler writes, “unthinkable, abject, and unviable”. Their very existence calls into question our gender system*⁶(p.99).

This unintelligibility also characterizes, following the dominant biomedical discourse, trans bodies – in general – and transsexual bodies – in particular. Hegemonic narratives that refer to the “wrong body” are based on the “discomfort” caused by the “mismatch” between the desired gender identity and sexual anatomy. This “suffering body” will legitimize the treatment⁷. As a result, discourse and medical and psychiatric practice have determined that the non-correspondence between sex and gender requires bodily interventions⁸, that is, “repairing” through hormones and sexual reassignment surgery, any “misalignment” that compromises the regulation of sexual binarism and, ultimately, the heteronormative model of our society. In short, we are referring here to an *otherness* constructed by biomedicine as synonymous with pathological and embodied by “monstrous creatures that need some rectification”⁹(p.342).

Escaping the biomedical model: some *travesti* body modification practices

People who self-define as *travestis*, especially in the Latin American context, can be included within a wide range of trans identities. Generally, and without intending to reduce their diverse experiences, these people do not identify with the sex assigned to them at birth and – in many cases – perform body changes to feminize their bodies and live as women permanently. Likewise, so-called sexual reassignment surgeries are not usually performed by a large part of this group who do not consider that they have been born in the “wrong body”. As I already mentioned, this article arises from my ethnographic encounter with a group of Brazilian *travesti* sex workers (in Rio de Janeiro and Barcelona). My research has focused on their bodily and spatial displacements when they migrate to Rio de Janeiro and Barcelona as two stops, among many others, in which they learn to transform into *travestis* and become empowered. Their bodies, then, were a central axis of analysis. Three main techniques were used to modify them: hormone intake, injected silicone, and plastic surgery. I do not intend to describe in detail these techniques since my objective is not so much to analyze their feminization practices but rather the impact of these transformations

regarding, on the one hand, the dominant and biomedical narratives; and, on the other hand, to the construction of beauty as a political and transformative field that provides *travestis* with their place in the world. I have delved elsewhere more deeply into the meaning that the research participants give to these body modification practices and their close connection with their (trans)national geographical deployments¹⁰.

From the moment they decide to ingest hormones, the bodily changes begin to be visible and transcend the makeup and clothing that temporarily feminize them. Hormones contain progesterone and estrogen and are generally indicated for (cis) women as contraceptive methods or for hormonal replacement in cases of menopause. The effects of these hormones vary greatly depending on the age at which they are first taken or injected. The sooner one starts the treatment, the better the results will be: decreased body hair, skin softness, incipient breasts, and the body shapes begin to round out, becoming feminized. Once an adult, the previous effects of androgens on the body become irreversible (larger height, hands, and jaw sizes, narrower pelvis, wide rib cage, and deep voice tone). As the first procedure to feminize body shapes, hormones are highly valued among *travestis* because they are cheap, easily accessible, and act relatively quickly.

Silicone is the main *travestis*' means to beautify themselves. The decision to use it must be well thought out because once the silicone is injected into the body, it is hard to remove it afterward. However, this practice is widely used by *travestis* because it is one of the most recognized ways to enter this universe. They use it to increase the size of the buttocks, hips, thighs, knees, calves, breasts, and, finally, round some face parts. The insertion process is slow and, many times, painful. There are expectations among *travestis* themselves to endure, as they call it, "the pain of beauty", since it is a necessary event to transform into *travestis*: the pain is shared and publicly exposed. It is, therefore, a kind of initiation, marking in the flesh the decision to take the definitive step to be "true" *travestis*. The liquid, industrial silicone type is used. It is readily available in stores specializing in products for machinery and cars. Some needles they use are for veterinary purposes. They are thicker than conventional ones and better channel the silicone's dense texture.

Finally, plastic surgeries stop becoming an exclusive luxury of the elites and become more accessible to anyone who wants to modify and beautify their body. However, its costs remain

high, and for many *travestis* this practice can occur in their transnational migrations, more precisely, when they are in Europe, a privileged destination for *travesti* sexual work for decades and which – historically – provided them with very significant financial gains. The most requested interventions are reductions of the nose, Adam's apple, and breast implants. For *travestis*, these interventions are a "luxury" that they display with pride and ostentation, primarily when they are associated with a lifestyle that they consider more glamorous abroad.

Except for plastic surgeries, these beautification practices are performed without any medical follow-up. Self-medication and the consumption of high doses of female hormones are usually very common for *travestis*, as is the use of homemade and artisanal body implants based on industrial silicones or even cooking oils. These procedures attach a significant amount of risk and, especially with silicone injections, can be lethal. The reality is that many *travestis* are not linked to the health system and lack protection. *Travestis* embody identities and bodies (self) excluded from a biomedical regime that, as we already mentioned, does not admit bodies that can be interpreted as ambiguous and that do not conform to the strict sexual binarism that it promotes. We know that in the case of women who self-identify as transsexuals, they are "expected" to carry out sexual reassignment surgery and would want/have to have breast implants placed to "adjust" their bodies to that claimed female identity. More specifically, this is also conceived in the ten Gender Identity Units linked to the national health system in Spain¹¹ and another ten units in Brazil¹². In these interdisciplinary care centers – with a very long waiting list –, people can access treatment and surgical interventions if they have previously been diagnosed with "gender dysphoria". For now, this healthcare model is based on pathologization and "sex change" surgeries as the ultimate goal of its "patients". However, *travestis* – who do not want to perform any genital surgery – are denied any possibility of having breast implants through the public system. The public health systems argue that these transformations are solely a matter of aesthetics or of "men who dress like women".

Likewise, and as Jarrín analyzes in his study on plastic surgery in Brazil¹³, the country's public health system has limited resources to perform it on patients with fewer resources. Plastic surgeons and psychologists have to decide which patients "deserve" surgery based on the idea that,

formally, only the reconstructive surgeries can be covered. The medical team also operates under its prejudice to decide which bodies are desirable – within the framework of Brazilian biopolitics – and shows clear support for the most normative bodies that fit the binary molds of men and women when approving the surgeries. In other words, *travestis* rarely have the opportunity to be taken seriously to request any body change that would symbolically “threaten” the practice of more conventional surgeons. Their demands are too “aesthetic” and do not adjust to the more radical intervention that is expected to be made on certain trans bodies:

*Medical management suggests that transsexuality is a unidirectional transition, a movement from a defined point of departure to one of arrival, from a male body to a female one. There are no possible borders or other gender categories that question the male-female binary. It is also impossible to come and go permanently. It is only a finite, monitored, delimited transition that concludes with sexual reassignment surgery*¹⁴(p.138).

Travestis, then, do not follow a linear transition from a “wrong” body to one that conforms to medical and social expectations. On the contrary, they follow their hybrid, creative path and are in constant dialogue and negotiation with the feminine and masculine attributes they embody simultaneously. This same unintelligibility generates great confusion and social disapproval that, in its most alarming aspect, is expressed with transphobia and the high percentages of murdered trans women: during 2022, 68% of these murders occurred in Latin America, and Brazil leads the world ranking of transfemicides/*travesticides*¹⁵. For the dominant biomedical discourse, any non-normative gender identity is thought of under the transsexual medical category and, consequently, pathologized, and some surgical intervention is expected to make these bodies intelligible, docile, and productive within the heteronormative binomial.

Travestis, outside of these circuits based on the *wrong body - distress - treatment* dynamic that is undoubtedly useful and necessary for a part of the transsexual community, and this is not in any way questioned in this article, usually perform their bodily transitions clandestinely, without any medical monitoring. Although Brazil and Spain have more recently adopted a few medical care models more respectful of trans people’s demands, following a depathologizing and non-binary perspective of identities, they are still very far from being the majority and within

reach of a large number of trans people who need them. However, in Spain, the brand new Law No. 4/2023 of February 28 has been approved for the real and effective equality of trans people and to guarantee the rights of LGBTBI people. It is a comprehensive law that depathologizes trans people and stops treating them as sick, recognizing their right to gender self-determination. This law indicates that “hormonal and surgical treatments for trans people have been incorporated into the portfolio of common services of the National Health System”¹⁶ without the requirement of any medical report certifying any “condition” or gender dysphoria. Without a doubt, it is a massive step for LGBTBI people. Although trans/*travesti* people will be able to access hormonal treatments, it is unclear what type of surgical interventions it refers to as sexual reassignment surgeries? Plastic surgeries (mammoplasties, facial feminization, or Adam’s apple reduction)? The expectative choice of the law focuses on guaranteeing “the sex change registration without the prerequisite of undergoing medical procedures such as a sexual reassignment operation or hormonal therapy”. However, it is still very premature to verify its “real” scope and ascertain that, when talking about “treatments” – as the concept itself infers – this refers exclusively to hormonal and genital surgery (sexual reassignment surgery).

Finally, following the bodily itineraries¹⁷ that *travestis* embody, we can also consider how they managed to take ownership of technologies created – within the biomedical benchmark framework – for another purpose: how they have been developing, controlling, and adjusting non-normative bodies. For example, we have already indicated that they use sexual hormones to create more feminine bodies. Although these hormones were initially devised in the mid-twentieth century to “adapt” the sex of intersexual and transsexual people to intelligible genders that should reinforce the boundaries between the masculine and the feminine under the heteronormative matrix, *travestis* do not seem to use them per this normalizing goal. Likewise, silicone injections, trans knowledge par excellence, originated from surgeons’ practice in the USA who used good quality silicone – of a surgical type, not industrial – to modify the bodies of their patients¹⁸. Brazilian female *travestis* appropriate this practice, make it cheaper with industrial silicone and disseminate it like never before from Paris to the world. As Pelúcio observes:

When travestis use this prosthetic and hormonal technology to transform their male bodies

into ‘something else’ – because they do not become women (nor do they intend to), and they do not remain men either – they are denouncing, albeit unintentionally, that some unplanned appropriations of those technologies can occur. In this sense, they (the technologies) fail¹⁹(p.91).

Consequently, *travestis* show that these biopolitical technologies fail and, using Preciado’s words, make a “deviant incorporation” of them²⁰(p.384-385).

Beauty as a political field of transformation

The body changes that *travestis* perform directly affect the group’s notions about beauty. Feeling beautiful is, therefore, a great goal for those who identify as *travestis*. I am interested in considering beauty as vital for constructing their identities since it is not limited to a superficial or merely aesthetic aspect. On the contrary, and as we will see, beauty and existence are closely articulated in the universe of *travesti* sex workers.

To begin with, I am interested in transcending the oppression/empowerment dichotomy when discussing beauty. These dynamics fold into each other, and it is challenging to think that either we are entirely subjected to the patriarchal beauty standards that discipline or impose themselves on our bodies or – on the contrary – we can categorically resist those beauty ideals. These processes are more complex and, as Jarrín and Pussetti²¹ warn us, it is essential to resist the impulse to romanticize those bodies that have not been changed and remain apparently “intact” to the invasive pressures. Currently, it is practically impossible to age without having to subject our bodies to some medical intervention that incorporates some technology: pacemakers, hip replacements, and dental implants. Bodies and technologies are irrevocably intertwined.

On the other hand, rather than asking ourselves what beauty is, we must question what beauty does and produces²². In other words, beauty “is not something that simply is, but is made and translated by its cultural intelligibility”²³(p.9). Therefore, beauty is performative and is created in this continuous becoming; that is, beauty structures the *travestis*’ individual and social interactions in a context in which their gender, sexualities, and bodies matter. At the same time, by paying attention to the making of beauty, we can also think about what types of power struggles are woven around it. In other words, beauty is much more than the social construction of femininity and inevitably cannot be un-

related to its intersection with gender, age, social class, “race”, or sexuality. I highlight, therefore, the political and transformative beauty concept aspect^{24,25}: through their beautification practices, *travestis* are transforming their bodies and their identity when creating new social subjects. As one of the *travestis* I interviewed told me from Rio de Janeiro:

Honestly, between being a simple woman and a travesti that everyone sees as a travesti, a doll, I prefer to be a doll, a travesti. I don’t want to appear as a woman and go unnoticed. No, absolutely [no]. I really want to be successful; I want to be a happy, powerful travesti.

Indeed, one admires those who consider themselves and are considered beautiful by the group. Being part of a culture where appearance is central, one understands how important it is for *travestis* to self-identify as beautiful. At the same time, sex work confronts them with a highly competitive environment, and consequently, each liter of silicone they put into their bodies gives them more security and self-esteem. Their bodily changes are a way to achieve “perfection”, as the research participants stated. They believe perfection means looking like (cis) women but not following the model of any woman, but rather those they consider the most beautiful and dazzling (“white” women, middle class, and famous). Likewise, it is essential to highlight that these transformation processes – based on hormones, silicone injection, and, for some, plastic surgeries – are part of a rebirth as *travestis* since they manage to become desired and admired people with a lot of effort, time, money and dedication. Another participant also highlighted from Rio de Janeiro: “Male friends start to admire you. They start to want to meet with you. Female friends admire you and start calling you ‘gorgeous’ and want to look just like you”.

In this section, what I am most interested in highlighting is that *travestis* beautify themselves and modify their bodies for this purpose, and transform their identity as they construct themselves as legible social subjects. According to their stories, as young gay and effeminate men, they were considered fags, and “men” were criticized and rejected for their expressive femininity. However, although they are less accepted and more marginalized in society, as *travestis* they feel more powerful because they are aware of how brave and strong they must be to face a society that discriminates against them. Therefore, I understand beauty as an element that empowers them and gives them their place in the world,

even if that position is fragile, unstable, and marginal. However, it is also through beauty that they claim a certain intelligibility: they do not consider themselves gay, nor queers, but *travestis*: beautiful *travestis*.

Final considerations

Biopolitical technologies are not deployed in the same way on all populations. We know that in public Brazilian hospitals, poor people are asked to assume the risks of experimental plastic surgeries before these procedures enter the market and produce significant economic returns²⁶. We can then speak of a biopolitical hierarchy where some bodies matter more. In the same way, trans people are “worth” more – following the hegemonic biomedical model – than *travesti* sex workers as unintelligible subjects who “do not fit” (nor do they intend to fit) into the established dominant sexual binarism. Until now, both in Spain and Brazil, *travestis* tend to find themselves outside of any access to public healthcare to feminize their bodies (although we will see in the future the effects and possible changes introduced in Spain by the recently approved Law 4/2023 for the real and effective equality of trans people and the guarantee of LGTBI people’s rights). *Travestis* move away from the model of “suffering” people who demand correction of their “wrong” bodies; they embody other types of non-normative identities. Their bodies, then, are read from dominant structures that make some trans subjects more acceptable than others²⁷.

In short, when we talk about biopolitics, power disposes of life, and some (*travesti*) bodies are unworthy of mourning²⁸ and punished for moving away from an established productive and healthy body necessary for the nation to prosper. However, their – undisciplined – bodies challenge us; they are desired (and hated) and admired. Their bodies furiously seek some transformation, constantly negotiating and traversing the feminine and masculine borders in a low-conflict dialogue that adjusts to their desires, economic possibilities, and demands as sex workers. In this firm will to become *travestis*, their bodily change knowledge and techniques show that biopolitical technologies have failed because they do not fit, nor do they want to fit into the heteronormative orthopedics of sexual binarism. Simultaneously, *travestis* find in beauty a temporary space of liberation, a profitable treasure that allows them to stand out and feel like “different women”. However, it can be said that beauty changes their lives since it is the primary means to become legible subjects and achieve specific social recognition (mainly among their peers, clients, and local admirers). Therefore, *travestis* will embody their resistance against a system that seeks to homogenize (and annihilate) dissidence from this intelligibility as desired and admired subjects. In their existence and survival *travestis* will find the most remarkable revenge and rebellion against a society that dehumanizes them and considers that their bodies should be allowed to die.

Referencias

1. Foucault M. *Historia de la sexualidad I. La voluntad del saber*. Madrid: Siglo XXI; 2021 [1976].
2. Schepper-Hughes N, Lock M. The minful body: a Prolegomenon to Future Work in Medical Anthropology. *Med Anthropol* 1987; 1(1):6-41.
3. Hogle L. Enhancement Technologies and the Body. *Ann Rev Anthropol* 2005; 34:695-716.
4. Berlant L. *The Queen of America Goes to Washington: Essays on Sex and Citizenship*. Durham: Duke University Press; 1997.
5. Laqueur T. *La construcción del sexo desde los griegos hasta Freud*. Madrid: Cátedra Universidad de Valencia; 1994.
6. Fausto-Sterling A. *Cuerpos sexuados. La política de género y la construcción de la sexualidad*. Barcelona: Melusina; 2006.
7. Fassin D. Gobernar por los cuerpos, políticas de reconocimiento hacia los pobres y los inmigrantes en Francia. *Cuad Antropol Soc* 2003; 17:49-78.
8. Coll-Planas G. Introducción. In: Missé M, Coll-Planas G, editores. *El género desordenado. Críticas en torno a la patologización de la transexualidad*. Barcelona y Madrid: Egales; 2010. p. 15-25.
9. Nirta C. Monstrosity as resistance: rethinking trans embodiment beyond the rhetoric of the wrong body. *Culture Theory Critique* 2021; 62(4):339-352.
10. Vartabedian J. *Brazilian Travesti Migrations: Gender, Sexualities and Embodiment Experiences*. Basingstoke: Palgrave Macmillan; 2018.
11. Radiografía de la situación de las personas trans: “La principal urgencia es blindar los derechos que ya tenemos” [Internet]. Público; 2022 [acceso 2023 mar 8]. Disponible en: <https://www.publico.es/sociedad/radiografia-situacion-personas-trans-principal-urgencia-blindar-derechos.html>.
12. Silva RCD, Silva BB, Alves FC, Ferreira KG, Nascimento LDV, Alves MF, Canevari CCJ. Reflexões bioéticas sobre o acesso de transexuais à saúde pública. *Rev Bioetica* 2022; 30(1):195-204.
13. Jarrín A. Untranslatable Subjects. Travesti Access to Public Health Care in Brazil. *Transgender Studies Quarterly* 2016; 3(3-4):357-375.
14. García Becerra AG. Tacones, siliconas, hormonas y otras críticas al sistema sexo-género. Feminismos y experiencias de transexuales y travestis. *Rev Colomb Antropol* 2009; 45(1):119-146.
15. The Trans Murder Monitoring (TMM) Research Project, Transgender Europe [Internet]. 2022 [acceso 2023 fev 25]. Disponible en: <https://transrespect.org/en/tmm-update-tdor-2022/>.
16. Ley 4/2023, de 28 de febrero. *Para la igualdad real y efectiva de las personas trans y para la garantía de los derechos de las personas LGTBI* [Internet]. [acceso 2023 fev 23]. Disponible en: <https://www.boe.es/boe/dias/2023/03/01/pdfs/BOE-A-2023-5366.pdf>.

17. Esteban ML. *Antropología del cuerpo. Género, itinerarios corporales, identidad y cambio*. Barcelona: Bellaterra; 2004.
18. Rena L. *The High Price of Looking Like a Woman* [Internet]. New York Times; 2004 [acceso 2012 jan 29]. Disponible en: <http://www.nytimes.com/2011/08/21/nyregion/sometransgender-women-pay-a-high-price-to-look-more-feminine.html>.
19. Pelúcio L. *Abjeção e Desejo: uma etnografia travesti sobre o modelo preventivo de Aids*. São Paulo: Annablume, Fapesp; 2009.
20. Preciado P. Entrevista com Beatriz Preciado (por Jesús Carrillo). *Cad Pagu* 2007; 28:375-405.
21. Jarrín A, Pussetti C. Introduction. In: Jarrín A, Pussetti C, editors. *Remaking the Human. Cosmetic Technologies of Body Repair. Reshaping & Replacement*. New York: Berghahn; 2021.
22. Moreno Figueroa M. Displaced looks: The lived experience of beauty and racism. *Feminist Theory* 2013; 14(2):137-151.
23. Tate S. *Black Beauty. Aesthetics, Stylization, Politics*. Farnham and Burlington: Ashgate; 2009.
24. Liebelt C. Beauty: What Makes Us Dream, What Haunt Us. *Feminist Anthropol* 2022; 3(2):206-213.
25. Craig M. "Ain't I a Beauty Queen?": *Black Women, Beauty, and the Politics of Race*. Oxford: Oxford University Press; 2002.
26. Jarrín A. Untranslatable Subjects. Travesti Access to Public Health Care in Brazil. *Transgender Studies Quarterly* 2016; 3(3-4):357-375.
27. Irving D. Normalized Transgressions: Legitimizing the Transsexual Body as Productive. *Radical History Rev* 2008; 100:38-59.
28. Butler J. *Precarious Life: The Power of Mourning and Violence*. New York: Verso; 2004.

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