

Chapter 25

Not Yet Queer Enough: Revising “Gender” in Development

Witchayanee Ocha

1 Gender and Bodies

After the birth of a baby, the first question asked seems almost inevitably to be regarding its sex. From then on, having ascertained the sex, the process of gender forming begins, or at least that is the story of sex and gender as portrayed by theoretical models. Modern Western society distinguishes sex from gender with the argument that whatever biological sex the child appears to be is intractable and gender is, subsequently, culturally constructed. As a consequence, according to Butler (1990: 3), “it becomes impossible to separate out ‘gender’ from the political and cultural intersections in which it is invariably produced and maintained.”

At the center of commonsense, thinking about gender in contemporary Western culture is the idea of bodily difference between women and men. There are, it is usually assumed, two types of bodies, male and female, which are sharply distinct from each other, indeed, opposed to each other. These distinct bodies, it is assumed, give rise to two different kinds of person.

In the 1970s, feminist theorists proposed a sharp distinction between *sex* and *gender* that seemed to dispose of this problem. Sex was the biological fact, the difference between the male and female human animal. Gender was the social fact, the difference between masculine and feminine roles, or men’s and women’s conditioned personalities. Second-wave feminism tended to universalize men and women so as to make the case for women’s liberation. This generated a huge critique by women around the world, suggesting that this second wave did not adequately include those whose identities developed along plural axes. Butler’s critique was that second-wave feminism’s gender discourse merely reproduces heteronormativity

W. Ocha, Ph.D. (✉)

Rangsit University, International College (Building 11, 2nd Floor) 52/347 Muang-Ake,
Paholyothin Road. Lak-Hok, Pathumthani, 12000, Thailand
e-mail: witchayaneechoa@gmail.com

and in doing so, performs a great disservice to nonnormative women. Butler's works (1990) "Gender Trouble" gave rise to third-wave feminism as a critique of the second wave. Earth (2006: 7) writes: "Many exponents of the third wave consider male to female transgenders to be a further category of the female gender and therefore a legitimate inclusion to the women's movement." The gay liberation movement has long recognized the rights of transvestites,¹ transsexuals,² and intersex³ people located on the fringes of the gay movement. The convergence of feminism and the gay liberation movement, essentially through the emergence of third-wave feminism recognizing more marginal sexualities, has resulted in the emergence of "queer" as an inclusive category. Queer includes many diverse and marginal sexualities, intersex people and transgenders. Gender is not a continuum stretching between binary opposites, but a multidimensional space in which a galaxy of possibilities exists. The visible nature of these marginalized sexualities in Thailand has encouraged those who visit to perceive a sexually free culture, whatever the actual truth may be.

2 Medical Technology

Aizura (2011: 144) points out that "Thailand is now known by many as one of the premier sites worldwide to obtain vaginoplasty and other cosmetic surgeries; indeed, many surgeons advertise that Bangkok is the 'Mecca' of transsexual body modification." Winter (2004: 7) too writes that "Thailand probably boasts one of the highest incidences of transgenders worldwide. No one knows for sure how many transgenders there are, but the figures range from 10,000 to 300,000. Even the lowest of these figures would put the incidence way above western countries." Although exact numbers for the transgender population are elusive, "the estimated ratio of transgender to straight men is 1:30,000" (Banyanathee and Piyyopornpanit 1999: 324). Nowadays, Thailand is a popular place for sex-change operations not only for Thais but also for foreigners, because there are many clinics which produce satisfactory results and are less expensive than in the west (Totman 2003).

¹ Transsexual (MTF) male to female transgenders who have had full sex reassignment surgery to be full female (outwardly appearing).

² Queer includes many diverse and marginal sexualities, intersex people: "human beings whose biological sex cannot be classified as clearly male or female" (Money and Ehrhardt 1972; Domurat 2001) and transgenders. The convergence of feminism and the gay liberation movement, essentially through the emergence of third-wave feminism recognizing more marginal sexualities, has resulted in the emergence of "Queer" as an inclusive category (Jagose 1996). *Queer theory* studies and has a political critique of anything that falls into normative and deviant categories, particularly sexual activities and identities.

³ "The term 'transgender' is widely used to encompass transsexual people, cross-dressers or intersex" (Tirohl 2007:287): "to described those who do not conform to the expected roles of either male or female" (Chau and Herring 2002: 333).

Tiewtranon and Chokrungravanont (2004) note that sex reassignment surgery (SRS), considered as a medical treatment for GID, to change the body to fit the self-image, was established in 1975 in Thailand. However, this specific treatment requires a large budget both before and after the operation. Many transgenders (referred to as *kathoey*s in Thai – see Chap. 26 in this volume) enter the sex trade with the promise of easy money to save for this specific purpose. It does not mean that every transgender has a chance to have this specific treatment. Transgenders who wish to undergo surgical treatments but do not have the financial means to achieve this still maintain a fully male body but continue with their diverse sexual preferences.

3 Thailand’s Sex Tourism

According to Gallagher (2005: 1), “sex tourism has received minimal attention in academic arenas and consequently remains under-theorized and restrictively conceptualized as brief sex-for-money exchanges between heterosexual men and brothel-based female sex workers. However, these images are becoming increasingly divorced from the realities of Thailand’s sex tourism industry in the twenty first century.” Gallagher (2005; cited in Ocha 2013: 202) notes that “alongside female sex workers, burgeoning numbers of male and transgender (*kathoey*) sex workers are now serving male, female and transgender tourists.”

Thailand is known as “*the sex tourist destination*” (Gallagher 2005: 4), and although this is still a valid viewpoint, the nature of that sex has begun to shift dramatically in recent years, with male and transgender sex workers now increasing in number to serve in the sex tourism market (Ocha 2012). Gallagher (2005; cited in Ocha 2012: 566) states that “two salient trends in particular have emerged: the growing heterogeneity of sex tourists and the variety of sex workers and, sexual-economic exchanges.” The tourism campaign often promotes Thailand as “exotic and erotic” in an attempt to attract tourists. The sex industry appears to be drawn to Thailand as a place for these emerging other sexual forms to flourish and feel welcomed (Ocha 2012). Therefore, the global sex industry is very much the source stabilizing and driving forward the creation of new gender identities that are becoming a more visible element of the sex industry in the contemporary period of Thailand (see also Chaps. 19, 20, 23, and 26 in this volume on sex industry in Thailand).

The study on which this chapter is based was conducted in Thailand’s sex tourist industry. It reveals that economic exchange diversifies more sexual practices and performativity (Butler 1990)⁴ is maximized. The research shows that the capitalization of the sex industry is opening new possibilities of gender identities, which are

⁴Performativity is the condition of sexuality of a person who has been exposed to certain influencing factors. These factors can never be constant from person to person, and therefore sexualities developing in response to these factors will be different in every case, giving rise to the notion of “endless performativity” by Judith Butler (1990).

influenced by the modernization of sex work as well as the medical technologies, which have superimposed on the Thai transgender identities (Ocha 2012). These make gender concepts even more complex. Finally, the chapter concludes that bodies are plural and very diverse. There are not just two kinds. There are multiple kinds of bodies and lots of differences among them. Even in reproductive biology, human bodies are not strictly dimorphic. There is a complex group of intersex categories, such as people with extra or missing or damaged chromosomes. Connell (2000: 23) says this clearly: “These categories have long fascinated sexologists; they do not correspond in any simple way to behavior or a sense of identity.”

4 Gender Performativity

Judith Butler (1990) explains her notion of performativity in simple terms showing that it is in no way related only to stage performances or drag. Performativity implies that a process of iteration of situations and occurrences that constitutes the subjects’ condition and shapes and leads the subject down a particular path of behaviors. Accordingly, “iteration implies repetitiveness and this, coupled with the threat of ostracism through threat or taboo; even death can shape the production of behaviors but not fully determine them in advance of current situations” (Butler 1990: 17).

Performativity then is the conditioned sexuality of a person who has been exposed to certain influencing factors. These factors can never be constant from person to person, and therefore sexualities developing in response to these factors will be different in every case and constantly in flux as more iterations play out giving rise to the concept of “endless performativity” (Butler 1990).

Drawing on the work of Judith Butler (1990), a conceptual framework of the study is to explain how the global-Thai sex sector is creating/re-creating under the context of globalization. The sex industry in Thailand has in fact been a key source of proliferation of diverse performativity among sex workers. The research aims to explore areas of “performativity” as producing/reproducing by sex workers as well as the effect of the medical technology resulting in “gender diversification.” Gender as a concept has to be accommodated, including all the variations of Thai gender discourse impacted on globalization in the contemporary period. See also Chap. 26 for other interesting theories regarding gender performativity (Fig. 25.1).

5 The Study

Between 2006 and 2009, I interviewed 65 male to female transgender sex workers who were working in the famous tourism hot spots: the cities of Bangkok and Pattaya in Thailand. Within the research framework, the primary method of gathering data was in-depth interviews. The respondents were recruited from those who could provide expert or semi-expert opinions regarding their gender/sexual identities.

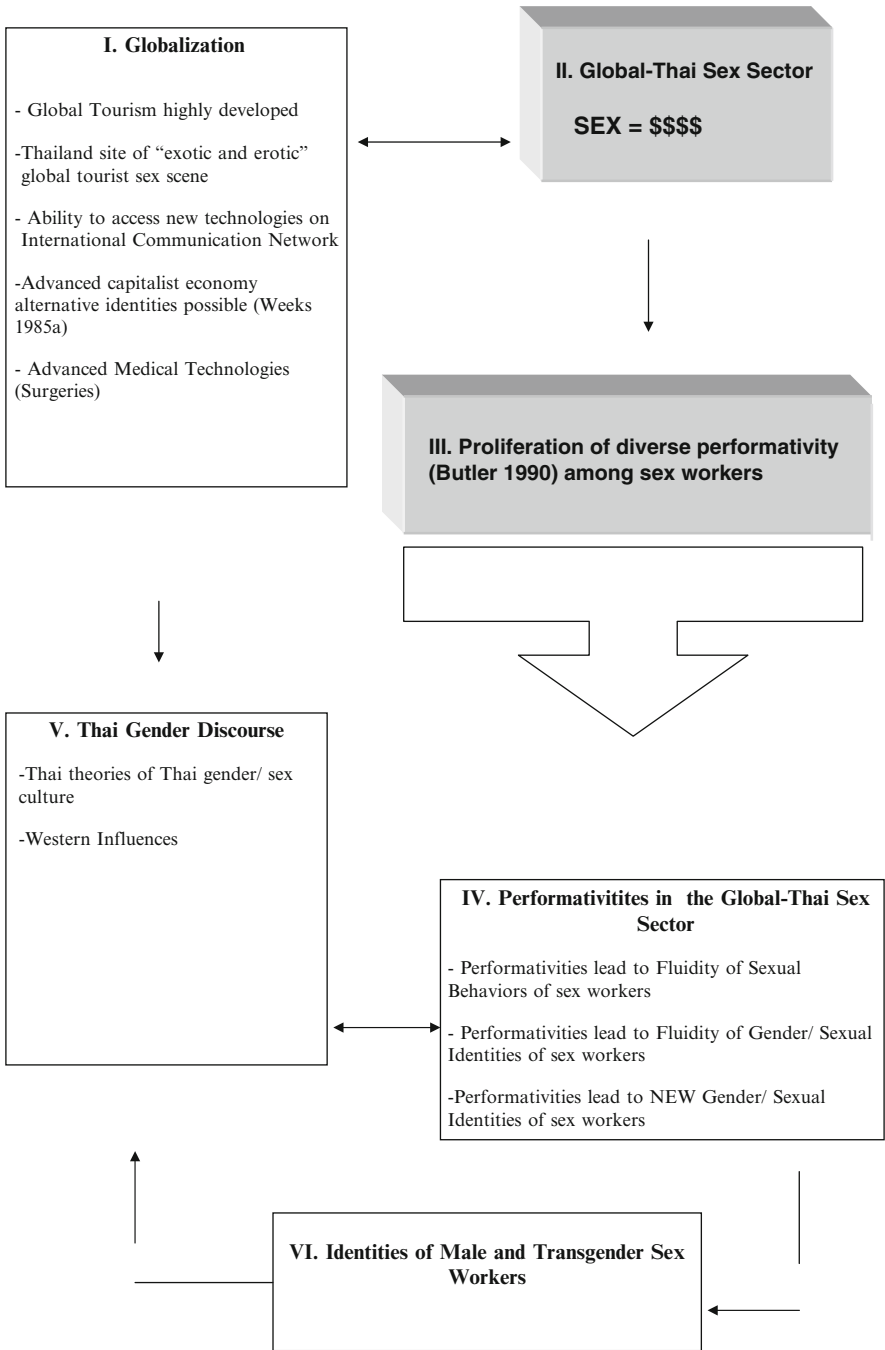


Fig. 25.1 Conceptual framework of research. How globalization shapes gender/sexual identities in the Thai contemporary period?

These were respondents who have more than a year's experience in the sex tourism industry. I asked their permission to interview them and carefully recorded and analyzed their narratives. Later, I returned the conclusions for them to audit and reconfirm the information. The names mentioned in this chapter have been changed with the aim to protect the identities of the respondents.

6 Transsexuals (Full Transformation)

The study finds that the participants have an age range of between 17 and 37 years. Nine had high school education or higher, while the majority had quit school at grade nine or lower. Many of them felt that they wished to have a female physical identity since childhood. However, they tried to avoid showing gender-bending behaviors to their families. Characteristics of their family and how they have been raised do not differ from other families in general. It is not able to confirm that the above two factors are responsible for gender-bending behaviors.

The tourist sex sector is the key to accomplishing a female body both by creating the demand for transsexual sex services and by being the one place where transgenders can access the amounts of money needed to acquire and maintain a female body. All 25 informants entered the sex trade because it was a place that both demanded and paid for a transsexual body. Their self-motivation on sex reassignment surgery was explained in different ways.

I have been attracted to men so this makes me think I'm probably a woman. (Prim, 27 years old, a sex worker in a Go-Go bar in Patpong)

I feel I am a woman so I think that I have to like men. (Tik, 23 years old, a sex worker in Host Bar in Patpong)

I am not a woman but I just want a female body. (Nok Yung, 30 years old, Nang Show in a Calypso Cabaret Patpong)

These are three samples of transsexual group who received sex reassignment surgery (SRS) in the same year (2002). Nok Yung, Prim, and Tik received their sex reassignment surgery from three different hospitals. Nok Yung was a waiter in the restaurant in Pattaya before the operations. Prim and Tik have been working in the sex industry since they began employment. Nok Yung cross-dressed and appeared to have a feminine identity after undergoing full gender reassignment operations, breast augmentation and vaginoplasty, while Prim and Tik start cross-dressing before undergoing the surgical operations. Their practical experiences and comparisons from before and after the full operation are explained in the following Table 25.1.

The gender transforming ideologies can be explained through the above table. There are various sexual identities among the respondent group, representatives from both before and after the SRS, and it is evident that their sexual preferences do not necessarily correspond to their gender identities. Tik has a transvestite identity before the surgery but performs sexual acts with her clients as a man (vaginal intercourse-top with women). Generally, in the case of male to female transgenders, the gender identity, either female or third sex, develops well before sexual preference,

Table 25.1 Before/after sex reassignment surgery (SRS)

	Nok Yung	Prim	Tik
1. Surgical status	Postoperations	Postoperations	Postoperations
2. Marital status	Divorced with two kids	Never married	Never married
3. Career/education	High school diploma	Primary school	Vocational degree
4. Gender identity realization (coming out)	Neither man nor woman since 13	Third sex (gender-bending behaviors) since 8	Claims feeling trapped in the wrong body since 4–5
5. Gender presentation prior to SRS	Man	Female (hormones, cross-dressing, breast implants)	Transvestities
6. Preferred sexual activities/partner(s) prior to SRS	Anal sex-bottom with men	Anal sex-bottom with men	Vaginal intercourse-top with women
7. Sexual orgasm prior to SRS	Vaginal intercourse-top with women	Male’s orgasm but not strong psychological	Male’s orgasm
8. Sexual orgasm after SRS	Strong psychological	Women’s orgasm	Mostly psychological
9. Preferred sexual activities/partner(s) after SRS	Fake orgasm	Vaginal intercourse-bottom with men	Vaginal intercourse-bottom with men
10. Gender presentation after SRS	Vaginal intercourse-bottom with men and lesbian sex (passive role) to women	M to F transsexual	M to F transsexual
11. Sexual objectives practice	Everyday (oral/vaginal/anal)	Two to three times a day (vaginal/oral/hand)	Everyday (vaginal/oral/hand)
12. Stability of sexual preferences	Unstable	Stable men	Rather stable
13. Religious practices	Meditation	Visit temples	Donation and reading Buddhist Principle
14. Satisfaction with SRS	Not quite	Satisfied	Quite satisfied
15. Consequences problems after SRS	Not being able to reach women orgasm	Specific treatments and money are required to maintain the body	Not able to reach orgasm as before
16. If they could go back to the phase before operation, would they do it?	No	Yes, but would choose to apply SRS in other hospital	Yes, but would study more in depth for side effects from transsexual side, not from doctor’s side!

Source: Compiled from in-depth interviews, 2006–2009

but there are a few, such as Prim, who find that their sexual preferences lead them to develop their own gender identity. This group tends to develop essentially as young women, developing what they see as a heterosexual attraction to men in the same way any natural woman would. From an early age, they feel that they are woman on the inside. Prim adhered strictly to sexual acts with men which she performed anal sex-bottom with men before SRS but now performs vaginal intercourse-bottom with men. Nok Yung was bisexual and performed anal sex-bottom with men and vaginal intercourse-top with women, but after SRS, she usually performs vaginal intercourse-bottom with men and lesbian sex (passive) with women. Tik performed vaginal intercourse-top with women, and after SRS, she usually performs vaginal intercourse-bottom with men and she sometimes can also perform lesbian sex (passive) with women.

7 Subsequent Problems After Surgical Operations

“Human monster” (*a-manut*) is translated from the Thai word “*a-manut*” by transgenders themselves (Ocha 2012). They refer to themselves as “sick human beings” after the surgery turned out badly and made them into something unrecognizable in Thailand. Some transgenders are dissatisfied with the medical technology they undergo as they can suffer unforeseen consequences and side effects. For identity purposes, some male to female transgenders still want to become transsexuals, while others do not think this necessary. Knowledge of the side effects the surgery could bring is passed through the community by word of mouth, generally spread by the older generation of transsexuals to the young generation. This knowledge in some cases does give them cause for concern, and this, coupled with the financial issues, may encourage them not to go ahead with the surgery. This shows that these two groups are different in the form of body.

From the fieldwork, 7 out of the total 25 transsexuals were satisfied with the result of their surgeries, despite the special care, knowledge, and extra money required to maintain the new anatomy. The remaining 18 transsexuals complained about side effects, and their satisfaction with the surgeries varies, depending on the severity of the side effects they experience. Furthermore, ten transsexuals accepted that if they could go back to the phase before the sex-change operation (vaginoplasty), they would not have had the surgery done since a vaginoplasty would generally have more serious side effects than having breast implants, and a vaginoplasty is irreversible.

Tina was one sex worker who has undergone SRS three times within 10 years by three different doctors. She accepted that regular health checks and money are required with specific treatments to maintain the new anatomy. In order to control the long-term effects after surgeries, it means raising more and more money when she gets older. She is now a long-term patient who will require medical treatments forever.

Nira, 32 years old, a sex worker in Patpong, had to remove her silicone breasts when the size and shape did not turn out right 3 years after the surgery. She was performing sexual services with unnatural body (vagina but no breasts) during that time. It took her a year to collect money and once again have breast implants to enable her to look perfectly feminine. She said that many of her transsexual friends experienced unsatisfactory results after surgeries but some did not have money to correct them. These people are living as “human monsters” (*a-manut*), and three of Nira’s transsexual friends who were suffering from side effects after the surgeries committed suicide 3 years ago, one by stabbing herself and two by jumping from tall buildings.

I contend that important to all transgenders are questions relating to whether or not to undergo a full sex-change operation. Is full sex reassignment worth the risk? Is full transformation the only way to be more fully themselves? Or is it possible to have a compromise? These are current discussions in the subcultures. This might be an exploitation of a growing numbers of “unnatural” bodies in Thailand’s sex tourism.

8 Transgenders with Unnatural Bodies (Semi-reassigned State)

This group of respondents is, on average, aged between 20 and 35 years. Most of them did not graduate from high school, generally exhibiting a lower level of education than fully transsexual sex workers. Transgender (breasts, penis and vagina, no breasts) sex workers usually appear feminine identities (cross-dress) in public spheres which are difficult to distinguish from transsexuals. They engaged in sex work as a full-time job. There were some however who work part time when their bodies are not yet ready for sexual services due to medical treatments. They drink and talk with tourists for some hours but do not work full time or provide sexual services. It was difficult for them to gain mainstream employment when their gender identities do not fit with the gender indicated on their identity card. Some transgenders who have “unnatural body” reported experiencing criminal charges for submitting fake identity cards for job applications.

Out of the total of 40 transgenders with a feminine identity (on stage), 32 received breast implants but maintain their natural genitalia. Out of these 32 transgenders, 7 were waiting to receive a vaginoplasty in the near future to become complete transsexuals, while 25 were satisfied with an unnatural body, having breasts and a penis. Eight have received a vaginoplasty but did not have breast augmentation, and from those eight transgenders, five planned to receive breast implants when they have sufficient finance, while three are satisfied without breast implants. Characteristics of the family and the way transgenders have been raised do not differ from other families in general, and this study is not able to speculate on the above two factors being responsible for one becoming a transgender. Some felt that they were actually female from birth, while some felt their physical sex was incorrect once they entered

puberty. Other members of the family accept the identity of these transgenders with unnatural bodies gradually and to varying degrees. The various bodies and intentions regarding their bodies are summarized as follows:

9 Transformation of Gender Identities of Semi-reassigned State (Breast with Penis) Transgenders

9.1 *Mint (Type A1)*

Mint (22 years old, an artist in Patpong) is a transgender who called herself a *sao siap* (a woman who can penetrate). Like other transgenders, she dreamed of having a great female figure but after the breast implants, found great pleasure in her ambiguous body.

I have been wearing female costumes since I was 15 years old. My desire to have full sex reassignment surgery has changed through time. I started with breast implants at the age 18 because I wanted to get a job as an artiste in a cabaret theatre. I felt that I needed breasts, vagina, and beautiful legs to be a success in my career. I have been using the plastic tape to hide my penis but I was very disappointed that I couldn't wear some specific female costumes. It was at this time that I felt that I really wanted to go ahead with a vaginoplasty...

When I was saving money to for the vaginoplasty. I met a boyfriend who liked my penis. I also heard from many of my transsexual friends that they lost their sexual feelings after this operation and felt that having a vagina was not worth losing my sex drive and the pleasure of sex. I want to stay as *sao siap* (a woman who can penetrate). I feel comfortable as *sao siap*.

9.2 *Num Fon (Type B1)*

Num Fon (27 years old, a sex worker in Patpong) is one of the five transgenders who have had a vaginoplasty and rejected to apply breast implants in the near future. Num Fon began to perform all kinds of sex with men in the sex industry before having the vaginoplasty. After the operation, Num Fon had to learn to perform receptive vaginal intercourse which she described as not easy because she had to get used to having new and different genitals and the way that sex feels and makes her feel. Num Fon was one of three transgenders in the respondent group who decided against breast augmentation, while five of the others expect to have breast implants in the near future. Num Fon mentioned in the interview that the fluidity of her sexuality corresponds to her new anatomy. She felt that without the vaginoplasty, she could perform as a homosexual male but was unable to be a fully functioning female. After the surgery, she was limited to performing as a heterosexual female.

There is no rule governing which part of the body should be operated on first. Some start with the upper part, some start the lower part, some struggle to decide due to insufficient budget or instability of sexual preferences and some are afraid of the side effects. I first

started my sexual services (all kind of sex) strictly with men tourists but five years later, I had a vaginoplasty with the plan to have a complete female body. When I had enough money for breast implants...I was not sure if I still wanted to do it.

I can always cross-dress and use breast enhancers or push ups for a great feminine feature. I have seen my friends who have had breast implants...they looked far different from nature in terms of size and shape. They need a lot of money to maintain the silicone breasts and to cope with all the consequences and problems when we get older and older. No, I don't think I want breast implants anymore.

The money for the breast implants is saved in my bank account. It is much cheaper to buy just breast enhancers. I perform only vaginal intercourse-bottom/ anal sex-bottom with men at the moment...and my tourists do not mind about my body. My boyfriend is ok with my unnatural body and I have a few sizes of breast enhancers to fit different costumes. Oh Yeah, I do feel comfortable this way.

These are examples of transgenders out of the total of 40. All of them showed different kinds of identities comprising distinct subjectivities and sexuality in distinct way. Num Wan was one of the 32 transgenders in this study who was satisfied with the semi-reassigned state (breast with penis).

Here, his/her transformation of body is followed through the phases. Nok Yung, Prim, Tik, and Num Wan were visitors to the Empower Foundation on the fifth of May 2006. At that time, Nok Yung, Prim, and Tik displayed cross-dressing behavior and appear to the public as feminine, while Num Wan had not yet decided to cross-dress. Num Wan was confused about his/her own identity, and I was interested in examining his/her identity transformation and behaviors. The phases of transformation of Nam Wan will now be analyzed.

9.3 Gender Transforming Ideologies: The Case Study of Num Wan

9.3.1 The 1st Phase (May 2006): “I’m accepted as a man”

Num Wan felt that he/she was accepted as a man in the relationship with his/her female lover; they shared a heterosexual relationship with each other. Num Wan served as both vaginal intercourses-top with women and anal sex top/bottom with men tourists in Patpong. Nok Yung (Num Wan's friend) was the first person Num Wan told that he/she was not happy being a man. It was Nok Yung who recognized Num Wan's confused identity and changed his/her attitude and behavior toward him/her.

9.3.2 The 2nd Phase (Sept. 2006): “I’m not happy to be treated as a man”

In this phase, Num Wan suffered mental conflict and was frustrated at being treated as a man by others; this was exacerbated when his/her lover wanted others to treat him/her as a man. All sexual services provided for both men and women tourists

that he/she performed created more pressure for Num Wan when he/she was not sure who he/she was. Nam Wan would ask himself/herself: What is my gender identity and actual preference?

9.3.3 The 3rd Phase (Jan. 2007): “I can’t belong to both categories of man and woman”

Num Wan was feeling isolated from others, even his/her own female lover and said: “*Women consider me as a man, and some men feel that I am actually a man but slightly different.*” At that time, Num Wan felt closest to transgender people like Nok Yung, Prim, and Tik. Num Wan started to take female hormones orally and dress up as a woman at times.

9.3.4 The 4th Phase (May 2007): “I discovered that I’m very definite in my perception of the categories of man and woman”

In the 4th phase, Num Wan was suspicious about his/her female lover who warned him/her to behave in a manly fashion. Num Wan felt that this was an attempt to control his/her gender. Eventually, this control by his/her female lover annoyed Num Wan, and the relationship ended when Num Wan decided to dress up as a woman permanently like Nok Yung, Prim, and Tik.

9.3.5 The 5th Phase (Dec. 2008): “It doesn’t matter whether people treat me either as a man or a woman”

The 5th phase is divided into three parts. Each part enhances Num Wan’s self-narrative: “*I won’t be controlled by the treatment of others.*” Num Wan’s girlfriend expected him/her to behave in a manly fashion, disregarding how he/she feels inside. Many of Num Wan’s clients expected female behaviors, Num Wan’s friends consider him/her to be a man but slightly different, and Num Wan felt being pulled in different directions.

Part 1. “I just want a female body”

Num Wan’s view changed from wanting to be treated by others as a woman to just wishing to have a female body. At this phase, Num Wan decided to receive breast implants.

Part 2. “I had a boyfriend”

Nam Wan had a boyfriend who was initially just a friend. This had an enormously positive effect, and Num Wan began to consider having sex reassignment surgery. Nam Wan was convinced from this new relationship that he/she probably is a woman.

Part 3. “I haven’t ever had ‘woman education’”

Num Wan began to realize that the boyfriend liked his/her penis and felt satisfied with the unnatural body. He/she performed both anal sex-top/bottom with his/her boyfriend and men tourists. After some time, Num Wan noticed the fact that women have a “certain aura” which is instilled in them from birth and developed through life and became convinced that he/she could not learn to emulate this aura.

9.3.6 The 6th Phase (Mar. 2009): “I decided to live as a transgender with unnatural body though I’m disconcerted by others’ suspicious glances”

Num Wan decided to live as *sao siap* and no longer desired to be treated as a real woman. Num Wan expressed this phase as the “delicate phase.”

9.3.7 The 7th Phase (July 2009): “I want to be myself but my feelings vary according to the situation at the time”

Num Wan had a concrete desire that he/she should be treated as a person who is a transgender (breasts with a penis) but realized that his/her feelings varied according to the present situation because he/she was also a person living everyday life. The story of Num Wan demonstrated the concept of fluidity of sexuality; he/she was not sure if the *sao siap* identity was his/her stable identity and accepted that it may change with time and his/her situation at any point in life. The factors which could affect a change Num Wan’s gender identity are place, time, situation, clients, and of course, the preferences of his/her own lover.

In the Thai sex tourism’s industry, the unique selling point of the transgenders who have unnatural bodies (breasts with a penis) or *sao siap* (a woman who can penetrate) is the ability to perform both anal sex-bottom and anal sex-top in private while outwardly displaying a perfectly feminine identity in public. This allows their male partners to keep up the pretense of a heterosexual status in public (Ocha 2013). There were seven tourists interviewed during the fieldwork who accept that they prefer transgenders with unnatural bodies who cross-dressed, behave with a feminine identity, but maintain a penis.

Transgenders with unnatural bodies have not been well known in society until recently despite the long and gradual process of change undergone to transform from a full male to an outwardly appearing full-female body. The gender identities of these transsexuals must change on a sliding scale between full male and full female from the beginning up to the point of complete transformation. Previously, transsexuals were probably less open about their partially gender reassigned bodies than they are in the present day, and some transgenders are happy to remain in this semi-reassigned state and do not desire the full reassignment surgery. These new gender identities are expressed freely in Thailand’s sex tourism industry in the twenty-first century, but was kept hidden in other areas of Thai society in the past.

Presently, transgenders with unnatural bodies especially *sao siaps* have become available in the sex industry alongside transsexuals. These *sao siaps* advertise the fact that they can offer a choice of unique sexual experience. Not only do these new gender identities hope to be recognized in the Thai society, but there are also reports of growing demand in foreign countries (Yamphaka 2007: 13).

The globalization of the sex industry is not only responsible for driving the fluidity of sexual behaviors/identities in Thailand. It is one of the factors responsible for the creation of new gender/sexual identities (Ocha 2012). This driving force of financial gain brought by the global sex trade when coupled with advancing medical technology and the unlimited human imagination allows the argument that new gender/sexual identities are and will continue to be created in order to satisfy the sexual desires of those who can afford to pay for them. The chapter confirms that transgenders who are satisfied with their semi-reassigned state have their own identities, providing a different kind of sexual service than transsexual sex workers. These new gender identities have their own market and their own customers with the sex industry providing the secure environment in which they can flourish. This evidence of transgender with unnatural bodies demonstrating a differing self-identity from that of the transsexual (full transformation) inserts another identity into the scale between male and female, adding evidence for the fluidity of sexuality. These identities would be difficult to differentiate without the now available medical technology to enable a physical demonstration of their differences, but it is unlikely that they are a new phenomenon, just emerging in this world of technology, rather that the technology allows the realization of their inner identity.

10 Discussion and Conclusion

The global tourist-Thai sex sector in Bangkok and Pattaya is large and dynamic, but experiences of gender-variant people are not widely appreciated due to social marginalization. Drawing on the work of Judith Butler (1990) on “endless performativity” concept, the study demonstrates that each person is a product of the situations and experiences that are lived through and that the performativity demonstrated by the sex workers cannot be understood outside of a process of iteration, a repetition of events, or situations experienced through their life in the sex industry. The experience in the commercial sex industry may impact on both new forms of gender/sexual and identities of sex workers. This study fills the “gaps” in the knowledge of body, sex, gender, sexualities, and new subject positions that still need to be understood at national and international levels in order to arrive at an accurate understanding of the concept of gender in Thailand today.

This chapter argues that in order to understand gender as a historical category, it requires a recognition that gender, understood as one way of culturally configuring a body, is fluid and constantly in flux, and that the relationship between anatomy and sex is not rigidly set out as the transgenders have clearly shown. Butler (1990: 63) contends that “gender is a different sort of identity” in which identity is repetitively

constituted, “and its relation to body reference is complex.” My research has set out to prove this by demonstrating empirically the great diversity of life experiences, which cannot be described as conforming to hegemonic models of masculinity or femininity. The male to female transgenders show that gender is the sort of identities, and that they can mimic or even change nature using medical technologies, opposing themselves from social constructionists (Ocha 2013). Medical technology can respond to human needs in a corrective capacity by helping match the body to the state of mind of transgender people, but they can also be used in a creative capacity, encouraging and providing the means for people to change or create new genders in order to profit from the resulting “unnatural” body in Thailand’s sex tourism.

The sex tourism is a major site of new sexual and gender expressions that can inform a more complex concept of gender. Weeks (1985; cited in Ocha 2012: 198) suggests that “the impact of global capitalism may affect life style changes that enable gender and sexuality to diversify.” Transgender sex workers (*kathoeyes*) are the most visible faces of these diversifying forms emerging, and the “gender diversification” by advanced medical technology suggests that various gender possibilities are open in Thailand. The desire of a unique experience of foreign tourists on holiday is one of the driving forces, encouraging positively tolerated environment on the modification of the human bodies on “transgender” sex workers in Thailand’s sex tourism.

Since medical technology allows humans to change their sexual anatomy, the link between gender and performativity must be relearned. The subjectivity/practice unity offers a new formulation for the study of gender diversification which everyone has rights to self-expressions as human beings. The chapter shows that transgenders who are happy to remain in the semi-reassigned state ought to be understood as engaged in a practice of self-determination, an exercise of autonomy. As Cornwall (2007: 76) contends, “if the ‘gender agenda’ is ultimately about redressing that which is unfair and unjust and challenging unequal privilege, then surely a focus on the changes that those who pursue it wish to see happen- greater fulfillment of human rights, equality, wellbeing and justice,” it is time, then, to refocus the “gender agenda” more explicitly not only on women’s right but also paying attention to “gender diversification.” In the backdrop of these quiet but real stories, the decision of the UN Human Rights Council to pass a historical resolution that seeks equal rights for all regardless of sexual orientation on June 17, 2011 is just a drop of morning dew in a thick forest of marginalization and discrimination (Ocha 2011).

References

- Aizura, A. (2011). The romance of the amazing scalpel: “Race”, labour, and affect in Thai gender reassignment clinics. In P. Jackson (Ed.), *Queer Bangkok: 21st century markets, media and rights* (pp. 143–162). Hong Kong: Hong Kong University Press.
- Banyanathree, W., & Piyyopornpanit, M. (1999). The dynamic of sex tourism: The case of Southeast Asia. In S. Rungetrakul (Ed.), *Tumra Sitawetchasart [Abnormal psychology]*. Bangkok: Ruen Kaw Publisher.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.

- Chau, P. I., & Herring, J. (2002). Defining, assigning and designing sex. *International Journal of Law, Policy and the Family*, 16, 327–367.
- Connell, R. W. (2000). *The men and boys*. Cambridge: Policy Press.
- Cornwall, A. (2007). Revisiting 'gender agenda'. *IDS Bulletin*, 38(2), 69–78.
- Domurat, D. A. (2001). *Hermaphrodites and the medical invention of sex*. Cambridge, MA: Harvard University Press.
- Earth, B. (2006). Diversifying gender: Male to female transgender identities and HIV/AIDS programming in Phnom Penh, Cambodia. *Gender and Development Journal*, 14(2), 258–271.
- Gallagher, R. (2005, July 7–9). *Shifting market, shifting risks: Male and transgender tourist-oriented sex work in South-East Asia*. Paper presented at “Sexualities, Genders and Rights in Asia: The first International Conference of Queer Studies,” organized by the Office of Human Rights Studies and Social Development at Mahidol University and the Asia Pacific Queer Network, at Ambassador Hotel, Bangkok, Thailand.
- Jagose, A. (1996). *Queer theory: An introduction*. New York: New York University Press.
- Money, J., & Ehrhardt, A. (1972). *Man & woman, boy & girl: Differentiation and dimorphism of gender identity from conception to maturity*. Baltimore: The Johns Hopkins University Press.
- Ocha, W. (2011). Thai transsexual's experiences with discrimination in employment: Migration and commercial sex in Thailand and The Netherlands. In A. Sharon, S. Petcharamesree, & Y. Sumarlan (Eds.), *Breaking the silence* (pp. 227–240). Bangkok: The South East Asian Human Rights Studies Network (SEAHRN).
- Ocha, W. (2012). Transsexual emergence: Gender Variant identities in Thailand. *Culture, Health & Sexuality: An International Journal for Research Intervention and Care*, 14(5), 563–575.
- Ocha, W. (2013). Identity diversification among transgender sex workers in Thailand's sex tourism industry. *SEXUALITIE. The Study of Society and Culture*, 16(1/2), 195–216.
- Tiewtranon, P., & Chokrungrvaranont, P. (2004). Sex reassignment surgery in Thailand. *Journal of Medicine Thai*, 8(11), 1404–1405.
- Tirohl, B. (2007). A study of the rights of cross-dressers in the UK. *Journal of Gender Studies*, 16(3), 277–289.
- Totman, R. (2003). *The third sex: Kathoey – Thailand's ladyboys*. London: Souvenir Press Ltd.
- Weeks, J. (1985). *Sexuality and its discontents: Meanings, myths and modern sexualities*. London: Routledge and Kegan Paul.
- Winter, S. (2004). Transgender and society: An Asian perspective. *Gender Identity Disorder (GID) Journal*, 2(1), 7–13.
- Yamphaka, J. (2007, June 13). Thai kathoeyes go international. *Manager Newspaper Daily News*, p. 13.