

LANGUAGE AND IDENTITY IN TRANSGENDER: Gender Wars, Anatomania, and the Thai *Kathoey*¹

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Introduction

We are all familiar with the war between the sexes. Less well known is another struggle playing across the world, involving transgendered people (TGs) ranged against elements in their respective mainstream societies. In some places (e.g., Hong Kong), the struggle is quite polite, even muted. In others (e.g., the United States and United Kingdom), it is loud and energetic. It is fought in newspapers, magazines, committees, tribunals, and courts. In the United Kingdom, it has been fought on television screens, where viewers have for some time been able to follow the fortunes of Hayley, a male-to-female transgender (MtF TG) on their favourite soap, *Coronation Street*. A similar drama has been played out in the United States on the set of *Ally McBeale*.

The conflict is all about what makes us male or female; do we give primacy to the physical reality (to be more specific, the external anatomy) with which a person has been born (his or her sex)? Or do we give primacy to the mental reality in which he or she lives and which he or she expresses to the world (his or her gender identity and gender presentation)?

As we will see in this chapter, language plays a key role in all of this, expressing and perhaps even helping to form opposing ideas, framing our answers to fundamental questions. Do we refer to MtF TGs as “he,” “she,” or by some other pronoun? Can we call them “transgendered males” or “transgendered females”? Are they perhaps neither, being better described as a third sex?

Do we label them as different or disordered? Are those MtF TGs who are attracted to males displaying a homosexual or heterosexual attraction?

At the root of the conflict is one between natal anatomy and social psychology. At the risk of oversimplification, the two sides line up as follows:

A Natal Anatomic Perspective on Gender

- (1) We are born male or female, and remain so all our lives. The determination of our sex category is almost always (except in the most complicated intersex conditions) on the basis of our external anatomy. *A baby is male if it is born with a penis, and female if it isn't.*
- (2) It is important that each of us grows up with a gender that matches what is considered appropriate for our sex category. *Those born male should grow up to be men, feeling that they are men and presenting to the world as such. Those born female should grow up to be women, identifying and presenting as such.*
- (3) Those who fail to grow up gendered in accordance with their sex (feeling inside and presenting outside as the other gender, or even as some alternative gender) are morally depraved (the traditional Judaeo-Christian view, expressed in Deuteronomy 22:14), mentally disordered (the current psychiatric orthodoxy), or sexually deviant (a more informal popular view of TGs as closet gays, occasionally finding echoes in some of the literature (i.e., Bailey, 2003). *They are depraved, disordered, or deviant; bad, mad, or just sad.*
- (4) Whether depraved, disordered, or deviant, the TG's identity continues to be as a member of the sex category into which he or she was placed at birth. *A MtF TG is first and foremost a male. A FtM TG is first and foremost a female.*
- (5) An attraction to a person of the same birth sex is therefore homosexual. A MtF TG who is attracted to a male, and a FtM TG attracted to a female, are each displaying a homosexual attraction. So, too, are their sexual partners, at least if they know that the people they are with are TG.

The natal anatomic view of gender has been pretty much the mainstream view in some parts of the developed (particularly English-speaking) West, where the Judaeo-Christian and psychiatric schools of thought have taken deepest root. As will be evident in this chapter, this overconcern with anatomy is arguably irrational as well as damaging to large numbers of TGs. For that reason, I am inclined to dub it "anatomanic."

A Social Psychological Perspective on Gender

- (1) The sex category into which we are placed at birth is simply a first guess as to what identity we will later assume. A child may be born male (at least in terms of his external anatomy), but that does not mean he will grow up to be a man. A child may be born female, but that doesn't mean she will become a woman. He or she will become a man or woman only in so far as he or she feels male or female inside, and presents as such to the world.
- (2) Some of us will grow up with a gender that does not match the sex category into which we were placed at birth. A child born male may grow up feeling female, or at least nonmale. A child born female may grow up feeling male, or at least nonfemale.
- (3) Those who do so are exhibiting a difference rather than any depravity, disorder, or deviance. TGs are an aspect of human diversity. *If there is any disorder connected with transgender, it is in the inability of society to accept their diversity. If there is any sin, it is in people's unwillingness to do so.*
- (4) We should respect that diversity by viewing the TG's identity as being of the gender that he or she has chosen. *A MtF TG is first and foremost a female. A FtM TG is first and foremost a male.*
- (5) An attraction to a person of the same birth sex is therefore heterosexual. A MtF TG who is attracted to a male, and a FtM TG attracted to a female, are each displaying a heterosexual attraction. Their partners, where they know they are with TGs, are also heterosexual.

This view, that a person's identity arises out of his/her sense of who he/she is and how he/she presents to the world, though unorthodox in much of the world, is quite deeply rooted in some Eastern cultures. Arguably, these ideas have survived best in some of the societies that have been least influenced by Judaeo-Christian or psychiatric thinking. Among them is Thailand, which is overwhelmingly Buddhist and only recently influenced by Western psychiatry in matters of sexual and gender diversity (Romjampa, 2003).

In this chapter, I will examine the conflict between the natal anatomic and social psychological views of gender in terms of three of the key issues outlined above.

- (1) Whether we should view MtFs as male (or female), FtMs as female (or male), or indeed view them as further categories.
- (2) How we should view the sexuality of TG people.

- (3) Whether we should view TG people as different or disordered and, if the latter, whether as people with “wrong minds” or “wrong bodies.”

To the TG community, the course of this conflict, wherever they live, is a matter of great concern; the outcome has consequences for the documents they carry in their pockets (or purses), the passports upon which they travel abroad, their social welfare rights when they grow old, their marrying and parenting rights, their opportunities for getting a job and advancing within it, and even their sense of security when they walk down the street.

Throughout this chapter, I will use MtF TGs (those who were ascribed a male sex at birth but now choose to live a broadly female gender role) to illustrate key general points about this conflict. In doing so, I do not mean to ignore FtM TGs, or suggest that this gender war does not involve them. Indeed, in some societies (e.g., my own Hong Kong) there may be more of them than MtFs, and their struggles are just as real.

For each issue, I will outline the natal anatomic orthodoxy, then go on to describe the thinking one often comes across in Thailand, a society unusual (if not unique) both in terms of the number of people living as TGs (our observations indicate that as many as one male in every 170 may be living as a transgender), as well as in terms of the ways in which TGs are able to lead their lives (Winter, 2002; Winter, 2005; Winter, 2006a).

The Thai view appears to share something of the social psychological perspective on gender. Buddhism teaches that each of us is composed of five aggregates of elements—broadly associated with our physical state, our sensations, our perceptions, our thoughts, and our consciousness—none of which has any supremacy over the others. Note that only one of the five aggregates is physical, and this, like all the others, is characterized by impermanence (Rahula, 1959). To the extent that we can talk about “self” (a centre that coordinates and reflects, an individuality that sets us apart from others), then that self is characterised by our mental reality as much as, if not more than, our physical reality.

Most importantly, the Thai language fails to distinguish between “sex” and “gender.” One word “*phet*” says it all. The word is so versatile it can even be used for “sexuality.” All this lends great flexibility to the notion of sex and gender. As we will see, Thai culture even allows for the possibility that there may be more than two sexes and genders, for one of the common terms for a TG person is “*phet tee sam*”—the third sex/gender.

Notwithstanding this and other terms used in Thailand, in this chapter I shall refer to MtF TGs by one of the most widely used terms, *kathoe*y. In using this term, I am conscious of the fact that many Thai MtFs would prefer other terms available in their language. There will be more about all of this later.

Male, Female, or a Third Category

The natal anatomic view (indeed “anatomania”) is evident wherever, as so commonly is the case in the English-speaking world, MtFs are called “transgendered males” “transsexual males,” “male transgenders,” or “male transsexuals”; all of this regardless of how many years the MtF has experienced a female identity or presented to the world as a woman, or indeed how long ago (for some) the penis was removed and a neovagina was constructed.

See, by way of example only, the following research reports spanning several authors and several decades: Money and Primrose (1968), Skrapek and MacKenzie (1981), Doorn, Poortinga, and Vershoor (1994), and Green (2000), all of which refer to MtF TGs in these ways. The most telling of all, anatomanic thinking extends to a widely used reference such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 1994), which refers to MtFs as males with gender identity disorder (and FtMs as girls).

The practical consequences of this view of transgender are enormous. Depending on the society in which she lives, a MtF who is attracted to a male may not be able to marry him, since the law may regard this as a same-sex marriage, and same-sex marriages may be proscribed. Where the TG manages to keep her birth sex a secret and then marries, she runs the risk of later having the marriage declared invalid. So living together may be the only viable option. However, if the couple is living together without legal union, they may have difficulty arranging an adoption.

Let's now turn to employment. A TG may find it difficult to get a job simply because her identity, appearance, and/or papers fail to match. Potential employers may point to likely objections by coworkers and customers when having to deal with a transgendered person. Almost inevitably, employers will point out the difficulty that staff toilets represent or point to duties that (the argument goes) the TG could not effectively perform.

The difficulty in getting a job is exacerbated where one “doesn't look the part,” a risk greatest where the TG, as is so often the case in some Western countries, has failed early enough in her life to get a doctor to prescribe the hormones that can change her appearance. The sad truth is that failure to get or keep a job may in turn jeopardize the success of the “real-life test” (one to two years living successfully in the transgendered role) that Western psychiatry often requires a TG to pass before sex-reassignment surgery (SRS) is granted. In short, failure to get or keep a job may mean failure to get the SRS. There will be more discussion about psychiatry and SRS later.

Problems can dog the TG even towards the end of her working life. Where males and females have different retirement ages, a MtF may have to wait

until the male age of retirement, rather than the female age, to receive a pension. As the supposed age of retirement approaches, the MtF may feel obliged to leave her work early to avoid letters that a government department might write to employers as retirement approaches, and which might signal her birth sex.²

Not surprisingly, the natal anatomic view often conflicts with TGs' views of themselves. Let us take the English-speaking world first of all. Tellingly, many MtFs refer to themselves as transgendered *females* (not males). Many FtMs label themselves and others as transgendered *males* (not females). Note that the emphasis here is on what they have moved towards rather than what they have moved away from. We have plenty of examples of this sort of thing in English of course—terms in which a past participle is used to indicate a change of status, with a noun referring to the status after the change. For example, we speak of an ordained priest or a qualified psychologist. Indeed, it would be a little queer to speak of an ordained novice or a qualified student. Yet, arguably, this is the logic of what we do whenever, as we so often do in the West, we refer to an MtF as a transgendered male.

Interestingly, I have noticed recently that some TGs are adopting an even more radical labeling approach. An MtF may say that she was “born transgendered” but is “now female.” This poses a real challenge to our established way of thinking; the mainstream view is that there are two sexes and two genders, certainly at birth. The radical TG raises the possibility of at least three. All of this is very confusing to the man or woman in the Western street, who has little familiarity with any term except the ones with which this section opened.

The most common word, in Thailand, for MtFs is *kathoey*, a word that was historically used for any nongender-normative male, and was therefore extended to gays as well as TGs (less so now that the word *gei* is commonly used to refer to gays).

Historically, the collapsing together of these two categories seemed to rest on the notion that maleness is defined in terms not of what anatomy you have, but *what you do with it*. This is a view that contrasts sharply with the common Western (natal anatomic) view; that however often a man engages in same-sex activities, even as a passive partner, he remains a man. For the Thai, the MtF TG and sexually passive gay both lose much of their claim to maleness simply by allowing themselves to be penetrated. Both become in some important sense “nonmale.” Remember, all of this happens in the context of a language that fails to distinguish between “gender,” “sex,” and “sexuality,” employing the word “*phet*” for all three.

Other Thai terms for MtF TGs suggest that they go beyond being simply “nonmale,” and are instead (a) a merger of the two sexes (e.g., *pumia/*

pumae—“male-female”), as well as the English loan word “ladyboy,” (b) a subset of female (e.g., *sao praphet song*—“second kind of girl,” and *phuying praphet song*—“second kind of woman”) or, as we have seen (c) a third gender/sex category (e.g., *phet tee sam*—“third gender/sex”). A final term, *nang fa jam leng* (“transformed angel”), echoes the use of the term “transgendered female” that seems increasingly to be used in the West by MtFs—an adjective that describes a transformation, linked to the noun that describes the status after the transformation.

In short then, the Thai language offers a range of labels for transgender that enable the user to describe gender positions of almost any kind—a gender mix, a subset of female, or even a third gender. As we have seen, English does not presently allow for such terms, at least as would be understood outside the TG community. For more information on Thai terminology, see Jackson (1995).³

Together with Kulthida Maneerat and Nonguch Rojanalert (of Chulalongkorn and Silpakorn Universities, respectively), I recently examined the attitudes of 215 ordinary (i.e., nontransgendered) university students towards MtF TGs. We found them pretty evenly split on this issue, with 51% seeing them as males “who have something wrong with their minds,” but the other half seeing them as either women born into the wrong body (12%) or as a third sex/gender (41%). Thanks to Pornthip Chalangoosuth at the University of Arkansas, we have some comparison data for the United States. The corresponding figures were 63%, 14%, and 6%. Thai students are clearly less likely than their American counterparts to think of the MtF TG as a man, and much more likely (by a factor of seven!) to think of them as a third gender. For more figures, see Winter et al. (2005).

In summary, the names that Thais use for MtF TGs suggest a range of gender spaces, extending from nonmale through a blend of male and female, to a subset of female or even a third sex/gender. The range of names echoes a divergence of views as to what the nature of transgender is, with around half taking the natal anatomic view (that they are a subset of male) but the other half placing much less importance upon birth sex, and consequently viewing them as either female or a third gender.

How then do *kathoeys* see themselves? A first answer is to be found in how they speak. One of the interesting linguistic features of Thai is that certain vocabulary items are gender-linked. A person uses different word forms according to whether he/she is a male/female—or sees him/herself as either of those things. The first person pronoun provides a nice example. Males will generally use just one word, *phom*, whereas a female can choose between *chan*, *dichan*, *noo* (literally “little mouse”), and even her own name as a pronoun. Each of these can be used to mean “I,” “me,” “my,” or “mine.” Another example of gender markers

is provided by the polite particles that Thais attach to the end of a phrase or a sentence: *khraph* for males and *kha* for females.

What word-forms do the *kathoeys* use? Invariably, they use the female pronouns and particles. Suppose she cannot find a book and says “Excuse me. I wonder if you have seen my book, because I can’t see it now at all.” In Thai, she will say it just like a female: “*Khor tod kha. Mei sap wa khun hen nang seu khong chan mai. Phroh thon nee di chan mong mei hen nang seu khong di chan loei kha” (gender-markers underlined). The Thai male would say “*Khor tod khraph. Mei sap wa khun hen nang seu khong phom mai. Phroh thon nee phom mong mei hen nang seu khong phom loei khraph.”**

In using female forms, the *kathoeys* are taking advantage of a feature of the Thai language that simply does not exist in English (or many other languages for that matter), using it to express in the most direct way her sense of who she is. Such speech patterns develop at an early age. In a recent study of 190 *kathoeys*, we found that some respondents started using the female pronouns (*chan*, *dichan*, etc.) almost as soon as they could talk, with 50% using it by age 14 (Winter, 2006a). The polite particle (*ka*) came soon after, with some reporting having used it from age 5, and half having used it by age 15. Given that half of our respondents were 16 before they started taking hormones, 17 before they started growing their hair long, and 18 before they were living full time in female clothes, it is clear that female word-forms were one of the earliest expressions of cross-gender behaviour for our sample; a harbinger of a fuller cross-gendered presentation to come.

Arguably, the language one uses may not be a good indicator of one’s identity. A more direct one might be to ask people what they think they are. We asked our 190 MtFs to say whether they thought of themselves as men, women, *sao praphet song*, *kathoeys*, or “other.” None thought of themselves as male, and only 11% saw themselves as *kathoeys* (i.e., “nonmale”). By contrast, 45% thought of themselves as women, with another 36% as *sao praphet song* (i.e., as a subset of female) (Winter, 2006b). Unfortunately, we did not include the category *phet tee sam* (“third sex/gender”). Conceivably, if we had done so, there may have been many respondents who would have chosen to describe themselves using that term.

To summarise, there is a common perception that MtFs are female, or indeed a third sex. Furthermore, it is not only the *kathoeys* who perceive their condition in this way. Many ordinary (non-TG) Thais believe this, too. Importantly, in all of this, the Thai language provides universally understood terms by which this perception can be expressed.

The view of MtF TGs as female or a third sex reflects, and perhaps in turn cultivates, a more liberal and accepting attitude towards transgender than is found in most Western societies. To the Western observer, the extent of

this acceptance can be mind-boggling. When asked how their parents first reacted to their transgender, our sample of 190 *kathoey* revealed that 36% of fathers and 50% of mothers had accepted or even encouraged it! Indeed, 37% of our sample said that Thai society generally accepts or encourages transgender (Winter, 2006b).

These figures are high, even allowing for some bravado, and almost certainly higher than one would get from a similar study in the West. It's no wonder then that TGs can be relaxed about their own status, and can lead relatively unproblematic lives. Only 5% described themselves as lacking confidence or low in self-esteem, 7% as depressed, and 28% as anxious. Indeed, while the vast majority expressed a desire to be a woman in their next life, a substantial number (12%) actually said that they wanted to be transgendered again! Contrast all this with the patterns of isolation, depression, and suicide that are a feature of TG lives in the West, and which seem to stem directly from an inability to admit their transgender to themselves, or present to the world as TG and be accepted as such (Nuttbrock, Rosenblum, & Blumenstein, 2002).

I would note that the conflict between the two views of transgender (natal anatomic versus social psychological) is nowhere more evident as in the names given to the surgical operations in which a person's genitals are altered to match the person's gender identity. In English, the mainstream name for this procedure is "sex reassignment surgery," or (a more colloquial name) "sex change." The connotation is one of moving away from the sex that one more properly belongs to. In contrast, many transgenders talk about "sex *confirmation* surgery," the connotation being of moving towards the sex one always should have been. As for the Thais, they too talk about *plaeng phet* (in this sense "change sex"). However, the connotation here is exchange, rather than alteration.

In passing, we should note that, in almost all legal jurisdictions in which change of legal status is permitted, it is this surgical procedure that makes such change of status possible—not breast surgery, nor any nonsurgical procedure such as ingestion of hormones. There is a very special form of anatomical thinking here—genitomania.

Homosexual or Heterosexual

If one's view of the MtF is natal anatomic, that she is male, then any attraction she has towards males must be viewed as homosexual. Indeed, this is the mainstream view. One sees it in academic papers, sometimes even those of a psychological nature (Blanchard, Clemmensen, & Steiner, 1987; Daskalos, 1998).

So endemic is the natal anatomic view that, at least in the West, the less-informed public finds it difficult to distinguish between gays and transgenders at all; a difficulty that rests in part on the fact that these two groups have so long lived in close physical association, socialising together at the margins of society. “Drag” has been seen as a part of gay culture, and the effeminate male has been seen as a gay stereotype. Never mind that the “drag queen” and effeminate male may be entirely comfortable with their identity as male, but the MtF TG is certainly not.

In a conceptual confusion that makes TGs no more than a subset of gays, as well as drawing on classic homophobic paranoia, one occasionally hears the view that MtFs are sexual perverts of some sort, living cross-gendered lives just so that they can catch men more successfully. It is a view often rejected by young Thais (52% in our recent international study of (non-TG) university students), and much less commonly rejected in many Western communities (only 35% of our American sample did so). A related view is that MtFs are gays who are scared to admit it to themselves (see Bailey, 2003). This is often also the view about the men who are attracted to MtFs.

Here is a word on effeminate men. Many TGs argue that what is often called homophobia is actually transphobia. They point out that when (as happens all too commonly on the streets of cities in the West) a gay is beaten up, it is not because of whom he has slept with (none of his assailants will even bother asking him). Rather it is because of the way he looks, and the way in which he walks and speaks. A masculine-appearing male is far less likely to be set upon.

Now it’s time to turn to the TG’s own view of his or her sexuality. Let us consider the case of an MtF who is attracted to men. She feels female, and may have felt thus as long as she can remember and, in all likelihood, back to a time predating any feelings of sexual attraction. Conscious that her attraction towards men is consistent with her feelings of identity, she sees herself as heterosexual. She probably sees her partner’s attraction to her in the same light, as indeed he might.

How is sexuality of TGs viewed in Thailand? With so many people (TGs as well as onlookers) apparently viewing *kathoey* as female or third sex, is an attraction to men seen as homosexual or heterosexual? Here we run up against a problem: these two latter terms are recent imports to Thailand and seem to have no close Thai equivalents. Indeed, as we have seen, there seems to be no distinct Thai word for sexuality (“*phet*,” the term also used for “sex” and “gender,” is often used here, too).

Notwithstanding these difficulties, we found in our study of 190 *kathoey* that around one in three saw an attraction to men as heterosexual. Interestingly, about 10% saw an attraction to women as heterosexual, too.

What then, for a *kathoey*, constituted homosexual behaviour? Well, for some of our respondents, it was an attraction to another *kathoey*! This finding interests me greatly. It implies that, while Thai TGs (like most of us in the West) define homosexuality as a sexual attraction within the same sex/gender category, some of them (unlike most of us in the West) are thinking in terms of three sex/gender categories, not two.

Different or Disordered, the Wrong Mind or the Wrong Body

As we have already seen, the natal anatomic view so common in the West holds that MtFs are in essence male, and that they therefore have something wrong with their minds. Enter psychiatry, taking centre stage and giving the disorder a name, “Gender Identity Disorder” (GID), described in great detail in the fourth edition of *DSM-IV* (American Psychiatric Association, 1994), as well as in the tenth edition of the *International Classification of Diseases* (ICD-10) (United States Educational, Scientific and Cultural Organization, 1992).

Western psychiatry bolsters its case that transgender is a psychiatric disorder by pointing out (a) that it is rare (which of course makes it a de facto abnormality, and (b) that it involves an identity that is at variance with reality; one that is associated with emotional difficulties linked to frustration, anxiety, depression, helplessness, and hopelessness (all of which suggest that these people need treatment). What is ignored here is that those who would like to live TG lives may be more numerous than is commonly believed (see Conway, 2003), and that what often stops them is the fear of social opprobrium so great it can overwhelm one’s mental health, leading to the emotional difficulties so often observed (Nuttbrock et al., 2002).

The irony is that the only treatments that seem to work for TGs are the ones that help them live their transgendered lives—things like surgery and hormone therapy, as well as voice therapy and social skills training designed to help them pass more effectively in their chosen gender role. One might observe, perhaps wryly, that it is a strange mental disorder indeed for which the best shot at treatment is to change the patient’s reality to match his/her supposedly fevered mind!

How do TG people view themselves? Different or disordered? In the developed West, I detect a fair amount of ambivalence here. On one hand, TGs see themselves as part of human diversity. On the other hand, they realize that their access to state- or insurance-subsidised medical services, as well as much of their legal protection against discrimination, comes from being regarded as disabled.

However, if they are disabled, then what is the nature of their disablement? They will commonly argue that their minds are quite fine, thank you, but that they have been born into the wrong bodies, and that it is, therefore, their *bodies* that are wrong. Whatever mental problems they suffer come, they say, from their experience of (or anticipation of) reactions from family, friends, and society to their transgender. They may add, pointedly, that much additional frustration and depression comes from the way in which they are treated by psychiatrists and doctors! Nuttbrock et al. (2002) support their position here, suggesting that TGs function as well as the rest of us when they allow themselves to admit to and express their chosen gender status, and are accepted by those around them in that new role.

Incidentally, if TGs are disordered, then what of those who are physically attracted to them? One of the most interesting pieces of transgender research I have ever come across was titled, "Men with a Sexual Interest in Transvestites, Transsexuals and She-males" (Blanchard & Collins, 1993). The article itself was mundane enough. More interesting was that it appeared in the *Journal of Nervous and Mental Disease*. So Western academia apparently considers even the sexual partners of TGs to be disordered. So far, there is no suitable category for them in DSM-IV or ICD-10. Perhaps one day there will!

What of the Thais? What sort of pathology, if any, do they ascribe to transgender? Interestingly, in our recent study of (non-TG) university students in Thailand, we found that only 13% believed them to be mentally disordered (compared with 49% of American students). Only 28% seem to think MtFs need psychological help (compared with 66% of American students). By contrast, a striking 53% of Thai students thought them "normal, just different from the rest of us." The corresponding figure for American students was much lower at 38%. In short, then, the majority of Thais seem to feel, contrary to Western psychiatric orthodoxy, that *kathoeys* are ordinary people like you and me; they are but one aspect of human diversity.⁴

In summary, then, Thai society broadly operates on the basis that transgender is a difference rather than a disorder. It stands by as the *kathoeys* around them make cross-gendered transitions in large numbers in ways that bypass psychiatric services (and thinking) entirely. True, such services would be expensive, but the point is that no one seems to think them necessary, or even helpful. When young boys begin to act in a feminine way, use female language forms, grow their hair long and dress as female, neither parents nor school appear to feel the need to refer them to professionals. When *kathoeys* decide to change their bodies, they do not feel the need to visit a psychiatrist (or even a doctor). Instead, they just go to their local pharmacy

and buy some hormones (a major chain keeps 23 different brands in stock at some of its urban branches) or else borrow some from older *kathoey* (every school, every street seems to have at least one). Some *kathoey* take hormones from the age of 10 years. When they dress in female university uniform, few, if any, teachers will complain. They are unlikely to be referred to specialists. In addition, if they decide that they want surgery, they just save up or borrow the money and then approach a surgeon. There are cases of *kathoey* who have had sex-reassignment surgery at age 15 (Winter, 2006a).

Concluding Comments

In writing this chapter, I may be accused of presenting a somewhat simplified view on all sides. Even within Western academia, law, and clinical psychiatry, one hears arguments that MtFs should be viewed as essentially female (with all that means for classification of sexual attraction), that transgenders are different rather than disordered, that Gender Identity Disorder (GID) should accordingly be removed from the psychiatric manuals (see Bartlett, Vasey, & Bukowski, 2000 for a powerful examination of the issue in regard to childhood GID), and that TGs should be able to obtain changes to their legal status based solely on personal identity and social presentation (see the United Kingdom Gender Recognition Act).

However, there are still many forces that, consciously or not, resist these developments. Bailey's (2003) text (portraying many transgenders as closet gays) is one. In addition, there are worrying turns in the discourse. As "apotemnophilia" (a desire to be an amputee) reveals itself as a new, apparently fast growing, disorder (Elliott, 2000), parallels are being drawn between it and GID. For if a desire to be an amputee is a disorder then surely, the argument goes, the desire for SRS is one, too. To the extent that all this is happening, we can continue to talk in terms of a battle fought between two opposing views of transgender; a gender war indeed.

Turning to Thailand, I may be guilty of oversimplification in what I have written about the circumstances in which *kathoey* live. They do not live unproblematic lives. Even in Thailand, some parents do not react well to their son's transgender. MtFs are forever marked as male in their documents, even after "sex reassignment surgery." Even those who pass as female may therefore encounter difficulties getting a job where their potential employer is in any way prejudiced, or fears prejudice among his other employees or his customers. The *kathoey* travelling abroad may encounter problems at immigration points. This is all the more likely if she passes successfully as a female, for her passport will show her to be male.

In short, Western perspectives on transgender may not be as uniformly “anatomanic” as I have suggested. Indeed, the mainstream view may be moving gently towards a more social psychological view, more in tune with that of most TGs themselves. It is also apparent that the accepting views of transgender evident in informal Thai society are seldom evident in the bureaucratic and legal spheres, which have been infected with natal anatomic thinking. Nevertheless, it remains true that the informal social environment in which *kathoeys* grow up and live is commonly more accepting than the one in which TGs suffer so harshly in the West.

This difference may have massive consequences for the development of young TGs. Consider the young Thai boy, growing up displaying gentleness, mildness, sentimentality and weakness, excitability and emotionality. He is told that he has these characteristics and is treated accordingly. He is aware that these traits are stereotypically female (as they indeed are in Thai culture; Winter & Udomsak, 2002). Perhaps this boy has some female stereotyped interests, too: a love of playing with dolls, a liking for dressing up in girls’ clothes, and a preference for the company of girls. He and everyone around him, rather than being inclined to shrug all this off as evidence that here is a boy who does not quite fit in (as might happen in many other societies), may instead see it all as evidence that he is indeed not really a true boy at all. Another label is close at hand. He is a *kathoeys*. His family, neighbours, friends, and schoolmates may use the label without any alarm. He may learn to, too. As the young *kathoeys* grows up, she (I use the female pronoun here) will meet other *kathoeys* who mentor her along a path towards her new gender. At every step of the journey, her choices (regarding what she is, and what she will do about it) have been validated by the social and cultural context in which she lives.

Now consider an identical boy, this time growing up in the English or Hong Kong Chinese cultures with which I am familiar. He, his parents, siblings, and peers may interpret his feelings quite differently, viewing them as evidence that he is a sensitive boy, perhaps an effeminate one—a sissy, but a boy nonetheless. Those around him may press him to do the things other boys do, and be like other boys are—to toughen up a bit. Family doctors, child psychologists, and psychiatrists may be called in to help. All those involved will adopt the same basic approach: they will see the boy, not as a female with the wrong body, but as a male with the wrong mental attitude, an attitude that needs to be changed. The end result is that he may live his whole life labelled as a male.

I am not suggesting here which road is right (although the large numbers of “late-onset” TGs gives cause for us to wonder about the Western way).

For the present, I am just trying to suggest that different roads are offered by different cultures.

Endnotes

1. For help in preparing this chapter, the author is grateful for a research grant awarded by the Clinic of Dr. Suporn Watanyusakul, Chonburi, Thailand.
2. All of these were features of life for TGs in the United Kingdom until recently. It was only when the United Kingdom Government was ruled by the European Court of Human Rights to be in contravention of the European Convention on Human Rights that it began to seriously consider how it might remove these and other difficulties facing TGs. Ironically, the United Kingdom Government's response to the ECHR judgment (United Kingdom Government, 2004) is probably the most far-sighted legislation anywhere in the world, leapfrogging ahead of the rest of the world in terms of rights to change legal status. It allows TGs who have lived in a cross-gendered role for at least two years to apply for a gender recognition certificate, and then, if they so wish, use that certificate to change their birth certificate. Note that they are able to do this regardless of what surgery or hormonal treatment they may *or may not* have undergone. It is the most avowedly social psychological legislation I know in this area.
3. Nowhere have I found any term that parallels the common English term, "transgendered male" (or its close relations), used to describe MtFs. The nearest to this I can find is (a) *kathoey phom yao* ("long-haired *kathoey*") and *kathoey tee sai suer pha phuying* ("*kathoey* dressing as a woman"), both of which, following on from the discussion of *kathoey* earlier, might imply the MtF is essentially a nonmale living as a woman, and (b) *ork sao* ("outwardly a female"), which might, I suppose, imply that she is not actually female.
4. Accepting that TGs are simply different, then what underlies this difference? We asked *kathoey* this question. The vast majority believed their transgender was something they were born with (84% of our sample). Around half (48%) went on to be more specific: it appeared to be *karma*; the accumulation of consequences for acts in previous lives (Winter, 2006b). A sizable number (51%) took a more sociogenic view, saying that they became *kathoey* at least partly because of friends, particularly other *kathoey*. However, apart from that, our *kathoey* admitted to very little other social influence: parents (30%), brothers or sisters (25%), and other relatives (23%). We are not yet in a position to say what ordinary (i.e., non-TG) Thais believe about the origins of transgender. Colleagues in Thailand are currently engaged in a study that should answer this question.

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