

# Feminine Transformations: Gender Reassignment Surgical Tourism in Thailand

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Every year, hundreds of transgendered people from the United States, Europe, Asia, Canada, and Australia travel to Thailand to undergo cosmetic and gender reassignment surgeries (GRS). Many GRS clinics market themselves almost exclusively to non-Thai trans women (people assigned a male sex at birth who later identify as female). This article draws on ethnographic research with patients visiting Thailand for GRS to explore how trans women patients related their experience of medical care in Thailand to Thai cultural traditions, in particular “traditional” Thai femininity and Theravada Buddhist rituals and beliefs. Foreign patients in Thai hospital settings engage not only with medical practices but also with their perceptions of Thai cultural traditions—which inflect their feminine identifications. I draw on two patients’ accounts of creating personal rituals to mark their gender reassignment surgery, placing these accounts within the context of biomedical globalization and debates about the touristic appropriation of non-“Western” cultural practices.

*Key Words:* medical travel; somatechnics; South East Asia; trans-sexuality; transgender; transnationality

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Break though your uncertainties.... Make your dreams and desires come true.... Be a woman.... Be realistic.... Make it now!<sup>1</sup>

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This text appears on a flier advertising Yanhee International Hospital's Sex Change Center, located in the northern suburbs of Bangkok, Thailand. Addressing English-speaking prospective candidates for gender reassignment surgery (GRS), the flier also features photographs of a smiling, slim Thai model wearing a pink, lacy chemise.<sup>2</sup> The composition reveals the model's cleavage and emphasizes the delicate, "soft" character of her femininity. Superimposed over pink and purple graphics of butterflies, these images accompany English language information about "sex change surgery" at Yanhee International Hospital, including price, surgical technique, and post-operative care. The images invite non-Thai readers to identify the hyperfemininity of the model with the procedure of gender reassignment surgery. In the flier's iconography, the embodiment of the trans woman reader's "dreams and desires" is a racially specific, "Thai" performance of femininity.

In this article I argue that for non-Thai trans women obtaining gender reassignment surgery in Thailand, becoming woman *surgically* sometimes involves emulating or appropriating Thai, or Asian, symbolic representations of beauty and femininity. In doing so, I address the experiences of place articulated by medical travelers, suggesting that the specifics of place mediate how medical travelers desire and identify with the cultural locations they interface with through medical travel. I argue that just as foreigners traveling to Thailand in general may appropriate and identify with representations of Thai cultural traditions, trans medical travelers may also enact an appropriative tourist gaze upon what they recognize as "Thai culture": "traditional" Thai femininity and Theravada Buddhist rituals and beliefs. I contrast two stories of Melanie and Elizabeth, trans women from the United States and Australia, who used Thai traditions to create personal rituals marking the liminality of reassignment surgery (Turner 1969). While others have critiqued the tourist gaze as invested in the authenticity of the exotic object (MacCannell 1999), I suggest that what is at stake here is the perception that "Asian" rituals or mythologies reinforce patients' sense of themselves as feminine.

Thailand is renowned globally for gender reassignment surgeons, and many Thai surgeons advertise Bangkok as the "Mecca" of transsexual body modification (Tulyapanich 2009). Gender reassignment surgical tourism in Thailand caters mostly to trans women (that is, persons assigned a male gender at birth who now live as women).<sup>3</sup> Clinics providing gender reassignment—overwhelmingly for a foreign clientele, despite the large population of gender variant Thais in the metropolitan centers of Bangkok, Pattaya, and Chiang Mai—form part of the hypermodern Thai aesthetic surgery industry.

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Seven or eight gender reassignment clinics in Thailand service a mainly foreign clientele. For example, the Suporn Clinic near Pattaya annually intakes around 220 trans women, performing facial feminization, breast enhancement surgery, and genital surgery. The Suporn Clinic prides itself on providing its clientele with a “care package . . . providing a service—from start-to-finish—that is without parallel” (Suporn Clinic 2009). This includes airport pick up; four star hotel accommodation; attentive and constant care by nursing and administrative staff; and cosmetics and cookery classes, excursions and activities during convalescence. The patients, who travel from North America, Europe, Australia, and elsewhere, report that attending a clinic with many other trans women offers them a sense of community that may be lacking in their home nations’ hospitals. Most clinics offering similar services to the Suporn Clinic operate within private hospitals with a similarly large non-Thai patient intake. These clinics serve many trans people globally who cannot, or who choose not to, access gender reassignment surgeries close to where they reside.

Q1 Few scholars writing on medical travel have addressed how place and geocultural location mediate patients’ experience of specific forms of treatment. This mediation might take place both in the sense of traveling *from* a specific location, such as Yemen (Kangas 2007), or in the sense of traveling *to* a destination that already holds particular touristic significance, such as Thailand. As noted in the introduction to this issue, the term “medical tourism” frames the default medical travel experience as a “sun, sand and surgery” junket. This elides how medical travel may be arduous (see Song, this issue). “Tourism” also discounts forms of medical travel resulting in severe financial hardship (Kangas). Therefore this special issue addresses “medical travel.”

Clearly it is vital to differentiate the economic and social practices that might fall under the category of medical travel. However, some medical travel circuits might be profitably read through the rubric of tourism. While the practicalities of medical travel may be unenjoyable, travel always involves desire or fantasy (MacCannell 1999:10; Mackie 2000; Cartier and Lew 2005). Taking desire into consideration in the narratives articulated by medical travelers enables us to account for how medical travel practices are mediated by relations of colonialism, class, race, gender, and circuits of global capital. Even those medical travel practices that assist people unable to acquire treatment elsewhere may be shaped by a colonial or metropolitan gaze at the ethnic or exotic “other” of the destination (Mackie).

Thailand, in particular, occupies a place in the dominant Euro-American tourist imagination as an exotic yet modern location, replete with magic, easily available sexual services, and “authentic” traditional culture (Johnson

2007; Hamilton 1997; Morris 2002; Manderson 1997). Representations of Thailand in tourism brochures often equate Thai tradition with the submissive grace of stereotypical Thai femininity: Manderson noted that Western representations of Thailand often collapse the categories of “nation and woman” (1995:309). Here, therefore, it is crucial to attend to how exoticist discourses might inform those narratives. While the narratives in this project do not in turn conflate woman with sex, as in Manderson’s study of Thai sex tourism, they must be situated within the context of broader, heteronormative confluences of Thai-ness and feminine gender. 110 115

Below, I briefly outline the history of gender reassignment surgery in Thailand. I then consider how Melanie, a trans woman from the United States, commemorated her surgery experience in Thailand through a tattoo of a Thai goddess. I argue that Melanie’s affinity with the “grace and beauty” of the goddess was crucial to her experience of surgery as enhancing her own femininity. I also consider Elizabeth, a trans woman living in Australia, who commemorated her surgery experience through making a literally embodied offering to a Theravada Buddhist temple. I suggest that these incorporations of “Thainess,” read as appropriations of Thai femininity and spirituality, reinforce white, American, and Australian trans women’s gender identities. In both cases, however, the act of appropriation is neither coherent nor mediated by a desire for authenticity. In concluding, I suggest that these gender variant tourist practices need to be placed in context: in relation to far more pernicious forms of cultural appropriation operating in more “mainstream” tourist circuits; and in relation to economic and socio-political structures that enable and attenuate particular forms of gendered embodiment—the medico-legal regulation of gender variant life and a lack of appropriate health care for trans people globally. 120 125 130

## METHODS

This article arose from a multi-sited ethnographic project (Marcus 1995) asking how non-Thai trans women obtained gender reassignment surgery in Thailand. Rather than making a cross-cultural analysis of Thai and non-Thai gender variant subjects’ experience of surgery, I focused on Thailand as an international destination in which to acquire GRS. My fieldwork comprised participant observation in gender reassignment clinics in Thailand as well as interviews with 11 individuals from Europe, the United States, Australia, and Canada who had obtained GRS there. I refer to these trans informants using pseudonyms. Seven interviewees were Australian citizens responding to my call for participants through advertisements on e-mail listservs and online forums; four interviews were conducted with 135 140 145

people from the United States, the United Kingdom, the Netherlands, and France. I also conducted observations of GRS clinics in Thailand, scheduling interviews with Thai surgeons and other staff who specialized in gender reassignment techniques. During fieldwork I spoke with patients from many different regions globally. Participants were asked about their attempts to obtain GRS in Australia or elsewhere; about the process of researching and locating a suitable surgeon in Thailand; and why surgeons in Thailand were preferable to other locations. I inquired about the activities my research participants had engaged in before, during, and after their surgeries.

Asking why Thai surgeons are so popular globally met with enthusiastic and detailed answers. Gender reassignment surgery candidates rightly consider themselves to be experts about global GRS trends—as well-informed as any surgeon or academic. The relationship between gender variant people and academic research is fraught with moments where the (often non-trans) researcher is seen to misrepresent or misunderstand the complexity of gender variant existence.<sup>4</sup> In the context of this article, it is crucial for readers to remain alert to the complexity of the individual experiences represented without taking “experience” as a sovereign, infallible category (Scott 1998; de Lauretis 1984).

A brief note on terminology is also in order. In this article I refer to gender variant subjects rather than transsexual or transgender subjects. Gender variant describes the diversity of experiences, identities, practices, beliefs, and subjectivities across the globe that are unintelligible within a logic that understands gender (or sex) exclusively as something naturally evident at birth, based on the configuration of genitalia an individual possesses. Common usage is to speak of “transgender” or “transsexual.” These terms are identity categories that contain sedimented ideologies of gender specific to the Euro-American geocultural settings in which they emerged (Valentine 2007; Stone 1992). To talk about gender variance here attempts to name *practices* rather than identity categories in an attempt to remain attentive to the often-ignored imperialism of naming practices in relation to sexuality and gender, and so to undo this imperialism.

## SURGICAL TOURISM AND GENDER REASSIGNMENT IN THAILAND

Medical travel to Thailand has become a large industry since 2000, facilitated by governments eager to find a new source of international revenue in the wake of the 1997 Asian economic crisis as well as other factors (Whittaker 2008; Wilson, in press; Aizura, in press). By a 2007 estimate,

the country hosted 400,000 medical tourists every year (Bookman and Bookman 2007:3). On a different estimate, over one million foreign visitors received medical treatment in Thailand in 1996 (Kittikanya 2007:1; quoted in Wilson). The difference in estimates here may reflect the fact that expatriate workers and tourists, not just medical travelers, receive medical care. Many private hospitals in Bangkok and elsewhere cater exclusively to non-Thai patients and Thai elites. Popular biotechnologies available at a far cheaper cost than in nations with higher-valued currencies include laser teeth whitening, cosmetic surgery, and assisted reproductive technologies. As Wilson pointed out, expatriate demand for a high standard of medical care in Bangkok caused the requisite biomedical infrastructure for a flourishing medical travel market to exist in Thailand prior to the development of that market.

The development of gender reassignment technologies as a specialized market also predates the larger medical travel industry in Thailand by a number of years. Gender reassignment surgery might be regarded as the earliest medical travel niche market in Thailand, a precursor to or model for the later development of medical travel in Thailand generally (Wilson, in press). Gender reassignment surgery was first practiced in Thailand in the 1970s, but only one surgeon, Dr. Preecha Tiewtranon, developed a reputation for technical skill in this procedure prior the mid 1990s. He developed his own genital vaginoplasty technique and trained the cohort of surgeons who practice vaginoplasty in Thailand today. Non-Thais began traveling to Thailand in larger numbers to seek GRS in the mid 1990s. A Thai surgeon quoted in Sukontapatipark (2005:73) attributes this to large numbers of *kathoe* (Thai gender variant individuals) who obtained GRS and migrated overseas to Europe and North America, coming into contact with European and American trans women who in turn began to frequent Thailand for GRS themselves.<sup>5</sup> Others argue that while word of mouth encouraged the first non-Thai trans women to obtain GRS in Thailand, the emergence of Internet trans cultures in the mid-1990s enabled Thai surgeons to advertise online, leading to an increase in the number of non-Thais seeking GRS in Thailand. Thai surgeons were recognized as being cheaper and more technically sophisticated than surgeons working in Europe and North America (Sukontapatipark 2005:73), and throughout the 1990s and early 2000s, a number of surgeons gained a reputation outside Thailand for technical skill and innovation.<sup>6</sup> Their non-Thai clientele increased accordingly. For example, in 1996 Dr. Suporn Watanyasakul, a protégé of Dr. Preecha and widely regarded as one of the most skilled Thai GRS surgeons, performed 20 to 30 GRS procedures per year, mainly on Thai patients. In 2006 he was operating on around 220 patients per year, performing vaginoplasty, breast augmentation, and facial feminization

surgeries almost exclusively on non-Thais from Europe, North America, and other locales outside Asia.<sup>7</sup> Another surgeon, Dr. Sanguan Kunaporn, served a mostly Euro-American client base until he targeted a Japanese customer base in 2005. In 2006, he reported, 50 percent of his customer base traveled from Japan. 230

The popularity of Thailand as a destination for gender reassignment surgery cannot be understood without briefly comparing the medicalization of transsexuality in Thailand and elsewhere. Across Europe, North America, Australia, and New Zealand (and increasingly in other regions), most surgeons require surgical candidates to conform to the World Professional Association for Transgender Health (WPATH) Standards of Care. These Standards of Care are the most widely accepted regulating criteria for “gender identity disorders” (WPATH 2006). The Standards of Care understand desires for gendered body modification under the rubric of transsexuality, where the gender variant individual’s goal is considered to be permanent transition from male to female or vice versa, and genital surgery is assumed to be desired by most candidates. The mechanisms for assessing an individual’s suitability for gender transition include psychiatric assessment and the fulfillment of a “Real Life Experience” in the desired gender.<sup>8</sup> Access to gender reassignment surgeries in North America, Europe, and Australia is inflected by this history of medicalization, and psychiatric approval is often required before trans people can access hormone treatment or surgery. 235  
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Access to gender reassignment surgeries in Thailand differs from this model in a number of ways. First and foremost is the lack of a regulatory framework for assessing GRS candidates under the rubric of gender identity disorder. Gender variance is not understood universally in Thai culture as a mental disorder. Neither do Thai medical practitioners universally understand gender variant desires for GRS within a medicalized discourse of transsexuality.<sup>9</sup> Kathoey and *sao praphet sornng* are not defined within Thai culture by their desire to have gender reassignment surgery (Jackson 1997). Some kathoey live and work visibly as gender variant while they are young, then transition to a more normatively masculine appearance later in life. Many begin taking hormones in adolescence with parental knowledge if not approval. Thus, psychiatric evaluation for GRS is regarded by most medical experts on gender variance in Thailand as unnecessary. Further, only 30 percent of the kathoey surveyed by Sukontapatipark desired vaginoplasty (2005:99). According to Sukontapatipark, kathoey are far more likely to seek other aesthetic surgical procedures in preference to full genital reassignment. This history of non-medicalization as well as the popularity of aesthetic surgeries contributes to gender reassignment surgery services in Thailand being a large, unregulated, and highly commodified industry. This industry operates within a larger, equally unregulated local cosmetic surgery 250  
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industry. Indeed, it is difficult conceptually to separate an analysis of the desires of kathoey to obtain aesthetic surgeries such as rhinoplasty from the general commodification of cosmetic or aesthetic surgery in Thailand and a concomitant fetishization of particular forms of feminine beauty for anyone who performs a feminine gender. The Yanhee Hospital Sex Change Center advertisement I cited reproduces the popular Thai iconography of advertising for a range of beauty products and services, including aesthetic surgery, skin-whitening creams, make-up, and so on. This iconography directs its gaze to whoever might purchase such products, Thai and non-Thai consumers alike.

The increase in foreigners traveling to Thailand for GRS, cited previously, also reflects a more important shift from gender reassignment surgery in Thailand as a domestic market, dictated by Thai understandings of gender variance, into a transnational market governed by transnational economies, the differential value of currencies, and non-Thai understandings of gender variance. The increase of non-Thai gender variant medical travel to Thailand pushed up prices for gender reassignment surgery and enabled its rebranding as a luxury service rather than a budget option. One clinic catering to non-Thais raised the price for vaginoplasty from US \$2000 in 2001 to US \$15,000 in 2006.<sup>10</sup> Other surgeons followed suit, understanding that non-Thais were willing to pay prices comparable to those found in the United States or Europe. While US \$2000 is still very expensive by Thai standards, the raised prices mean that only very affluent Thais can now afford to obtain surgeries with the surgeons who have international reputations for performing the best work.

Clinic websites constitute the main marketing tool to gain non-Thai customers. These offer comprehensive information about every aspect of a GRS trip: surgical technique, recovery care, accommodation, visas, travel options, and tourist or entertainment activities. In seeking recognition as an elite and globally competitive cohort of biomedical specialists, Thai gender reassignment surgeons must present an image of compliance with internationally recognized standards. Most Thai surgeons who cater to a non-Thai customer base also now require their patients to supply evidence of psychiatric assessment and a “Real Life Experience” in line with the WPATH Standards of Care.<sup>11</sup> Indeed, in 2009 the Thai government introduced legislation requiring candidates for gender reassignment surgeries to undergo psychiatric approval, among other conditions, although the conditions are waived for “long term cross-dressers” (Fugal 2009:1). However, even with these new regulations, the surgery candidates in my project were adamant that obtaining surgery in Thailand was far easier and more enjoyable than elsewhere. Most patients had attempted to obtain approval for surgery in Australia, the United Kingdom, or the United States

from conservative or openly hostile health professionals before arranging to travel to Thailand. They contrasted this hostile or disinterested health care with Thai surgeons' "friendliness" and "respectfulness." These differences between Thai and "Western" standards for the medicalization of gender reassignment form a crucial backdrop against which Melanie and Elizabeth experienced gender reassignment surgery in Thailand and interpreted their experiences of the event. 315

### SUPPLEMENTING FEMININITY THROUGH TATTOOING

I met Melanie in 2007 at a clinic near Pattaya, where she was recovering from a revision procedure for breast enhancement. She was also having consultations with the surgeon about GRS, which she had planned for mid-2008. This was the second time she had visited this particular clinic, located near Pattaya, a resort famous for its kathoey population and cabaret shows. On her previous visit, Melanie had found a painting of a Thai goddess in the shopping mall across the road from her hotel. During our interview I asked her to describe her first trip to Thailand for surgery: how she had experienced Thailand as a place, whether she had taken part in any tourist adventures, and whether she felt that the "journey" had changed her in any way other than the most obvious corporeal transformation. Toward the end of the interview, we had the following exchange: 320 325 330

- Q2 Melanie: Oh actually . . . . One thing I should show you is, kind of like a, to commemorate. Last time I was here I bought a painting. And I've actually . . . [She turns away from me so I can see her shoulder, and lifts her t-shirt to reveal a tattoo of a female goddess, in the style of traditional Thai sculpture.] 335
- Author: Oh, wow. That's amazing.
- M: I was um . . . you know . . . That's the painting. 340
- A: And what's the painting of?
- M: It's a Kinnaree. It's kind of about . . . [inaudible] . . . it's a representation of a goddess of earth. Feminine grace, beauty. I saw that painting and I just loved the painting, and, uh, it was a sure thing, I was going to get it home. Well I managed [to bring the painting home], and then once I was home I had the desire to get a tattoo! 345 350
- A: Who did the painting?
- M: I have no idea! I bought it in the shopping center over here [she gestures to the mall across the road from the clinic], it was original, and oil on canvas, and framed . . . . But it was like, \$30! So I bought it, because it was just so beautiful. The colors and everything. 355

In our conversation about her tattoo, Melanie referred to the figure as a Kinnaree, a Thai mythological figure who is half-bird, half-woman. However, although she is said to be remarkably beautiful, Kinnaree is not an earth goddess. Melanie may be confusing the name Kinnaree with Mae Phra Thoranee, a goddess who plays an important role in the Thai Buddhist account of the Buddha's enlightenment. Mae Phra Thoranee is said to have saved the Buddha by rescuing him from demons sent by Mara, the god of desire or death. When the Buddha put his hand on the earth and called for Mae Phra Thoranee, she squeezed water from her hair, washing away Mara and his demons. Femininity, gentleness, and beauty are important attributes of Mae Phra Thoranee. The "real" identity of the figure is not important, however. What matters here is how Melanie interpreted its significance. She felt such an affinity with the painting that back home in the United States she asked a tattoo artist to reproduce the figure of the goddess on her shoulder.

Obtaining tattoos and body piercings are common tourist practices in Thailand: numerous tattoo studios can be found in the backpacker district around Khao San Rd in Bangkok. To display "exotic" or "primitive" tattoos such as Sanskrit symbols, Thai script, or Japanese or Chinese ideograms is also commonplace within a Euro-American subcultural lexicon of body modification. This appropriation of so-called exotic body art by Westerners has been subject to numerous critiques, particularly relating to modern primitive subcultures (de Mello 2000; Klesse 1999; Pitts 2003). Modern primitives take up various African, Native American, or otherwise "traditional" tattooing, suspension, or piercing rituals, practicing them in a Western setting.

Dean MacCannell (1999) theorized the production of touristic experiences as a preoccupation with "authentic and demystified" cultural artifacts and experiences. Similarly, the point of modern primitive subculture is to develop a more "authentic" relationship to the body, located in the perceived authenticity of the rituals practiced. Pitts contended that the modern primitive subculture inhabits an uneasy political location: "the production of images of the cultural Other through the body [within modern primitivism] asserts radical alterity without shedding the Western binary understanding of cultural difference. Modern primitivism can be seen to produce an ethnic difference that is idealized and essentialized" (2003:129). In a similar way, tourists might obtain tattoos in Thailand to prove the authenticity of their immersion in "hardcore" Thai culture: Thai culture here is consumed as an idealized ethnic difference.

Unlike tourists preoccupied with the authenticity of ethnic difference, Melanie's desire for a goddess tattoo did not involve any concern with the authenticity of the desired object, or the experience as a whole. Melanie

did not want to obtain her tattoo *in Thailand*. Rather, she waited until she arrived home to get her tattoo. Neither was she anxious to discover who had painted the image: she did not relate to the painting as a collector of “ethnic” art. It did not bother her at all that the painting had been acquired in the small, rather tacky atmosphere of a provincial shopping mall; rather, she was interested in the “grace and feminine beauty” depicted in the image. Indeed, most of my informants were aware that the shopping malls and hotels in which they spent much of their time, not to mention the ubiquitous presence of 7–11 stores, contradicted the stereotype of Thailand as an exotic or premodern “paradise.”

However, Melanie was clearly preoccupied with *something* authentic: what is important about the tattoo is its symbolic representation of Thai-ness, and Thai femininity. To that extent, Melanie idealizes Thai gender norms in order to incorporate “grace and beauty” into her own feminine gender presentation. The goddess tattoo might be read as a marker of Melanie’s journey to Thailand, but it also marks the association between Thai cultural and spiritual practices or beliefs, and her becoming a woman. The tattoo literally represents, on her body, the complex intersection of place, gender identification, and event. The surgical procedure that changes her corporeal body into a more “feminine” body, in congruence with her sense of her own gender, is inscribed doubly by the tattoo, which refers to a more incorporeal or spiritual assumption of femininity *through* Thai-ness.

#### INVENTING RITUAL: BUDDHIST SPIRITUAL FORMS AS GENDERED EXCHANGE

Elizabeth traveled from Melbourne to Bangkok to support a friend having GRS in 2006. While she was in Bangkok, she also underwent an orchiectomy or removal of the testicles as the first stage of genital reassignment surgery. Elizabeth’s account of her time in Bangkok accorded with many other stories of gender reassignment surgery in Thailand. After surgery she recovered for a day or two in hospital and then moved to a nearby hotel. And just as Melanie marked her experience of GRS in Thailand with a tattoo, Elizabeth also ritualized the experience. Prior to surgery, she asked that the hospital preserve her removed testicles in formaldehyde and return them to her on discharge.<sup>12</sup> Later, Elizabeth cooked her preserved testicles in chocolate to make a dessert called chocolate salty balls, popularized by the television show *South Park*, and then set the dessert aflame to Jerry Lee Lewis’ song “Great Balls of Fire.” Finally she disposed of the testicles, minus the

chocolate, as an offering in the fish pond of a nearby Theravada Buddhist temple. Elizabeth recounts:

After surgery, I actually did the unusual request and asked for my organs back. I got them to put them in a jar. I forgot to drain all the formaldehyde, so when I actually got them out to offer them to the temple, there was a bit of a smell in the apartment. Anyhow, I went and made salty chocolate balls. Flambé. Playing Jerry [Lee] Lewis's "Great Balls of Fire" music. . . . I'm not a big purveyor of rituals in life, but, having had this for a lot of years. . . . It was a bit of a discomfort. And I had to turn something that was very unpleasant into something that was sweet, and so the salty chocolate part was what made it quite nice, and there's the final dish before I lit it, and turned it on fire. . . . [Later] I recooked them and got all the chocolate off them, and I presented them to the temple, and fed them to the fish. There's big massive fish flowing around in the ponds there. I did it all discreetly. . . . I just [told the hotel staff] I was cooking for an offering at the temple, as a Buddhist I needed to make an offering, so they all helped. . . . There's a temple [near the hotel]. I said please have these parts of my masculinity in exchange for XYZ and prayed there for half an hour. Just praying at the temple. So that was my exposure. And then giving [the testicles] up to the Yin energy, the Yin being the feminine [element of] water in Asia, and offering them to the fishes. . . .

Author: Do you feel like that's had an effect on you?

E: It definitely has. Yes.

As John Frow (1997:177) pointed out, organ removal, transplantation, and other modern biomedical techniques deploy a myth of the social body emphasizing wholeness and integrity, simultaneously rendering that myth of wholeness problematic. Elizabeth's ritual highlights how notions of embodiment in trans cultures do not rely on retaining the integrity or wholeness of the "original" body. The surgical removal or reconstruction of various body parts work to resignify gender, reassembling a new corporeal integrity—or, alternatively, dispensing with the concept of corporeal integrity altogether. Elizabeth's ritual is not about "wholeness": it does not depend on a notion of surgery remaking Elizabeth as "a real woman." Her aim is to ritualize her orchietomy, marking the transition from a body that has given her significant discomfort to a temporary state of sexed embodiment, which she intends to transform through further surgery in the future. Her aim in making the dessert is to turn something unpleasant into something literally sweet. "Unpleasant" here indexes not only her testicles themselves, discomforting material reminders of inhabiting a biologically "male" body, but also the painful and uncomfortable process of undergoing surgery.

In its self-conscious hypersyncretism of surgical remains, food, American popular culture, Buddhist prayer, and “Eastern” understandings of gendered energy, Elizabeth’s ritual also marks an engagement with her location in Bangkok in a culture where Theravada Buddhist ritual is a part of daily life. The Buddhist part of the ritual, however, is difficult to imagine as an “authentic” Theravada Buddhist ceremony. Van Esterik (1998) observed that while food offerings form an important part of Thai Theravadin daily practice, it is more common to make daily offerings to monks’ alms bowls, or to leave food for a house’s guardian spirits. Van Esterik noted that rather than a single authentic food preparation method, knowledge of food in a Thai Buddhist context involves “interpreting and manipulating Buddhist paradoxes” (1998:84). Elizabeth’s practice of leaving her own testicles in the fish pond in the temple are significant because she offers the masculine parts of her to the “the yin energy, the yin being the feminine [element of] water in Asia.” In Chinese philosophy, yin and yang classify the world into complementary but separate elements based on binary oppositions: light/dark, masculine/feminine, hot/cold, acting/receiving, and so on (Furth 1999:11). To symbolically drown those “masculine parts” in water or to quite literally feed masculine objects to fish whom Elizabeth might regard as embodying yin just as the water does in exchange for “XYZ” not only presents a way for Elizabeth to cast off masculinity but might represent drawing on the spiritual essence of corporeal femininity.

It is not insignificant that this ritual takes place through the appropriation of a mixed bag of “Oriental” religion and philosophy. Just as Melanie is more concerned with the symbolic association of Thai femininity with her goddess tattoo than its origins, Elizabeth seems concerned more with symbolically associating femininity with “Asia” and Asian cultural beliefs than the authenticity of the ritual. Having her testicles removed surgically does not remove Elizabeth’s masculinity; it is the ritual she enacts that removes her symbolic “manhood.” However, the symbolic weight of that ritual obtains through Elizabeth’s implicit belief in an already existing association between Asian-ness and femininity. Thus, it may not be the experience of surgery *or* the ritual Elizabeth performs that transforms her sense of self. It may be the fact of locating herself in the spatial environment of Bangkok, in which she can assign a symbolic, spiritual significance to food offerings as yin energy and equate that with femininity.

The rituals Melanie and Elizabeth perform also illustrate how they regard Thailand as a liminal space. Turner (1969:95) theorized liminality as a transitional event-space between one state and another. He located this transitional state outside of everyday structures and facilitated the shift from one status to another, such as child to adult. In the absence of formal social rituals to mark gender reassignment, Melanie and Elizabeth invent their own

transitional event-spaces. It is clearly significant that this transitional event-space is located outside the space marked for each trans woman as “home”; and clearly significant that Thailand as a transitional event-space is saturated with the iconography of idealized femininity. An ungenerous reading of Melanie and Elizabeth’s construction of rituals to mark gender reassignment might critique the touristic construction of Thailand, and by extension Asia itself, as a space in which white, middle-class trans women can appropriate “other” cultural traditions in order to effect their own individual gender transformations. It might be argued that Melanie’s appropriation of a Thai goddess in order to impart beauty and grace and the hypersyncretism of Elizabeth’s Buddhist ritual both orientalize “Thailand” as a space in which ahistorical traditions are always accessible to the foreigner.

## CONCLUSION

In concluding I want to stress the importance of acknowledging orientalist discourses present in the practices I have been writing about, while contextualizing those practices in relation to mainstream Thai tourist circuits and the denial of trans identities globally. First, it is necessary to understand these practices in relation to forms of cultural appropriation operating in more “mainstream” tourist circuits. Second, these two accounts of ritual (through food offerings and tattooing), marking gender reassignment surgery, need to be understood in relation to medico-legal structures regulating gender variant existence—institutionalized transphobia, the medico-legal regulation of gender variant life, and a lack of appropriate health care—which for my Australian, American, British, and European informants might render Thailand symbolically more desirable as a location in which to be trans.

To interpret Elizabeth and Melanie’s cultural appropriation of Thai or “Eastern” cultural practices as orientalist also makes the imbrication of neocolonial power relations in tourist encounters more visible generally. Thailand is already subject to orientalist discourses framing it as magical and timeless for visiting tourists. Rosalind Morris observed that Euro-American “phantasms of projection” figure Thailand as a place of beauty and order, embodied in the figures of monks, smiling women, temples, and orchids that dominate tourist brochures (1997:61). This is an orientalism the Thai nation also reproduces, dependent on a flourishing tourist market for its economic survival. As John Erni pointed out, “there can be no orientalism without also the phenomenon of self-orientalism” (1997:65). Indeed, the advertisement for the Yanhee Hospital Sex Change Center I analyzed in the introduction could be read as playing on the stereotypical orientalism of Thai femininity in order to build a larger international

gender variant clientele: I discuss this in greater depth elsewhere (Aizura 2009, in press). It is important that we do not single out non-Thai trans surgical travelers for reproducing the gendered and racialized touristic orientalism structuring the discursive domains both of medical travel to the area (including the large health spa treatment industry and more serious medical procedures) and tourism in Thailand generally. 570

Melanie and Elizabeth's construction of rituals incorporating parts of Thai culture needs to be placed within the context of how gender variant medical travelers to Thailand experience their gender identity being mirrored back to them by others and how this relates to larger structures regulating gender identity in their home countries. Before her trip to Thailand, Elizabeth had spent three years in Australia negotiating to obtain the required permission for gender reassignment surgery from a psychiatrist who delayed because she did not approve of the surgeon Elizabeth had chosen. Many of my informants regarded the medical professionals they had seen in Australia, the United Kingdom, or the United States as "gate-keepers" restricting access to treatment neither supportive nor well-informed about gender variant identity. By contrast, my informants insisted that Thais in general were more respectful of their gender identifications as women. Karen, a trans woman who had lived in the United States before settling in Brisbane and who had GRS in a Phuket clinic, told me that she felt far more comfortable in Thai hospitals than in Australian medical settings. The Thai hospital staff, she said, were more respectful and accepting of her trans-sexuality than those in Australia: 575

You're also left with the feeling that [surgeons and staff in Thai hospitals] actually like you . . . . It was very, very important to me, you know, not to be the Freak 101 who had his genitals rearranged. It was more like a magical [experience] . . . . Culturally they're more accepting of people of gender difference [in Thailand]. 590

Gemma, a trans woman living in Sydney who had also traveled to Phuket for surgery, also reported that the nurses and hospital staff where she had vaginoplasty had been "very supportive and friendly and very respectful—which is again, very difficult to find in Australia. I think it makes it a completely different experience." Elizabeth thought the Thais she met regarded gender variance more positively than those she had encountered in Australia: "The comments from the [Thai] surgeons were, 'Transsexuals are more beautiful than real women.' . . . they consider transsexuals to be some sort of exotic myth." By contrast, Australian respondents to a 2008 questionnaire on trans health and well-being reported that trans patients "felt interrogated, exposed, and humiliated" by medical professionals 595 600 605

(Couch et al. 2008:35). Occupying any trans identity, let alone an individualized *feminine* trans identity, appears somewhat tenuous in this medical context. From this it seems clear that the experience of traveling to Thailand affords trans women an opportunity to experience being gendered by others as female without the more common transphobia and *denial* of trans genders encountered in Australia or the United States in public settings. 610

Of course, while Thailand has an international reputation for being more culturally tolerant of gender variance than Western nations, the legal and political recognition of Thai gender variant subjects is exceedingly limited, and discrimination against kathoey is common (Jackson 1999). The friendliness, support, and respect that Elizabeth, Melanie, Gemma, Karen, and others encounter in Thailand is partially a consequence of their status in gender reassignment clinics as private customers paying for a premium personal service. Interpersonal recognition of femininity as a trans woman in this particular geocultural location is quite clearly different to interpersonal recognition as a trans woman in other geocultural locations. In this sense, gendered intersubjective recognition is indeed “magical,” following Marcel Mauss’ observation that “underlying all our mystic states *are* corporeal techniques [and] biological methods” (Mauss 1973:87). Seen in this light, Melanie’s goddess tattoo and Elizabeth’s incorporation of Buddhist beliefs into her ritual marking gender reassignment cannot be read simply as orientalist or hypersyncretic appropriation. They need to be read as an effect of Melanie and Elizabeth gaining the space to perform their own feminine genders in relative, and temporary, freedom. This freedom enables both individuals to imagine rituals marking the event of gender reassignment, incorporating something of the geocultural location in which they feel so respected and recognized. Underlying the transformative capacity of Thailand as a liminal event-space for Melanie and Elizabeth, however, we find corporeal technique; material intersubjective relation; economic relation; and the ghostly whispers of touristic orientalism. These all coincide to produce a kind of privilege for non-Thai trans medical travelers. They can afford to pay not only for the service of gender reassignment surgery but also recognition itself. The next critical task for studies of gender variant medical travel is to trace the transnational circulation of this privilege and the experience of those who cannot access it. 620 625 630 635 640

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## NOTES

- Q12
1. Flier advertising “Sex Change: Sex Reassignment Surgery Male to Female,” produced by Yanhee International Hospital, Bangkok, Thailand, 2006. 650
  2. In this article, I use GRS (gender reassignment surgery) as an umbrella term including genital and non-genital procedures, including orchiectomy or castration; vaginoplasty, the construction of a neo-vagina; and breast augmentation and facial feminization surgery. Trans masculine surgeries are more often non-genital and might involve a mastectomy and the construction of a masculine chest; the removal of the uterus and ovaries; the release of the clitoris from the labia to construct a microphallus; or the creation of a penis and testicles. Following standard usage in transgender theory (Whittle 2006), this article also refers to *trans* people, women and men: the prefix “trans” describes communities or individuals who do not live as the sex they were assigned at birth. Thus, “trans woman” refers to what is glossed elsewhere as male-to-female or MTF; “trans man” refers to what is glossed elsewhere as female-to-male or FTM. 655
  3. Only one Thai surgeon, at Yanhee International Hospital, specializes in gender reassignment surgeries for trans men. An entirely different set of knowledges and symbolic representations attend the medical travel of trans men to Thailand for GRS, which I intend to explore in a future project. 660
  4. See Hale’s suggested guidelines for writing about trans-sexuality (1997).
  5. *Kathoey* is the most popular term in Thailand to describe gender variance. Others are *sao praphet song* [second type of woman]; and *tom*, describing masculine female-bodied people. *Kathoey* is a far more fluid category and covers a wider range of cross-gender practices than the English language term “transsexual”: it is sometimes understood as a “third sex,” and has been used in the past to refer to effeminate homosexual men as well as those assigned male at birth who feel like, or want to be, women (Jackson 1997:170). *Kathoey* can mean both gender identity or expression, and sexual practice, or both at the same time (Costa and Matzner 2007:19). 670
  6. For example, many Thai surgeons claim that they were among the first in the world to develop a genital vaginoplasty technique that includes a fully sensate clitoris and appears cosmetically indistinguishable from a non-trans woman’s vagina. 675
  7. Interview with Dr. Suporn, June 24 2006.
  8. An excellent Foucauldian analysis of the medicalization of gender variance in the WPATH Standards of Care as well as psychiatric frameworks such as the *DSM* can be found in Spade (2006). 680
  9. My analysis here relies heavily on previous research on *kathoey* or *sao praphet song* identities and practices and neglects to engage with *tom* identities and gender reassignment practices. On *toms* in Thailand, see Sinnott (2004).
  10. Personal communication with the clinic manager at the Suporn Clinic, June 2006. 685
  11. However, in interviews most surgeons agreed that they would operate on Thai candidates for GRS without requiring psychiatric assessment.
  12. In Australian hospitals it is almost impossible to obtain body parts removed through surgery due to the legal regulation of surgical remains.

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