

Transpeople (*Khon kham-phet*) in Thailand

Transprejudice, Exclusion, and the Presumption of Mental Illness¹

Sam Winter

All Asian countries, Daniel concedes, are culturally very rich, and each has its very own unique attractions. **But Thailand has to be the most openly accepting of them all.** Which other culture throws open its arms and embraces every kind of person, not just letting them be but letting them be on their own terms? The acceptance here is complete and unconditional. 'I mean just look at the *katoeys* (also known as ladyboys),' says Daniel. 'So many of them, everywhere, this place is so open, it's just impossible to find anywhere else.' The level of freedom and right of existence is just incredible.

—Aparna Raut Desai, writing for the web publication
Global Gayz.com; emphasis in original²

My father hated my behavior very much; he was ashamed. He beat me until I was 14 years old. The final time my father beat me he yelled at me, 'What are you?' I told him, 'You can beat me until I die but I will always be like this. I cannot be a man.'

—Mumu, cafeteria worker and transwoman in Chiang Mai,
cited in Costa and Matzner (2007, 113)

Introduction

Gender identity variance (a person's identification as belonging to a gender other than that into which he or she was allocated at birth) appears to be a cross-cultural and trans-historical aspect of human diversity; people of gender variant identity have been present in many societies across many historical periods. In the past, such people were often mistakenly labelled as "hermaphrodites", even when their physiologies were indubitably male or female. In recent decades, gender-variant people in the West have come to be called transsexual, sometimes transgender, often more informally as "transpeople".

There is no commonly accepted Thai equivalent for the English term “transpeople”. Indeed, a single word, “*phet*”, denotes both “sex” and “gender”, undermining attempts to translate English terms such as “transgender” and “transsexual”. To make matters worse, Thai terms such as “*kathoey*” and “*tom*”, commonly used to describe Thai transpeople, are over-inclusive, often being used to describe gender-variant and sexual minority groups more generally. “*Kathoey*” has historically been used for those who, in the West, would identify as transpeople, as well as for men who would identify as gay. It is also used to describe men deemed effeminate. The term “*tom*” (from “tomboy”) is a female equivalent, not only describing transmen but also lesbians and other women deemed to have masculine qualities. It is worth noting that both these terms often offend the individuals to whom they refer, at least when used by outsiders. In other contexts, these terms are under-inclusive, referring to birth-assigned males and females respectively (but not to both). This sex specificity also applies to other, more trans-specific terms such as “*phu-ying praphet sorng*” (“second kind of woman”). Moreover, it is noteworthy that the term “*phu-chai praphet sorng*” (“second kind of man”) for masculine women, as a possible parallel to the expression “*phu-ying praphet sorng*” for feminine males, is entirely absent from common Thai usage.

In their struggle for rights, Thai transpeople face the challenge of constructing an affirming vocabulary of gender identity variance that recognizes the identities of all transpeople (*both transmen and transwomen*), yet also distinguishes transpeople from other queer groups in Thailand. A promising candidate is the neologism “*khon kham-phet*”, translated either as “person who crosses sex/gender” or, as its originator, Prempreeda Pramoj Na Ayutthaya, intended, as a “person who goes beyond gender”. As Peter Jackson notes in this volume, “*khon kham-phet*” was coined to try to capture the sense of gender and sexual fluidity reflected in contemporary Western understandings of “queer”. Drawing on this terminology, transwomen could be described as *phu-ying kham-phet*.³ By extension, transmen could be described as *phu-chai kham-phet*. However, Thais do not use this latter term, perhaps reflecting the lower level of cultural awareness of transmen in Thailand as compared with transwomen. The reader should note that both these usages ignore the birth-assigned gender of the persons concerned, instead emphasizing the person’s actual gender identity. “*Khon kham-phet*” enjoys increasing use.⁴

In many societies today, transpeople are the victims of stigma, leading to prejudice. This prejudice, a cocktail of negative attitudes and irrational beliefs that together reinforce the stigma and underpin discriminatory and oppressive behaviour, is often called “transphobia”, corresponding to “homophobia” in regard to gays and lesbians. In truth, “phobia” (fear) is but one element in

this cocktail, and Mark King et al. (2009) have recently pointed out that a more accurate term may be “transprejudice”.

Transprejudice engenders discrimination because it delegitimizes, undercutting transpeople’s claims to a quality of life corresponding to that of other people in their societies. In turn, discriminatory behaviour leads to the exclusion of transpeople from economic and social activity, driving them to the margins of society. Worldwide, transpeople living in transprejudiced societies encounter discrimination in the family, in places of worship, in education and the workplace, in the provision of health services, and in housing. The end result is social and economic marginalization—indeed, exclusion. Many governments and their agencies fail to protect transpeople against discrimination. At worst, they are active offenders, sometimes perpetrating egregious abuses. When a government neglects to protect a discriminated group, or actively perpetrates discrimination, then discrimination can be viewed as systematic, and one can speak only of oppression.⁵

What then, about Thailand? Thailand is home to a large and vibrant community of *khon kham-phet*. As many as six in every thousand individuals assigned male at birth may later present as transwomen or *phu-ying kham-phet* (Winter 2002a).⁶ As is evident in the first of the two quotations at the start of this chapter, Thai society has a reputation for being tolerant, even accepting, towards *khon kham-phet*, consistent with its reputation in regard to its treatment of homosexuality.⁷ Indeed, evidence suggests that indigenous cultural traditions have allowed a social space for gender-diverse Thais.⁸ Compared with some other religions, Thai Theravada Buddhism is relatively non-judgmental on matters of sexual and gender diversity, at least outside the monkhood. While some Buddhist scriptures disparage *khon kham-phet* (see Jackson 1998), at least one senior Buddhist scholar recently pleaded for tolerance towards such individuals. Moreover, while it is commonly believed that heterosexual adultery can lead to a person being *khon kham-phet* in the next life (Jackson 1998), there appears to be no corresponding belief that living as a *khon kham-phet* in this life generates similarly bad karma. Thai Buddhism therefore appears to take a relatively neutral stance on gender identity variance. No religious sanctions are imposed.

Comparative historical and ethnographic research suggests that cultural space for gender diversity was once common across much of Southeast Asia. Peletz (2006) has written about the “gender pluralism” evident across much of the region, and which ensured social inclusion for those we would nowadays call transpeople. Peletz argues that in more modern times this pluralism has declined, noting a “widespread but regionally variable delegitimization and stigmatization of transgendered practices” (2006, 310). However, Peletz may be

misreading the nature of what has happened. For example, Jackson, in referring to *khon kham-phet* working in the Thai beauty sector, has observed that there are probably more working in this sector nowadays than ever. The implication is that as one set of roles waned others flourished, and Jackson notes that the cultural space of gender variance in Thailand has likely shifted from the field of religion (described by Peletz) to the modern rituals of femininity and beauty.⁹

The limits of Thai acceptance of *khon kham-phet* are now well documented in research reports compiled by academics, service providers, and social activists.¹⁰ Jackson (1999a), blowing the whistle on the “myth of a Thai ‘Gay’ Paradise”, describes the situation as “tolerant but unaccepting”. As will become evident, the situation of *khon kham-phet* is somewhat similar.

Cameron describes the subtleties of social exclusion in Thai society for *khon kham-phet*, as well as a variety of other marginalized groups:

Those who break or defy social mores in Thailand are not directly challenged but rather they are ignored and rejected from society. Social alienation in Thailand is often a very subtle, but an extremely painful and debilitating, force for those who experience it. The visibility in society of . . . transgender people does not mean acceptance. Along with many men who are open about having sex with men, they are highly stigmatised and socially sanctioned members of Thai society. (2006, 6)

In some ways, transphobia seems less pronounced for *khon kham-phet* as compared with some other places worldwide. The worst excesses of transphobia seem absent. True, there are cases of fathers assaulting their gender-variant sons to coerce them into gender conformity, and of straight men sexually assaulting and raping young *phu-ying kham-phet*.¹¹ On the other hand, it appears that fewer *khon kham-phet* are murdered than in places such as the United States and the Indian subcontinent. Violence aside, I argue in this chapter that some of the most fundamental rights of Thailand’s *khon kham-phet* are denied on a daily basis. A recent publication commissioned by UNAIDS is instructive in this regard (Caceres et al., 2008). After researching the legal frameworks within which GLBT individuals live in low- and middle-income countries worldwide, the authors categorized each country on a five-point scale running from “highly repressive” at one end to “protective with recognition measures” at the other. Thailand made it only half way along the continuum, to the “neutral” category. On one hand, Thai *khon kham-phet* are not criminalized, unlike in neighbouring Malaysia, for example, where cross-dressing is banned (see Teh 2002). On the other hand, there is no protection against the subtle forms of sexual oppression that pervade Thai culture, nor is there any legal recognition of the gender status

in which *khon kham-phet* live, or of their intimate relationships (most commonly in mixed-gender couples regarded in law as same-sex). Recently, *khon kham-phet* have shown an unwillingness to continue passive acceptance of this minoritized position, beginning instead to organize themselves to fight for rights, and working with activists in the broad GLBT community to do so (see Douglas Sanders' chapter in this volume).

Before going on I need to clarify two of this chapter's limitations. First, though I will be addressing legal matters, I count myself as only a reasonably informed commentator; I have no training in law. Second, all my research in Thailand concerns *phu-ying kham-phet*, a more socially visible group than transmen, and, in my view, a group that possibly suffers more discrimination, too.

Constitution and Covenants

Thailand's national constitution guarantees basic rights, human dignity, and equality under the law in accordance with democratic rule under the king and in accordance with international obligations.¹² The most notable obligations are the International Covenant on Economic, Social, and Cultural Rights, or ICESCR, and the International Covenant on Civil and Political Rights, or ICCPR. Together, these two covenants seek to guarantee rights not only for the majority in a society, but also for the less privileged and for minorities. Article 2 in each treaty makes this explicit, stating that the rights listed should extend to all in a society, "without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or any other status". The "any other status" provision is key here. In the view of many working in the field of human rights, "any other status" should include sexuality and gender identity.¹³

Note that, in acceding to these two treaties (in contrast to simply signing them), Thailand has undertaken to be legally bound by their terms. It presumably places on the country a particular responsibility to promote and protect the rights specified in these treaties.

What are these rights? Writing in an international context, Caceres et al. (2008, 13) list a range of eighteen rights commonly cited in regard to the LGBT community. It might be argued that *khon kham-phet* experience violations of many rights on the list. The most commonly and comprehensively violated may be the following: the right to work (ICESCR Article 6), the right to marry and to found a family (ICCPR Article 23, paragraph 2), and the right to privacy (ICCPR Article 17, paragraph 1).

Transprejudice

Except where it is an unintended effect of inept legislation or bureaucracy, discrimination is an expression of prejudice; it is thought as expressed in action. What evidence is there, then, for prejudice against *khon kham-phet* in Thai society? In 2002 and 2003, together with Thai colleagues Nongnuch Rojanalert of Silpakorn University (Nakhon Pathom campus) and Kulthida Maneerat of Chulalongkorn University, Bangkok, I researched the attitudes and beliefs of 216 university undergraduates in those two universities regarding *phu-ying kham-phet*. The research was part of a larger study involving undergraduates in seven nations.¹⁴ Prejudice was evident. Half of the Thai students believed that *phu-ying kham-phet* were “somewhat unnatural” (*mi khwam-phit thammachat yu bang*). Nearly half (49 percent) could “not accept” (*mai yorm-rap*) their son becoming a *phu-ying kham-phet*, while around a third (31 percent) could not accept their sons having a *phu-ying kham-phet* as a girlfriend. In view of such prejudice, it was not surprising that discriminatory beliefs were in evidence. More than a quarter (twenty-eight percent) believed that *phu-ying kham-phet* should not be allowed to marry men. Around one in six (16 percent) could not accept being taught by a *phu-ying kham-phet* lecturer. Around one in eight (13 percent) believed that *phu-ying kham-phet* should not be allowed to work with children. These were the views of a young, highly educated, urbanized sample. We can only speculate as to the views of older and less-educated people, perhaps in the provinces. In many cultures such groups may be less open-minded, although in Thailand, and in regard to *khon kham-phet*, that cannot necessarily be assumed.¹⁵ Not surprisingly, in a separate study conducted in 2002 we found that 17 percent of *phu-ying kham-phet* believed that Thai society rejected (i.e. was actively negative towards) people like them (Winter 2006a). The second quotation at the start of this chapter spotlights what this can mean in reality.

Khon kham-phet clearly have a special type of problem here. Gays and lesbians who make public their sexuality find such “indiscretion” strongly disapproved of. Many therefore choose, and manage, to keep their sexuality a relatively private affair. Transpeople find discretion much more difficult. Gender identity variance is about who you are and how you present yourself. Transpeople, by their very nature, run the risk of being “outed”. They do so by simply being who they are: adopting an appearance and demeanour inconsistent with their natal sex.¹⁶

There are many transpeople worldwide, of course, who manage to get through most, if not all, social situations without anybody guessing that they are transgender. In Thailand there are many *phu-ying kham-phet* who manage to “pass” in various social situations as natal females. But I suggest that even for

these individuals Thai society contrives to hold them at arm's length, at worst pushing them out towards the social and economic margins.¹⁷

The Mechanics of Marginalization

Privacy issues

Many of the *khon kham-phet*'s problems regarding discrimination are linked to the personal documentation she carries. Regardless of how long she has identified as female and lived in a female role, and no matter the extent to which she now appears female and successfully "passes" as female, the Thai *phu-ying kham-phet* carries a male identity card and national health card, and if she travels abroad, a passport identifying her as male. The transman is in a similar situation. Of all documentation carried about the person, the identity card is particularly important in Thailand. It facilitates activities at the interface with business (e.g. opening a bank account), bureaucracy (e.g. registering for an educational course or medical care), and law enforcement (e.g. when asked for identification by a police officer). Whenever *khon kham-phet* need to show their identity cards, their status as transpeople is communicated: They are "outed".

In the light of the requirement that the ICCPR places upon the Thai government to protect its citizens' rights to privacy (including those of *khon kham-phet*), there would appear to be cause for concern. While Asian societies such as Hong Kong, Taiwan and mainland China, as well as Japan, South Korea, Singapore, Iran and Kyrgyzstan all offer transpeople the opportunity to change some of their personal documentation (at least after sex-reassignment surgery), similar inclusiveness in Thai society remains a comparatively distant goal.

For the *phu-ying kham-phet*, the identity card is not the only threat to privacy. All birth-assigned Thai men who have not undergone reserve-officer training at secondary school are liable to be called for military service at age twenty. For many *phu-ying kham-phet*, the immediate consequence is that upon being called up they have to undergo a physical examination, often with other recruits in their locality, and (in some documented cases) in full public view (see Jenkins et al. 2005)—so much for privacy.

Those *phu-ying kham-phet* who are conscripted and whose gender transition is relatively limited are often assigned non-combat duties, and are even allowed to wear makeup and modified uniforms during their period of military service. In contrast, those with breasts or who have undergone sex-reassignment surgery are discharged from military duties. But this is where another problem of privacy arises. Until recently, discharge papers (called *Sor Dor*. 43 in Thai) have been issued indicating the individual concerned suffers

from “a disease causing permanent psychological damage”. Throughout her later working life, whenever she applies for a job a *phu-ying kham-phet* may be required to show the *Sor. Dor. 43* document to her potential employer and is outed as “permanently psychologically damaged”. After extensive lobbying by Thai LGBT groups, and to the relief of *phu-ying kham-phet* nationwide, the military authorities recently indicated that these *Sor. Dor. 43* documents will no longer carry the offending phrase.¹⁸

Employment issues

With identity cards that “out” them (and military-discharge papers marking *phu-ying kham-phet* as “psychologically damaged”), it is not surprising that jobs commensurate with education and abilities are often elusive. A common refrain I have heard from *phu-ying kham-phet* is: “We just can’t get good jobs.” The following case provides some indication of what challenges can confront them:

I try waitress, bartender, any position that I can do. They telephone me for interview but after that it is silent. I do not know what to do later. I get older per day. When I get enough old they will not hire me. I do not know what will happen when I get old and no job. I feel depressed. So sorry to say.

The above quotation is from a short-message text sent to me on 15 October 2008, by Weewee, a twenty-eight-year-old university graduate and *phu-ying kham-phet*. By the time she sent this message she had already experienced a twelve-month period of almost continuous unemployment, despite many applications for jobs in the tourism, catering, and clerical sectors. Over the five weeks following this SMS, she attempted to earn money making snacks with her sister and selling them on the street. She was moved on by police and then, as a last resort, began working in a Patpong sex bar, where she was attacked by another bar worker. The night of the fight she went back to her room, took an overdose of prescription drugs, and slashed her arms and legs eighty-eight times, necessitating her admission to hospital. Within a week of discharge, and returning to the same life situation, she took another overdose and was hospitalized again.

The Thai government has also practised employment discrimination. Daily instances go unreported, but a particularly egregious case in 1996 attracted wide media coverage, when the Department of Education attempted to ban *phu-ying kham-phet* from training as teachers. Though the department backed down under opposition to the move, the effect was to send a message to training institutions.¹⁹ Interestingly, no report of the affair indicates that the proposed ban extended to transmen.

The effect of employment discrimination is pernicious. Some *phu-ying kham-phet* do not go to university because they feel their education there would be wasted. Those that do often find that they can get a job only in a back office, kept from contact with clients and customers. Two research studies of mine give an impression of the employment situation. In one study of 198 *phu-ying kham-phet* (Winter 2006c), of whom 153 had jobs of some sort, the major occupation sectors represented were cabarets for tourists (acting-dancing and makeup, costume design, and wardrobe work), beauty salons, and sex-work bars (dancer-hostesses). A few reported casual work in restaurants and cafes, shops, and stalls. There were few “middle-class professionals”. This was despite the many university graduates in the sample. Instead, the overwhelming impression was of “ghetto” employment, that is, employment in a narrow range of jobs where the more formal type of job interview might not be involved and, therefore, towards which *khon kham-phet* are nudged. Only a few worked outside the “ghetto” at travel and tour agencies and in offices and chain stores. One owned a small restaurant. Another reported work as a teacher.

It is often difficult to demonstrate that employment discrimination has taken place. Some employers may reject job applications from *khon kham-phet* because of their own prejudice. Others may do so because of anxiety about how customers, clients, or workmates will react to a *khon kham-phet* as a colleague. Still others, one imagines, might use concern for people’s sensibilities to conceal their own prejudices. Of course, the genuine reasons for the refusal to employ are seldom given. Nevertheless, sufficient evidence exists in Thailand to confirm that employment discrimination poses a very real problem for *khon kham-phet* and that it is a form of discrimination against which they have no effective legal protection. Thailand’s failure to enact effective anti-discrimination legislation in regard to employment undoubtedly undermines its inclusiveness. While legislation is not a sufficient pre-condition for equal opportunity (effective enforcement is also necessary) it would be an important first step, one that would be in line with human-rights obligations associated with Thailand’s accession to the ICESCR.

Legal status, marriage, and family issues

I wrote above of the privacy problems that arise out of the *khon kham-phet*’s inability to change the gender marked on the identity documentation he/she carries—documents that are intended to smooth interactions with businesses, bureaucracies, and law-enforcement agencies but which, in fact, undermine any gender privacy he or she has in those situations. A further problem arises in connection with his or her birth certificate, the document that designates the

individual's actual legal status as a man or woman. Increasingly worldwide, transpeople are able to change their legal gender status.²⁰ The right to do so is an important one, enabling heterosexual marriage and all its benefits, including parenting and adoption. Where it is available, this right usually extended only to those who have undergone sex-reassignment (i.e. genital) surgery. In a few countries it is extended even to those who have not.²¹ In Thailand it is denied to all. The *phu-ying kham-phet* therefore not only carries male documentation about her person; she is also legally male, and she remains so regardless of how long she has identified or lived as female, how much she has changed her body, or how well she "passes" as female in front of strangers. The same is true for transmen.

The absence of opportunity to change legal status has a dramatic effect on the lives of *khon kham-phet*. First, as Cameron observes, *phu-ying kham-phet*, "regardless of how they identify, travel as a man, are hospitalised as men, jailed as men, and drafted into the military as *men*" (2006, 29; emphasis in original). The law on rape, which held that only legally recognized women could be victims of rape, has also posed a problem.²² A recent legislative change, the result of determined lobbying by the Rainbow Sky Association of Thailand, a prominent non-governmental organization, has finally rendered Thailand's rape laws gender non-specific (see Douglas Sanders' chapter in this volume). Second, a *phu-ying kham-phet* is legally able to marry only a woman. Such a marriage is a same-sex marriage in any practical sense of the term, which is cruelly ironic in view of the fact that same-sex marriage (and even civil union) is supposedly not recognized in Thai law. Any ceremonies of marital union in which she and her male partner participate (e.g. religious ceremonies over which a Buddhist monk presides) have no legal force. Transmen are in the same position.

Among *phu-ying kham-phet*, the numbers affected are large indeed. The vast majority of Thai *phu-ying kham-phet* (around 98 percent) appear exclusively attracted to men (Winter 2006c). Almost all *phu-ying kham-phet* are consequently deprived of the practical right to marry and to enjoy its emotional, financial, and legal benefits, including opportunities for a family life (perhaps involving adoption of a child). These are rights that the ICCPR, to which Thailand has acceded, appears to guarantee. The interim constitution promulgated in 2006, promising adherence to "international obligations", appears to guarantee these rights, too.

The Impact of Transprejudice in Daily Life

The undermining of the rights to work, to marry and found a family, and to privacy all have a further impact on *khon kham-phet* lives. For the *phu-ying*

kham-phet, long-term unemployment reduces self-reliance and any capacity to contribute to the welfare of parents, grandparents, or younger siblings. It drags self-esteem down and drives many *phu-ying kham-phet* into sex work, including in specialized “*ladyboy*” bars.

Phu-ying kham-phet are not only pushed into sex work; there are also forces that attract them to this type of work. For some, it offers earnings beyond what is possible elsewhere, funding hormone treatment and surgery, and enabling support for parents and siblings. Work in specialized “*ladyboy*” bars may also provide a sense of community, especially for those who have migrated to the city. Finally, sex work provides some with the opportunity for nightly reaffirmation of an identity as female, as well as the possibility of meeting *farang* (foreigners), whom many Thai *phu-ying kham-phet* regard as more accepting towards gender diversity, and who may offer long-term financial support and take their *phu-ying kham-phet* girlfriends with them to their home countries, where marriage and a family may be possibilities. It is difficult to know how many *phu-ying kham-phet* are involved in sex work in Thailand. One study by Jenkins et al. (2005, 8) found that 15 percent were involved in full-time sex work, with an additional 50 percent supplementing their incomes elsewhere by way of occasional sex work. However, one has to be cautious about these sorts of figures. This research was conducted in Bangkok, Chiang Mai, Pattaya, and Phuket—all cities in which there are comparatively large sex-work communities. In addition, sex workers may be more “socially visible” and better networked and hence more likely, in an opportunistic sample, to become research participants than are those who make their livings outside sex work.

The *phu-ying kham-phet* sex worker is faced with a reality that is grim, even by the usually grim standards of sex work faced by natal females. Faced with pressures to take bar fines²³ and have sex with customers, they are left open to the risk of contracting sexually transmitted diseases, given that many customers are unwilling to use condoms²⁴ and that they may be the receptive participant in anal intercourse. Sex work, though widespread throughout Thailand, remains illegal. Police harassment can be a major problem, especially for those working on the streets. The widespread and misinformed police practice of using condom possession as presumed evidence of sex work has only added to the problem, discouraging the carrying of condoms by street sex workers. The less-attractive and older the *phu-ying kham-phet* is, the less power she has to insist on use of a condom anyway. Migrants from the countryside, often less educated and less well-informed than their urban counterparts, may be particularly at risk. Drug and alcohol use, disturbingly common among those involved in sex work, exacerbate the problem of unsafe sex.²⁵ Anti-impotence drugs used by customers add to the problem further, raising the risk of anal abrasions through

repeated intercourse of long duration. For a more detailed discussion of the involvement of Thai (and other Asian) transwomen in sex work, see Winter and King (forthcoming).

Whether engaged in sex work or not, many *phu-ying kham-phet* find that intimate relationships go nowhere. They commonly report that partners, typically identifying as *phu-chai thae* ("real men" in Thai), leave them for relationships with women, with whom they can get married, have children, and thereby satisfy their expectations, and those of their parents, for them to enjoy a full family life. As Jenkins and others note, "The dream of many is to find a 'husband' and live their lives as wives. This seems to occur very seldom, however, and many katoey are quite cynical and sad about their chances at a normal life" (2005, 20). The difficulties are well illustrated in the quotation below:

If I love a person I will love him completely. I will always take care of him. But I know he will turn away from me—he will disregard me—when he compares me with a real woman. I have to be the runner-up. I must try to deal with this situation. (Phi, university student and *phu-ying kham-phet*, Chiang Mai University, from Costa and Matzner 2007, 71)

My impression listening to *phu-ying kham-phet* talk about their romantic lives is that each broken relationship exacerbates insecurity. The result is often that a *phu-ying kham-phet* enters new relationships grasping at any sign of commitment (or any possibility thereof) in her partner, dispensing with the use of condoms long before caution would advise. Indeed, this may be partly responsible for the low usage of condoms apparent in research into *phu-ying kham-phet* sexual health.²⁶

HIV research focusing on *phu-ying kham-phet* is scarce, a fact that has been described as "stunning" in one report (Jenkins et al. 2005, 5). Nonetheless, enough research exists to cause concern. Another recent study put HIV infection at 17.6 percent for *phu-ying kham-phet* (described in the study as "transgendered males"), compared with 15.3 percent among other MSM, and 11.4 percent among male sex workers.²⁷ One NGO head has even noted that "[i]t is quite probable that transgenders have higher infection rates than intravenous drug users in Thailand."²⁸ Yet Thai HIV/AIDS services have tended to focus on female sex workers and, more recently, gay men. Very little in the way of HIV/AIDS education or health care has been focused on the needs of the *phu-ying kham-phet*,²⁹ whose sexual patterns may little resemble either of the other two groups mentioned.

The absence of HIV/AIDS services intended specifically for transpeople reflects a more general absence of gender-related health services for them.

Apart from the profusion of doctors offering (to varying standards) cosmetic and genital surgeries (see Aren Aizura's chapter in this volume), little general health care intended specifically for transpeople is available. The widespread use of feminizing hormones by *phu-ying kham-phet* proceeds largely without any medical monitoring.³⁰ A research finding showing lower quality of life among hormone-takers (as opposed to non-hormone takers) gives cause for concern (Suja et al. 2005).

The problems in service delivery described above are just part of the health-care problem for *phu-ying kham-phet*. Government health workers are often seen as discriminatory, as described in the following first person account cited in Jenkins et al.:

Once I had a motorbike accident. I was wounded and cried. They [medical staff] told me to be stable (and) try not to move. After that, the nurse yelled at me about getting injured and coming to the hospital. The doctor was nice but the nurse was impolite. She said that I deserved it because I drove fast. Then she cursed me, saying 'damn *katoey*' (18-year-old anonymous *phu-ying kham-phet*). (Jenkins et al. 2005, 15)

Moreover, *khon kham-phet* forced to leave home and migrate to the cities encounter another problem. Like all other Thais, each is allocated to a specific health-care centre for the so-called "30 baht" Universal Health Care scheme, a national programme, and migrants to the cities may not have the papers that would enable them to access the scheme in the place to which they have migrated (Jenkins et al. 2005, 22).

As if all this were not enough, all these challenges—in regard to privacy, employment, and legal status, as well as social and economic marginalization, sex work and related risks to mental and physical well-being, and the absence of appropriate health care—are sometimes exacerbated by estrangement from the family,³¹ as well as by experience of sexual and physical violence, including that perpetrated by police (see Jenkins et al. 2005, 15–16). All these experiences contribute to a general malaise within the *phu-ying kham-phet* community. *Phu-ying kham-phet* commonly anticipate retro-transition back to a male gender presentation at a later date,³² often become involved in drug use (Jenkins et al. 2005, 16–17)³³ and display a worrying propensity for suicidal thought and behaviour.³⁴ Little is known about the effect upon transmen, but one can assume that they, too, find their life circumstances less than ideal.

Transprejudice, Pathology, and Global Psychiatry

The picture I have painted is one of broad and sometimes systematic discrimination, oppression, and injustice against *khon kham-phet*. Why does this

situation persist? One reason may be that, as in many other Asian countries, a culture of human rights is relatively poorly developed in the Thai case. It is worth recalling that Thailand only acceded to the two treaties discussed in this chapter in the late 1990s. Another reason is that in Thailand, as in other places in Asia, the fight for *khon kham-phet* rights has often been subsumed within the fight for gay and lesbian rights.³⁵ This has been both a blessing and curse. On one hand, *khon kham-phet* have benefited from alignment with a large and comparatively well-organized pressure group. However, their own specific concerns may have sometimes been overlooked. The construction of a non-discriminatory vocabulary of transgenderism, such as is used in this chapter, is an important step towards the effective promotion of the distinctive interests of *khon kham-phet*.

Of course, the fight for rights is necessary only where those rights are withheld. Seen in this light, the key question in regard to Thailand is, "Where does Thai transprejudice come from?" I recently led an international team of researchers to look at transprejudice in seven countries; the United States, the United Kingdom, China, the Philippines, Malaysia, Singapore, and Thailand.³⁶ The sample totalled 841 undergraduate students, all of whom completed a questionnaire that examined their attitudes and beliefs regarding transwomen, and whose responses represented a continuum running from transprejudice to "transacceptance". We identified five underlying components of transacceptance-transprejudice. They were: (1) mental pathology, the presumption that transwomen were mentally ill; (2) denial as women, meaning denial of the idea that transwomen are women or should be treated and have rights as such; (3) social rejection, the rejection of overall social contact with transwomen; (4) peer rejection, the rejection of any contact with transwomen among one's peer group, and (5) sexual deviance, the idea that transwomen are in some way sexually deviant.

Mental pathology was the most powerful underlying component, determining overall transacceptance-transprejudice more than any other factor. Moreover, it was closely correlated with all the other factors.³⁷ Across the seven countries as a whole, those who believed transwomen were mentally ill also tended to deny them any status and rights as women, reject social contact with them (overall and in their peer groups), and believe that they were sexually deviant. *In short, the presumption of mental pathology was closely linked to prejudicial attitudes that, expressed in behaviour, would result in discrimination against transwomen.*

What about Thailand? A large number of the Thai student respondents adopted a mental pathologization stance towards *phu-ying kham-phet*. Around half (51 percent) believed they are men who have something wrong with

their minds (*pen phu-chai thi mi khwam-phit-pokati thang-jit-jai*); a third (31 percent) believed they have an unstable personality (*mi bukkhalikkaphap mai nae-norn*), and a quarter (28 percent) believed they needed psychological help (*torng-kan khwam-chuay-leua thang-jit-jai*). A smaller number (14 percent) went further, claiming they had a weak character (*mi bukkhalik orn-ae*). A substantial number of these young and educated Thais thus presumed *phu-ying kham-phet* have something mentally wrong with them—a stance towards transwomen familiar to many in the West (for example, in the United States) and, as we have seen, the official view of the Thai military until the recent change of policy. The links between mental pathology beliefs and the various other components of transprejudice were evident. Importantly, Thais who believed *phu-ying kham-phet* were mentally ill also tended to reject any social contact with them (among peers or more generally), and believed that they were sexually deviant. There was also an indication of a tendency to deny them treatment and rights as women.³⁸

Given Thailand's previously gender-pluralist culture (Peletz 2006), with well-established *khon kham-phet* themes both historically (spirit mediums and healers) and culturally (Buddhist gender transformations, Northeastern Thai creation myths),³⁹ it is worth asking the question, "Where does a presumption of mental pathology come from?" In the West, the mainstream medical view is that gender identity variance is a mental disorder. Large numbers of transpeople are diagnosed as experiencing Gender Identity Disorder, often abbreviated as GID (in the American Psychiatric Association's manual)⁴⁰ or transsexualism (in the World Health Organization manual, 1992). That so many Western transpeople submit to these diagnoses, despite, in most cases, believing themselves mentally healthy (and appearing so to others), is a reflection of the role that mental-health professionals play in controlling access to transgender medical care. Without a professional diagnosis of GID or transsexualism, a person is often denied access to feminizing hormones and/or sex-reassignment surgery.

This mental pathology model has become subject to mounting critical scrutiny. In North America, transpeople, as well as researchers and clinicians, have increasingly called for reform, concentrating their efforts on the GID diagnosis promulgated by the American Psychiatric Association. While some have called for a revision of the diagnostic guidelines, others have sought the removal of the psychiatric diagnosis altogether.⁴¹ Importantly, it is often argued that the GID diagnosis, by classifying the person as mentally disordered, ironically serves to exacerbate the intolerance and stigma already experienced by transpeople and undermines their mental health. It does this more than many other psychiatric diagnoses because it involves a pathologization of one's very identity (in contrast, for example, to diagnosis

of obsessive-compulsive behaviour, which involves simply a pathologization of a person's behaviour).

Mainstream Western views in psychiatry may be shifting slowly. For example, a document recently issued by the United Kingdom Royal College of Psychiatrists states that terms such as transsexualism and GID are clinical labels for "atypical gender development", adding that "the experience of this dissonance between the sex appearance, and the personal sense of being male or female, is termed gender dysphoria. The diagnosis should not be taken as an indication of mental illness. Instead, the phenomenon is most constructively viewed as a rare but nonetheless valid variation in the human condition, which is considered unremarkable in some cultures" (Royal College of Psychiatrists 2006, Section 2.2).

Findings from our seven-nation study, noted above, add weight to the claim that mental pathologization adds to the stigma and discrimination experienced by transpeople. It underlines that the phenomenon is not limited to the developed societies of North America and Western Europe, but is also found in Southeast Asia, and, we may extrapolate, possibly elsewhere.

Of course, circumspection is needed here. Correlations do not imply any specific line of causation, particularly at the level of the individual. For many people a mental-illness view of transpeople may promote transprejudice. For others, the reverse may happen; existing transprejudice may promote the view that transpeople are mentally ill, and current views within mainstream psychiatry will provide them with support for their belief.⁴² Regardless of the direction of causality, mental pathologization clearly spells bad news for transpeople worldwide. Whether it prompts or rationalizes transprejudice, it arguably facilitates the social and economic exclusion of transpeople, impairs their mental and physical well-being, and contributes to genuinely worrying pathologies of social isolation, social anxiety, depression, helplessness, hopelessness, and self-harm.⁴³

Few if any of the undergraduate students in our seven-nation study had probably ever read DSM-IV, ICD-10, or any other psychiatric text. Even fewer of their compatriots would have done so. However, worldwide, ideas about the pathology of gender identity variance percolate into the general community, for example, by way of magazine articles, TV documentaries, and the Internet. In Thailand these ideas have been disseminated by another means—military service. As seen above, a large number of *phu-ying kham-phet* carry *Sor. Dor.* 43 military discharge papers stating them to be victims of "a disease causing permanent psychological damage", a commonly understood reference to their gender identity variance. The effect has been to cultivate an

impression, apparently absent in earlier Thai culture, that these individuals are mentally ill (and, of course, undermining *phu-ying kham-phet* chances of leading a normal life).

The implications of our seven-nation study are clear. *In Thailand (as elsewhere in the world) the idea that transpeople are mentally ill serves to promote or support transprejudice*, with probable effects on the social and economic marginalization of transpeople, and consequent effects on their well-being and health, including their mental condition.

Clearly, additional forces beyond psychiatry promote or support transprejudice. Across much of the Judaeo-Christian and Islamic worlds, religion probably plays an important role.⁴⁴ In Thailand, *phu-ying kham-phet* involvement in the sex industry no doubt reinforces stereotypical views that they are sexually provocative and sexually motivated.⁴⁵ Such ideas are unlikely to promote acceptance (especially as women) in a patriarchally conservative society that values sexual propriety in its women.⁴⁶ Moreover, the removal of "Gender Identity Disorder" and "Transsexualism" from the psychiatric manuals would, in any case, be unlikely to lead to a demise of the idea that transpeople are mentally ill. The case of homosexuality is instructive in this regard. Internationally, large numbers of people evidently persist in regarding it as a mental illness, even though it was gradually removed from psychology and counselling manuals in steps from as long ago as 1973.⁴⁷

Notwithstanding these considerations, the message is clear. In the West the idea that transpeople are by their nature psychologically damaged is under sustained attack. Thai *khon kham-phet* appear to have an interest in the outcome of that struggle. With the American Psychiatric Association now engaged in a further revision of its Diagnostic Manual (the first since DSM-IV in 1994), the World Health Organization revising its International Classification of Diseases (the first since ICD-10 in 1992, see WHO [1992]), and the World Professional Association for Transgender Health (WPATH) setting about revising its widely used "Harry Benjamin Guidelines" for the mental and physical care of transpeople, it seems that interest may never have been greater.

The *khon kham-phet* of Thailand are becoming better organized, both socially and politically, within the existing Thai LGBT movement, and through their own transgender groups. They have already achieved victories in the domestic Thai context, for example, the *Sor. Dor.* 43 issue, and reform of the rape laws. They have also linked with their counterparts across the region, playing an active role in setting up the Asia-Pacific Transgender Network (APTN). I believe that they also have a role to play in the resolution of international debates on the status of transgenderism and transsexualism.