

**“FOR ME....IT’S A MAGIC”:
KNOWLEDGE AND REALITY CONSTRUCTIONS OF
MEDICINES USED AMONG TRANSGENDER**

PANOOPAT POOMPRUEK

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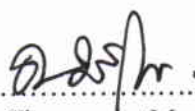
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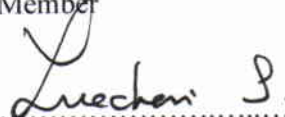
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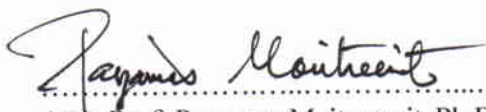
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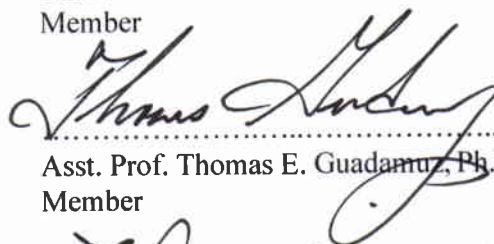
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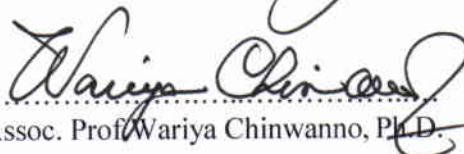
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At this point, it seems that my journey with this dissertation has reached its destination. However, it also seems as if I have just embarked on a much longer journey of learning about people and society. Looking at where I started, it is hard to believe that a pharmacist like me, who was so strongly inculcated in the essentialist way of thinking, could find his way to the world of constructed realities. It was not an easy thing to do and would have been impossible without the assistance of so many people around me. I thus wish to dedicate this special space for the mentors of my academic and also my private life to whom I am deeply indebted.

I could not possibly forget the role of the first one of these mentors, Ajarn Pagamas, who introduced me to the wonders of social sciences and was a teacher, big sister and friend at the same time, encouraging me and bearing with my initiate's academic arrogance. Ajarn Pagamas gently put pressure on me until I found my way to the great social science lens construction plant – the Department of Social and Health, Faculty of Social Sciences and Humanities, Mahidol University. This manufactory greatly helped me to adjust my lens and see societal phenomena more clearly. I must express my gratitude to all faculty at the Department for compassionately enlightening me, especially Ajarn Luechai, who ignited the spark in me to ask questions about the truths surrounding me. I was as astounded by these new explanations as the proverbial little frog that has just found its way out of the coconut shell. I felt that all my interactions with him greatly contributed to my intellectual growth. The care he showed toward everyone serves as a role model I shall cherish and strive to fulfill in my own life. In the same way, I wish to thank Ajarn Pimpawun who gave me so many new opportunities in my life, especially by agreeing to be the major advisor of this dissertation, never refusing to help me despite her heavy workload, and always pushing me to move forward. The fieldwork experience I gained through the several research projects we did together helped me to better appreciate the diversity and fluidity of truths, especially truths about sexual matters, which few people question. Her attention for the most minute details in my work, her questions on how I was doing, her encouragement and assistance, and her difficult job of trying to get as undisciplined a student as myself to finish his work on time – all this she did with such compassion that in my eyes, she is much more than just an Ajarn.

Given the time I spent within the walls of Mahidol, the university now feels like a second home to me. Having expressed my thanks to the faculty for giving birth to my academic life, I must also thank my brothers and sisters in the field of social sciences who filled my life in this second home – as exhausted as I sometimes was – with happiness. Thank you, Phi Tuk, Phi Nueng and Phi Noi, my fellow pioneers in broadening our way of thinking. Thank you Phi Tar, Phi Nid, Phi Tan, Phi Jang, Phi Pet, Phi Ning, Phi Ron, Nong Ou and Nong Rin, my fellow travelers, for sharing your lives, your smiles, your stresses, pressures and frustrations. Thank you for the mutual consolation we gave each other when things didn't go as intended – these things played a major role in making this second home so pleasant to live in. Our friendship will surely not vanish by the completion of our studies – our shared commitment to understanding and changing society in the ways we believe in will bind us together also in the future. Thank you all family members, neighbors and surrounding community members – however big or small you are, I'd like to say to you that you made me see this day.

One further group that I cannot neglect to thank are the kathoeis at Dok Mai Studio. Thank you for giving me the opportunity to learn about your lives and about kathoei ways. Our numerous shared experiences and impressions are still clearly etched in my memory. I can only smile when I reminisce about these things. Thank you for teaching me the lesson – one I think I have fully learned – that our value as human beings is not reduced just by having a different kind of gender. Our mutual friendship and good faith helped us overcome our divisions and treat each other as fellow human beings.

In choosing to do qualitative research, I was always aware that it wasn't going to be easy. While at it, I was in great need of understanding and encouragement, and I was lucky in getting so much of it, especially from my family. Though my parents did not have a clear idea about my research topic, they did their utmost to help me. They dedicated to me time and resources that should have belonged to the family and so helped me finish this work; I feel proud and happy about my family. Also, thank you all my friends and seniors at the Department of Community Pharmacy, Faculty of Pharmacy, Silpakorn University, for your understanding, support and patience in dealing with the workload to give me an opportunity to make my dream about entering the world of social sciences come true. Finally, I express my gratitude to Hongwiwat Fund for seeing the importance of the research and financially supporting the work that resulted in this dissertation.

I wish I'll get the opportunity to thank many more people for taking their time to read this dissertation to understand the phenomenon of medicine use among kathoeis to modify their bodies from a new angle. I cannot guarantee the academic excellence of this piece of research, but it is a work that reflects my own personal growth. If that can be used for mutual sharing, learning and intellectual development in building broader understandings about life and our world, then I think it will be greatly beneficial. So, don't hesitate, read on...!

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“FOR ME....IT’S A MAGIC”: KNOWLEDGE AND REALITY CONSTRUCTIONS OF MEDICINES
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ABSTRACT

The aim of this study was to explain the phenomenon of medicine (e.g., hormone, glutathione, collagen, placenta-based product) use by *kathoeis* (transgender women) to modify their bodies, within its socio-cultural context, considering their lived experiences and in order to elucidate the implicit operations of various gender, sexuality and health ideologies in their medicine use behaviors. Ethnographic methodology was used: The researcher embedded himself in the social context of a provincial, Central Thai wedding studio where many *kathoeis* gathered, for six months beginning in April 2011. Six key informants were chosen among *kathoeis* with particularly intense medicine use aimed at body modification. Data collection methods included participant observation, focus group discussions, and ethnographic interviews. Embedded symbolic meanings of each type of medicine were analyzed, as were the behaviors and conversations of *kathoeis* while they were using medicines to modify their bodies.

Beauty is a key element in the lives of Thai *kathoeis*. They borrow beauty ideals from mainstream, biomedical ideologies that emphasize the femininity of body shape, breasts, skin, hair and even vaginas. When *kathoeis* don’t have womanlike body capital to begin with, they have to modify their bodies carefully and continuously to attain and maintain their beauty – as it has been defined for women. Medicines, as one kind of modern medical technology, conveniently facilitate the implementation of *kathoeis*’ beauty ideology. Medicines thus become vehicles of ideology that make the construction of beauty convenient, easy, and fast. *Kathoeis* then use this constructed beauty as capital they can exchange for opportunities in their lives – for claiming social space through increased self-confidence, for economic opportunities, and for opportunities to choose or be chosen as a romantic partner. Such opportunities are fluid and depend on the context of each *kathoei*’s life, while “realities” about beauty and medicines are constantly being reinterpreted on the basis of each *kathoei*’s life context and individual, trial-and-error learning experiences. These then form the logic behind *kathoeis*’ medicine use decisions. *Kathoeis*’ medicine use is also a group phenomenon, influenced by power relations between group members and the operations of capitalism, which incites medicine use so as to extract profit in subtle ways. Thus, an important element in reducing the health risks and the risk of exploitation *kathoeis* face is updating societal understandings about their medicine use aimed at modifying their bodies. *Kathoeis* also need to be empowered through the provision of health services and information that truly meet their diverse needs, are truly available and are easy to understand. In the long term, alternative approaches need to be promoted for *kathoeis* so that they will be able to build their sense of self with more diverse ingredients than just beauty, and have the opportunity to openly be themselves in society – as each of them is or wants to be.

KEY WORDS: SOCIAL CONSTRUCTION / TRANSGENDER / BEAUTY / BODY / MEDICINE

153 pages

“สำหรับฉัน....มันวิเศษ”: กระบวนการก่อร่างความรู้ความจริงว่าด้วยยาภายใต้บริบทชีวิตของกะเทยในจังหวัดแห่งหนึ่ง
“FOR ME....IT'S A MAGIC”: KNOWLEDGE AND REALITY CONSTRUCTIONS OF MEDICINES USED AMONG
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บทคัดย่อ

การศึกษานี้มุ่งหมายจะอธิบายและทำความเข้าใจปรากฏการณ์การใช้ยาเพื่อประกอบสร้างร่างกายของกะเทย (เช่น ขาสอร์โมน, กุศดำไรโอน, คอลลาเจน, พลาเซนต้า และอื่นๆ) ภายใต้บริบททางสังคมวัฒนธรรมและประสบการณ์ชีวิตของพวกเขา โดยสะท้อนให้เห็นถึงการทำงานของชุดอุดมการณ์ต่างๆ ทั้งเพศภาวะ เพศวิถี และสุขภาพที่ชุกช่อนอย่างแยกย่อยอยู่เบื้องหลังพฤติกรรมการใช้ยา ด้วยระเบียบวิธีวิจัยเชิงคุณภาพแบบชาติพันธุ์วรรณาผู้วิจัยได้เจาะลึกฝังตัวที่ร้าน Wedding Studio แห่งหนึ่งซึ่งเป็นแหล่งชุมนุมกะเทยในจังหวัดแถบภาคกลางของประเทศไทยระหว่างเดือนเมษายนถึงกันยายน พ.ศ.2554 รวม 6 เดือนเต็ม คัดเลือกผู้ให้ข้อมูลหลักจำนวน 6 คนจากกะเทยผู้มีประวัติการใช้ยาเพื่อประกอบสร้างร่างกายอย่างเข้มข้น การเก็บรวบรวมข้อมูลใช้วิธีการสังเกตอย่างมีส่วนร่วม การจัดการกลุ่มสนทนา และการสัมภาษณ์เชิงชาติพันธุ์วรรณา ข้อมูลที่รวบรวมได้จะถูกนำมาวิเคราะห์ความหมายเชิงสัญลักษณ์ที่แฝงฝังอยู่ในยาแต่ละรูปแบบ นอกจากนี้ยังวิเคราะห์พฤติกรรมและบทสนทนาของกะเทยที่เกิดขึ้นระหว่างการใช้ยาเพื่อประกอบสร้างร่างกายอีกด้วย

ในชีวิตของกะเทยไทยความสวยถือว่าได้ว่าเป็นแกนสำคัญโดยกะเทยได้เลือกหยิบยืมลักษณะความสวยจากอุดมการณ์ความสวยกระแสหลักตามแนวคิดชีวการแพทย์ซึ่งให้ความสำคัญกับรูปลักษณะเพศสรีระแบบหญิงอย่าง รูปร่าง หน้าอก ผิวพรรณ เส้นผม หรือกระทั่งจิม ดังนั้นเมื่อกะเทยมิได้มีทุนทางร่างกายแบบหญิงคิดความแต่เดิมจึงต้องประกอบสร้างร่างกายขึ้นใหม่อย่างประณีตและต่อเนื่องเพื่อให้ลักษณะความสวยแบบหญิงนั้นมีความสมบูรณ์และดำรงอยู่อย่างยาวนาน นั่นส่งผลให้ยาในฐานะเทคโนโลยีทางการแพทย์สมัยใหม่ได้เข้ามาสอดรับอุดมการณ์ความสวยของกะเทยอย่างลงตัว ขากลายสภาพเป็นพาหนะทางอุดมการณ์ที่ทำให้การประกอบสร้างความเป็นไปได้ง่ายขึ้น สะดวก ง่าย และรวดเร็วทันใจ กะเทยจะนำต้นทุนความสวยที่ถูกสร้างขึ้นไปแลกเปลี่ยนเป็นโอกาสในชีวิตทั้งโอกาสในการช่วงชิงพื้นที่ทางสังคมผ่านตัวตนความมั่นใจ (Self Confidence) โอกาสทางเศรษฐกิจ และโอกาสในการเลือก/ถูกเลือกจากคู่ความสัมพันธ์ โดยโอกาสเหล่านี้สามารถเลื่อนไหลไปตามตามบริบทชีวิตของกะเทยแต่ละคน ขณะที่ความจริงว่าด้วยความสวยและยาล้วนเป็นสิ่งที่ถูกตีความใหม่ซ้ำแล้วซ้ำเล่า (Reinterpretations) ตามบริบทชีวิตและชุดประสบการณ์การเรียนรู้แบบลองผิดลองถูกซึ่งหล่อหลอมเป็นตรรกะในการเลือกหยิบใช้ยาของกะเทย นอกจากนี้การใช้ยายังมีลักษณะเป็นปรากฏการณ์กลุ่มที่หมุนเนื่องอยู่ได้ด้วยความสัมพันธ์เชิงอำนาจของสมาชิกและการทำงานของระบบทุนที่จะกระตุ้นเร้าการใช้ยาพร้อมกลฉวยผลประโยชน์อย่างแยกย่อยด้วยกลวิธีต่างๆ ดังนั้นแนวทางสำคัญที่จะช่วยลดความเสี่ยงด้านสุขภาพและการถูกเอารัดเอาเปรียบของกะเทยนั้นสังคมต้องหันมาทำความเข้าใจปรากฏการณ์การใช้ยาเพื่อประกอบสร้างร่างกายของกะเทยเสียใหม่พร้อมทั้งส่งเสริมพลังอำนาจของกะเทยด้วยการจัดระบบบริการและการสนับสนุนข้อมูลข่าวสารด้านยาและสุขภาพที่ตอบสนองต่อความแตกต่างหลากหลายที่สำคัญต้องสามารถเข้าถึงได้จริงและง่ายต่อความเข้าใจ ในระยะยาวต้องส่งเสริมทางเลือกอื่นๆ ในการสร้างตัวตน (Sense of Self) ของกะเทยมิให้จำกัดอยู่เฉพาะในเรื่องความสวยเท่านั้น เพื่อเปิดโอกาสให้กะเทยได้มีตัวตนในสังคมในแบบที่พวกเขาแต่ละคนเป็นและต้องการ

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CHAPTER I

A WORLD IN A MEDICINE BOTTLE

1.1 Why *medicines*¹ among *kathoeis*?²

“For someone with a gender like mine, taking medicines³ for a lifetime is a must, because should we stop taking them for a long time, we might flip back into masculine form. As for the side effects, I think we’ll just have to accept them, because we really can’t avoid taking medicines, right? On the positive side, we should take good care of our health.”

From a web board⁴

¹ The medicines I studied were over-the-counter products used in various ways to adjust one’s body to reflect one’s feminine gender identity. The terms medicines and drugs are used interchangeably and refer to the same Thai language term *ya*, which can be translated as either.

² The Thai word *kathoei* nowadays refers to transgender individuals who transition from a masculine appearance to a feminine one. It can be used regardless of how much (if at all) the individual has physically altered their body. Although it can be used as a word of abuse, it is here used because it is the self-definition of most of the study’s participants. *Sao praphet song* (lit., second category girl) refers to the same group and is also used as a self-definition by some transgender individuals.

³ *Take ya* (to take medicines) means using medicines to affect certain changes on one’s body; it can refer to oral, injected, or other routes of administration. Medicine use here also encompasses the processes of selecting, procuring, using and evaluating the intended and unintended effects of medicines.

⁴ The name of this web board is not disclosed to prevent negative consequences to the board.

The above posting on a kathoei website is one among many that greatly challenged my way of thinking. During my almost ten years as a pharmacist, I always thought that medicines were substances used for the treatment of illness. Had I encountered any medicine use that was not for this purpose, I would not have hesitated to brand such behavior as irrational medicine use. My reaction would probably have been to try to change such behavior back to what medical science considers normal, correct, appropriate. However, my way of thinking has been transformed.

Having had the opportunity to better acquaint myself with the phenomenon of medicine use among kathoeis, I now understand that kathoeis and medicines are inseparable. To say that medicines sustain the lives of kathoeis might not be an overstatement. This is how Film Thanyarat, Miss International Queen 2007, talked of feminine beauty among kathoeis (Revealing the Answer, 2551):

That sao praphet song look prettier and more like women these days, it might be because society is more open now. Because of this, youngsters who know they'd like to be women get the chance to find out more about it on the Internet or from their friends when they're just 12-13 years old. Mostly they take contraceptive pills, which help them grow breasts, and drugs to increase their female hormones, which will make their body shape more feminine. Other than this, some use 'skin foods' that will help their skin look more beautiful.

The same article (Revealing the Answer, 2551) also featured a similar account by Poy Trichada, a famous kathoei actress, who likewise viewed that the existence of kathoeis is dependent on medicines:

Today's kathoeis are increasingly as beautiful as women, because we already begin taking female hormones in teenage. That's the time when the body develops. If the body gets female hormones, the muscles won't develop as they do in men. And also, as we kathoeis want to be women, that gives us the extra motivation to take care of our bodies and also find cosmetic products.

My direct experience in building understanding about medicines in online space for the study *Online Medicines as Sexual Invention* (Panoopat Poompruek, Pimpawun Boonmongkon & Ronnapoom Samakkeekarom, 2551, p. 137-138) informed me that medicines not only assist kathoeis in molding their bodies into the shape they desire, but also link with their sexual lives:

It begins with the medicines. After taking them, we'll be able to attract men. After a while, if we stop taking them, does it still matter? Yes, it does. We'll have to take them continuously, to be sure, because that way the men will stay with us, too. They'll know they're with a woman.

Nueng

I generally feel I'm a woman. If I have sex with a man, I don't care about whether I come or not. If he as much as says that my skin is very beautiful or if I have breasts for him to fondle, I'll be like, wow, I'll feel my life is fulfilled as there's a man that accepts my body.

Kun

I show these perspectives here to demonstrate that in the world of kathoeis, medicines are not just substances to treat illness, but rather, very value-laden socio-cultural substances, full of symbolic meanings. Especially in terms of sexuality and gender ideologies, medicines help kathoeis to maintain their desired gender identity and sexuality. The body is thus not complete at birth, but undergoing a process of continual change to become the ideal that could represent its owner's identity (Shilling, 1993, p. 1-18), and medication is what can mold the body in the desired way. Medication is thus an unavoidable necessity in the lives of kathoeis.

On the other hand, we see that medicine use tends to be controlled by society, and its correctness, appropriateness, and desirability are assessed primarily through professional or expert knowledge. Kathoeis' medicine use cannot elude this control either, as professional knowledge and attitudes consider it irrational, non-indicated and laden with health risks. This viewpoint is reflected in a newspaper interview of a gyneco-obstetrician working at a famous state hospital, who when asked about the feminization of kathoeis brought about by oral or injected hormones responded as follows (Femininity Boosting Hormones, 2552):

The hormones that sao praphet song use are mostly synthetic ones. When injected or ingested, they'll cause abnormal changes in the body as they're a foreign agent. They might lead to abnormalities in the genetic system of the body, too. Even when you don't inject anything, the body is always naturally undergoing changes, or

out of balance. Therefore, when you inject chemicals to increase your beauty, whether female hormones, feminizing chemicals, chemicals to make the muscles in your body and your legs smaller, or any synthetic chemicals, it will increase the occurrence of genetic abnormalities in your body and make the risk of cancer several times higher when compared to those who don't inject medicines. So, I feel it's fully justified to say that injecting feminizing chemicals, such as hormones, drugs to make the muscles in your body and your legs smaller, or any chemicals available on the market to accelerate the transition of the body into a more beautiful and woman-like state – that will be overdosing and it will happen without medical supervision. These are dangerous chemicals that may help to create an illusion in the short term, but they are harmful and have side effects in the long term, such as liver or breast cancer. Foreign statistics show that the number of breast cancer patients is very high among sao praphet song, because these are dangerous drugs containing synthetic estrogen and progesterone, which are used to treat illnesses among women.

This physician did not only address the inappropriateness and numerous dangers that result from kathoeis' medicine use, implying that it was wrong, but also recommended an alternative method for feminizing one's body, following a medical perspective (Femininity Boosting Hormones, 2552):

If sao praphet song wish to look beautiful and have a woman-like body, they should exercise regularly and take care of their bodies with healthy eating, reducing their meat intake and having more fruit and vegetables, such as green leaves and fiber-rich fruit, like oranges or apples, as well as brown rice and rice mixed with grains. And what's important is getting enough rest. Don't make your body work too hard or stress too much. These are things that constitute natural beauty that people of any gender or age can practice in their daily lives.

I admit there was a time when I fully subscribed to this medical science set of beliefs, and also reproduced it while working as a pharmacist. I thus played a part in suppressing and marginalizing other sets of beliefs held by kathoeis as mere misconceptions and wrong values that should be corrected and normalized. These medical science perspectives are widespread in society due to the power of the medical profession and distributed through a network of social institutions. Yet, in the world of kathoeis, medicine use is a complex set of behaviors that radically contradicts

the beliefs held about it by those who hold the medical point of view as the yardstick of correct, appropriate and desirable medicine use. For example, consider the account of Sri, a kathoei cabaret performer (Prempreeda Pramroj na Ayutthaya, 2546, p. 115):

I'm proud of my life today. I try to develop my beauty as much as I can, for example by using contraceptive pills and every type of hormone that my colleagues recommend. And I use them in great quantities. I have estrogen injected every other day, and I also use the swelling drug. So, in a single day I've got such a high level of hormones in my body that I sometimes feel dizzy or blurred, especially on days I haven't had enough rest. But my close friends know that I'm number one in drug use, using many drugs in great quantities and having more hormone injections than anyone. Others might just have one injection in a month or week and think that's already quite frequent. I have my own reasons, namely my belief that you have to take a lot of drugs to stabilize your body first – dissolving the muscles, making your body rounder and enhancing the breasts and hips, and when it's stable, then you can slowly reduce your drug intake.

The discourse of cancer is the medical profession's deadliest weapon in spreading fear to suppress any medicine use related thought, belief or behavior that the profession considers irrational. Yet, there is not only obedience and submission on the part of kathoeis to this professional control of the ways with which they can mold their bodies. Rather, there is evidence that kathoeis resist and negotiate with these attempts to control them, in order to empower themselves and to legitimize their medicine use (Panoopat Poompruek et al., 2551, p. 145):

They say that if you take a lot – that this drug is very strong, it might cause cancer. It's stronger than normal contraceptive pills. But I think I'm okay, that is, having been born this way, I'd also like to be pretty for some time in my life, right?

Som

For kathoeis, contraceptive pills are a magical potion – you have to know their dangers and their benefits. I choose their benefits. We kathoeis have it hard if we live long. I prefer to struggle for happiness today. I choose to be pretty today.

Tua Lek

By this point, many readers might wonder why the power expressed through professional or expert knowledge that is so strong, subtle and so able to effectively control the bodies of individuals and populations, yet seems so inferior, powerless, resisted and negotiated with when it comes to kathoeis' medicine use aimed at molding their bodies. Perhaps scientific explanations of this phenomenon are insufficient to understand it?

Expert knowledge tends to imply the assumption that individuals develop their way of thinking and behavior by following such knowledge, and if they do not, they are irrational because they – so the explanation goes – lack resources or access to knowledge. Such an assumption neglects lay knowledge created through attempts to understand one's everyday experiences. Lay knowledge is context-specific and depends on the individual's own experiences, in contrast to expert knowledge, which is universal (Lupton, 1999, p. 108-111). Medicines are likely to increase individualism because they provide individuals more power to manage their own bodies. They differ from other substances in having inner power that enables anyone who possesses them to freely determine the resulting outcomes. Individuals can liberate themselves of the power of the medical profession and gain more control over their bodies by self-medication (Nichter & Vuckovic, 1994a, p. 287-305). Medicine use behavior depends more on individual than professional knowledge. Medicating, which looks like a truly scientific process, cannot escape the socio-cultural context and the individual experiences of the user, who has agency in producing alternative knowledge. Explaining such knowledge surely also requires a different methodology. Hence, kathoeis' medicine use, which looks so irrational, is in fact informed by choices that are rational in terms of the knowledge they have created in their particular socio-cultural context and through their specific experiences. This specific knowledge is often used to examine, evaluate, oppose and challenge expert knowledge, both explicitly and in more subtle and complicated ways. For these reasons, I have dedicated this piece of research for reflecting on these alternative forms of knowledge.

From the conviction that medicine use is based on lay knowledge, it follows that explaining this phenomenon must be based on evaluating the meanings given to medicines as cultural artifacts. In other words, while medicines are a product of thoughts and beliefs situated in a specific socio-cultural context and based on lived

experience, medicines are also a producer of thoughts and beliefs that determine people's behavior and way of life in a given society. Medicines are thus a vehicle of ideology that have to be explained in terms of the socio-cultural context of their use (Luechai Sri-Ngernyuan, 2542, p. 23-24). In this view, kathoeis' medicine use is not just a question of kathoeis embracing the effects medicines have in molding their bodies the way they like, but it also reflects a clash between various socially embedded ideologies, especially those on gender, sexuality and health.

One further consequence of the liberty of individuals to freely choose their medications is that medicines assume what can be called thingness – namely, being products that can be purchased like any others. This provides an opportunity for market mechanisms and pharmaceutical companies to influence individuals' medicine use decisions and increase overall use, both in a formal way⁵ and in an informal⁶ way. The pharmaceutical industry tends to use a process called pharmaceutical schismogenesis – the use of market mechanisms in building awareness about health problems⁷ and the subsequent presentation of medicines as an important solution to such problems, leading to the pharmaceuticalization of such issues (i.e., reliance on medicines in solving them). This strategy has enormously increased the profits made in the industry (Nichter & Vuckovic, 1994b, p. 1509-1525). Among kathoeis, who tend to mold their bodies through self-medication, doing so is only possible when the person in question invests in medicines. Such investment is stimulated by market mechanisms that produce and reproduce various gender, sexuality and health ideologies for commercial gain. Bodies are kept in constant motion through endless medication (Panoopat Poompruek et al., 2551, p. 136-137). Expansion of the medicine market (both in terms of the diversity of products and quantities sold) makes kathoeis' access to medicines very easy. New distribution channels, such as online media, have also emerged and play a major role today. Buying medicines through the Internet is now very popular. This is manifested in the following interview excerpt with the dean

⁵ For example, through medical facilities, clinics, pharmacies and drug companies.

⁶ For example, through street stalls, general stores, hawkers, friends and the Internet.

⁷ This is done by problematizing phenomena that have not previously been considered problematic, and by expanding the scope of preexisting problems.

of the Faculty of Pharmacy at a state university, who responded to a question about online medicine shopping (Somsakul Phaojindamuk, 2553):

The Faculty of Pharmacy has found through surveys that the number of online pharmacies is very high, but it's not possible to give an exact number, because websites are constantly put online and taken down to avoid getting caught. Their names also change all the time. Though the Food and Drug Administration is campaigning on this issue using all media channels, they are unable to stop the online drug trade, because opening a website is very easy and fast. No documentation is needed to build a website. Some websites that have been taken down soon go online again.

The reason why buying medicines online has become so widespread might be that the characteristics of the Internet facilitate freedom, since there is very little state control of it, enabling the creation of private spaces (Castells, 2001, p. 168-187). This freedom has contributed to the popularity and increasing coverage of the Internet, because it enables people to fulfill their desires, especially those about their bodies and sexual lives. When people are free to choose, everything on the Internet can be built, changed and rebuilt at any time (Webster, 2002, p. 34-42). The Internet has opened an online space for kathoeis to exchange information with each other, especially information on medicines, such as ways of using them, their effects and side effects, sources where medicines can be obtained and how much they cost. This information tends to be based on individual opinions, beliefs and personal medicine use experiences, or those of held by people around them. The medicines discussed tend to be those used for molding one's body in accordance with one's feminine gender identity, such as contraceptive drugs or antiandrogens (Panoopat Poompruek et al., 2551, p. 121-123).

It can be seen that many aspects of kathoeis' medicine use are more than just using the biochemical properties of certain medicines to change their bodies. Choosing to modify one's body by self-medicating reflects the intense operation of various ideologies that clash, dominate, oppose or negotiate with each other, especially gender, sexuality and health ideologies. Kathoeis have agency in building their medicine and health related knowledge within their socio-cultural context through their everyday experiences. Hence, the meaning of rationality for them is different

from what it is to the medical profession. The enormous influence of the pharmaceutical industry in making medicine use so widespread cannot be ignored, either. It has made self-medication seem like the consumption of any other product and tweaked our way of thinking along consumerist lines. Add to this mix the Internet, which enables medicine use based on individual desires beyond the control of the medical profession. Explaining these complex phenomena requires a perspective that enables deep and comprehensive analysis. I believe a social science like anthropology can fulfill this task and contribute to solving health problems among kathoeis who are a socially neglected group.

1.2 Research questions

1. What medicines are used in the world of kathoeis and how? How are these medicines interpreted and valued?
2. Which gender, sexuality and health ideologies does kathoeis' medicine use reflect? How does each of these ideologies operate? How do these ideologies interact within this socio-cultural context and in relation to kathoeis' lived experiences?
3. What kinds of logic or processes do kathoeis use in building their understanding of medicines? How do these understandings or truths persist or change when the socio-cultural context and their experiences change?

1.3 Research objectives

I embarked on doing this piece of research with a determination to understand kathoeis' medicine use, within their socio-cultural context and in light of their lived experiences. I reflect on the various gender, sexuality and health ideologies that operate behind medicine use behavior. These ideologies constantly clash, interact, contradict and intermingle with each other. However, an individual, as a person bestowed with agency, can negotiate with, filter, choose, oppose or debate these ideologies to build their own values, meanings, and knowledge related to medicines.

1.4 My standpoint in this research

Besides the above research objective, I wish to challenge myself and my way of thinking, based on the firm belief that sexual and health matters are socio-culturally constructed. However, in the phenomenon of kathoeis' medicine use, I'm an outsider. With this different social position, selfhood and gender identity, how fluid can I be in terms of how my way of thinking on gender, sexuality and health operates; how much can I understand; or how much closer can I get to insider notions about gender, sexuality and health – these are questions I will need to answer in this study.

CHAPTER II

MIXING THE POTION FINDING THE RIGHT INGREDIENTS

My entry to the world of social science made me understand that the nature of human beings, endowed with a mind and the ability to think, is fundamentally different from the nature of inanimate matter. Thus, the study of complex human behavior cannot use the methods and ways of thinking that are used in the study of the natural world. These now seem so simple and uncomplicated in their use of reason and logic, and in permitting the use of reductionist methods. Moreover, free will, which we tend to think naturally and truly exists within each individual, is in fact not free as it is subtly and unconsciously controlled by various ideologies. This reflects a new understanding of power that controls our thoughts, actions, and feelings. Here, I beg the reader's permission to embark together on a journey of learning about kathoeis' medicine use, seen through a conceptual framework of power, reflecting a new way of looking at the phenomenon. If you are ready, let's go!

2.1 Changing our way of thinking about power: Towards an understanding of new forms of power that operate through knowledge

When we talk about power, many of us feel comfortable with the understanding that it is something surrounding us – perhaps the ability to force others to do something, to permit something, or to support or prevent certain actions. Yet, new and more complex forms of power are always emerging. In the late feudal Europe of the 16th century of the common era (C.E.), power was held by the king. This form of power emphasized ownership – over property, human bodies, ways of doing things, or even over the reality people believed in, and it was exercised in exchange for protection during war and other calamities. This exchange legitimized monarchical power. When challenges like wars threatened the continued exercise of monarchical

power, it tended to respond by negative means, such as attempting to destroy, conquer or capture the thing that was threatening it, using armies, prisons and the like as tools. While monarchical power may seem absolute, it nevertheless did not express itself all the time – it was only exercised when it was under threat. It did not control every step and move of its subjects (Rouse, 1994, p. 92-114).

Monarchical power was increasingly challenged in Europe as society changed, especially in terms of who got to define reality. Traditionally, this was the joint mandate of kings and religious leaders, both of whom purportedly acted in the name of God. But the rise of modern science led to social changes as it introduced a new confidence in reason as the key to understanding nature and reality. It started to form in the 16th century, with Nicholas Copernicus's study of celestial mechanics. He proposed the heliocentric worldview in 1542 C.E. and thus laid the groundwork for modern physics. This scientific development culminated in Sir Isaac Newton's work on dynamics and gravity, which enabled an exact quantitative understanding of the movement of objects. Newton's groundbreaking work in physics increased popular confidence in science as both his theories and formulas seemed to reflect the real workings of nature (Samir Okasha, 2549, p. 1-16).

This confidence in reason in the 18th century was a key element of what is now known as "the era of the Enlightenment". The monopoly of kings and priests to define reality was challenged and condemned as mere belief, superstition, and as the cause of the backwardness of human life. The scientific paradigm brought with it confidence in the idea that only human reason was able to uncover the laws of nature: Nothing was to remain a mystery or beyond rational inquiry. Crucially, it was believed that knowledge obtained through rational inquiry would bring about liberation and a better society. This desire to change society led to the use of the scientific paradigm in the study of human behavior and society, in addition to its original use in explaining material phenomena. It was not only used to understand how human beings should live together as a society, but also to identify the problems and interventions that would need to be known to attain the desired state of affairs. Emphasis was on predicting and controlling human behavior in order to bring about stability in modern society. This was the starting point for the use of scientifically derived knowledge to control humanity.

The scientific revolution was thus accompanied with social changes that brought about the end of the feudal state. The monarchical and feudal state was replaced by new centers of power dominated by intellectuals, which led to the emergence of the centralized state, characterized by its absolute power over everyone within clearly defined boundaries (Jones, 2003, p. 23-28). One important function of such states is the creation of security, wealth and stability, which are measured under the capitalist paradigm with economic indicators. Populations, as one of the assets of each state, are to be properly managed to become extremely productive. Such management is conducted through various social institutions that produce both knowledge and political measures to control the behavior of the population in question, with appeals to “reasons of the state” as the basis of their legitimacy. In this era, in which the feudal state has been entirely replaced, new forms of power operate using knowledge to micro-manage populations. This kind of power is subtle, hidden, continuous in its control over our lives, and turns us into “docile bodies” (Danaher, Schirato & Webb, 2000, p. 82-96).

In discussing new understandings of power, the influence of the French intellectual and philosopher Michel Foucault cannot be over-estimated. Foucault studied European history from Greco-Roman times, through the 16th century, to the 20th century. His emphasis was on the importance of history to our present-day lives. His so called archaeological approach focused on neither the thoughts and feelings of historical actors nor the actual historical events, as he believed that these could be nothing but present-day reconstructions crafted together to reflect the interests of people in our era (Danaher et al., 2000, p. 97-115). This approach led Foucault to question the operations of knowledge, not focusing on its content, but rather on the context that legitimated knowledge in each case, and on how social changes are accompanied by changes in knowledge that change people’s understandings of themselves and of the world (or, in other words, how the knowledge that exists in each era affects the structure of people’s thoughts in that era). Thinkers like Foucault have argued the point that whatever we have, be it physical objects, thoughts, knowledge or understandings about the objects that surround us, these cannot escape conditioning by our frame of reference. The chances are slim that we could ever talk of such objects in ways other than those determined by this frame of reference. Furthermore, all these

processes operate through the intertwining of power and knowledge, and are aimed at controlling, managing, and dominating us.

2.1.1 Discourses and discursive practices

Foucault attempted to understand the workings of power through knowledge using the concept of discourse, following what has been termed the linguistic turn. This intellectual development was affected by the great influence of structuralism in the 20th century. It comprised a shift from the study of human agency in the interpretivist vein to the study of human beings as subjects once again controlled by power structures, but in a different way from that posited by either positivism or so called critical perspectives – not by structural power acted out through social institutions but by the structural power of language. This was an important shift from viewing language as an impartial and transparent means of communication to analyzing it as something that controls human thought and action. This perspective led to the assertion of the death of the subject, or, in other words, of human subjects capable of free, unmediated thought, and the subsequent emphasis of the study of human beings whose thoughts and actions are controlled by language.

Ferdinand de Saussure can be considered the father of the idea that the structure of language affects our thoughts. Saussure believed that every language has similar systems, rules, and structures. He attempted to uncover the underlying common structures. Language predates each of us – thus, we cannot think, be aware of or make interpretations beyond what the system of language permits us to do. Hence, uncovering the systems, rules or structures of language would be the only way to access human reality (Jones, 2003, p. 141-154). Saussure's thought was heavily attacked by postmodern thinkers, such as Jacques Derrida, who shared the belief that social realities are constituted through language and culture, and that human beings are only acting out what they are set to do. The difference in their perspectives regarded the nature of reality: In Saussure's thought language was seen as constituted through universal underlying systems, rules and structures, while Derrida argued that in fact, languages are irregular and unstable. This being the case, linguistic meanings are bound to shift from context to context, and the search for universal underlying forms, rules or structures is futile. Derrida emphasized the study of language as a set of social

practices, the idea that realities are constructed through language, and that these constructions are highly complex and layered, to the extent that it is meaningful to talk of construction of construction, for example. Such constructions depend on perceptions, interpretations and the social context, and so reality in Derrida's view is constituted by endless construction and is relative to the context. This view led him to question and critique supposedly universal truths – so called grand narratives, and especially scientific ones. He believed that grand narratives, which purportedly pinpoint absolute reality, are in fact distorting and exclusionary towards other realities, and must be deconstructed. This perspective and method became widely influential through Derrida's work (Benton & Craib, 2001, p. 166-168).

Derrida's perspectives on language also had a great influence on Foucault's understanding of power. Like Derrida, Foucault believed that any given actions of an individual do not result from their own intentions or natural drives inherent in them, but rather, their thoughts, perceptions and actions are all influenced, controlled, and driven by linguistic practices (known as language in action), or what Foucault called discourses (Danaher et al., 2000, p. 30-45).

Foucault also elucidated the workings of social institutions, and how differences between them relate to their power to define truths in society: Public social institutions have more power to define truths than do private ones. Furthermore, the truths they define tend to be influential to the extent that they become "public truths". In this sense, the structure of social institutions is inextricably intertwined with discourses, as the discourses that are produced, reproduced, modified and controlled by the structure of such institutions, operate through various discursive practices to legitimate the version of reality they convey as the one and only true one. This reality then becomes the legitimate basis for the effective and unquestioned use of power by social institutions to continuously dominate and control individuals (Danaher et al., 2000, p. 30-45), and also for the discourse itself to maintain its status as the dominant, purportedly true and natural one. Such dominant mainstream discourses operate to exclude other discourses, which then become subordinate to the dominant one. Relationships between discourses, however, are not static but characterized by constant appropriation, negotiation and resistance on various levels (Rouse, 1994, p. 92 -114).

2.1.2 Governmentality and Bio-power

Following the influence of postmodern thought, there has been much focus on human bodies. In this vein, our understanding of the body has shifted from the anatomical one, in which the body simply waited for discovery and inquiry by those in the know, to a socially situated one in which bodies are crafted and inscribed on by social and political powers. Bodies are thus laden with values and meanings. They are altered and controlled by socially dominant discourses (Morris, 2000, p. 135-163). Foucault focused on bodies as the object of the exercise of power by social institutions. If we examine bodies, we can see traces of otherwise hidden and subtle movements of power. Foucault also elucidated how state power, exercised through social institutions, cares for, examines, surveillances and controls individual bodies. This links with everyday life, creating rules for what individuals do with their bodies, and for the relations we have with both our own bodies and those of others. The aim of this is to have individuals consent to performing any actions that the frameworks, guidelines or traditions of the state specify. Foucault referred to this form of governance as governmentality. It results in the individual body becoming a politicized site, in what is known as body politics of control and care. Moreover, state power exercised through social institutions does not only control individual bodies, but really aims at controlling entire populations. Foucault referred to this kind of power that acts upon bodies as bio-power. He wanted to demonstrate how power and its operations are interlinked with subject formation and believed that understanding these issues could be very liberating (Danaher et al., 2000, p. 82-96).

In Foucault's view, the collaboration of state power and other kinds of power are aimed at extreme productivity. The population of a state is examined and focused on as an asset of the state that requires proper management. Such management requires knowledge so the population can be systematically analyzed and policies made to control its behavior. This is based on the idea that good behavior of the population is also good for the state. Hence, maintaining the population healthy and happy will eventually result in the highest possible productivity. Foucault referred to this kind of control over a population as bio-politics (Danaher et al., 2000, p. 82-96), and to state power, exercised through various policies and measures to control both individuals and populations, as bio-power. Bodies are a central site of the operations

of disciplinary power aimed at turning bodies into docile ones (Gastaldo, 2000, p. 113-133).

Various social institutions have developed numerous sets of power techniques to control and dominate bodies, but such disciplinary techniques, used to make bodies function as efficiently within a given period of time as possible, tend not to be explicit. Foucault pointed out that such use of power to discipline bodies began in the prison systems of the 18th and 19th centuries, which used prison discipline to force the convicts to do certain things and to exercise their bodies, as well as to monitor them continuously. Thereafter, such body discipline methods spread to society at large and formed an example for other social institutions in their management of their subordinates, such as factories, schools, armies – and even hospitals. One further factor that helped disciplinary power to influence society to such an extent was the creation of standards of normality, known as normalization. Foucault noted that judgments of normality or abnormality take place in every sector of society through social institutions, based on perceptions on what is normal and what is not, and called them dividing practices. For example, hospitals divide their clients into the healthy and the ill or into the mad and the sane, while prisons divide the citizenry into the law-abiding and the criminal. Such dividing practices are used to specify where in society, and in what capacity, each individual should or should not be present. Social institutions also participate in the creation of what are called scandalous identities, associated with what are considered scandalous practices, which intensify the use of power by social institutions to monitor and control those labeled scandalous (Danaher et al., 2000, p. 30-45).

This monitoring and control by social institutions happens through surveillance, which Foucault linked to an architectural innovation by Jeremy Bentham in the 18th century – the Panopticon. The Panopticon was a modern model prison with a tower in the middle for the guards to watch the convicts in their cells, which encircled the tower. The cells were designed so that the convicts could not see what was happening in the tower, and so had no way of knowing when they were being observed. This meant that they had to control their behavior at all times – an ideal solution for controlling prisoners by having them watch (or gaze) themselves at all times. The principle, however, is not limited to prisons, but forms the basis for the

control of bodies in modern-day Western society in general. This does not just mean that we are being gazed by others, but also that we start to monitor our own behavior. The influence of socialization processes makes us constantly watchful over our bodies, actions and feelings, so we perform self-surveillance and consequently exercise self-regulation, in addition to also watching others. This is a greatly efficient method of disciplinary power.

2.2 Bodies and perspectives on sexuality

2.2.1 Bodies under mainstream sexuality

In the postmodern era, sexuality has received a great deal of attention as a tool of state management of individuals and populations. Foucault's emphasis was on sets of discourses that are used to determine sexual practices and identities. This covers understandings of bodies, bodily expressions, lifestyles and social relations. Sexuality constitutes a space in which power is exercised through interacting, opposing and negotiating discourses, all competing for the status of the dominant one. Within each socio-cultural context, widely accepted sexuality discourses constitute an instrument of the state to control the bodies and behavior of individuals, and thus also those of the entire population, operating through the issuance of various policies, measures, and programs resulting in socialization and self-regulation.

It follows that sexual matters do not just comprise anatomical or biological facts of physical sex or so called family matters comprising physical actions involved in family-making. They are also social constructions put together by the interactions of various discourses. As such, they are ever shifting on the basis of the socio-cultural context. In his *History of Sexuality*, Foucault attempted to elucidate the operations of sexuality discourses that have controlled people in different eras. He found that present-day knowledge and understandings of sexuality have not emerged by themselves or reflect nature as it is, but rather have been intimately shaped by historical developments (Danaher et al., 2000, p. 133-149). Our current understandings and knowledge of sexual matters are a legacy of the Enlightenment era. From mere sexual anatomy, our interest has broadened into a systematic enquiry over sexuality.

From what were once seen as family matters, sexuality has gone public and become an object in need of study, analysis and management by various social institutions. The main framework in the present era is comparison, using scientific knowledge and resulting in categorization. The body has become an object that is studied using experimental, observational and comparative methods, to map similarities and to create categories based on differences. Such categorization of bodies then results in various social identities and corresponding roles and responsibilities.

In medical science, anatomical sex has been clearly divided into male and female, based on anatomical and physiological features, since around 1920. Medical scientists understand that the development of the embryo begins with identical cells for both sexes, except for cells that mark its sex, which will in time mature into ovaries in the female and testes in the male. Thus, males and females develop from the same kind of cell structure, but diverge then into their respective sexes as determined by the X chromosome for males and the Y chromosome for females. Chromosomal determination of biological sex not only results in either female or male bodies according to medical ideology of normality, but also implies unequal value for the two, as geneticists tend to explain the female sex as a result of the combination of two X chromosomes, and the male sex as that of an X and Y chromosome, and point at the presence of what is known as the Sex Determining Gene on The Y (SDY). The basis of embryonic development is thus the X chromosome in both cases, but the male sex is developed further due to the presence of the Y chromosome that determines the creation of the testes and the production of male sex hormones. Male sex hormones then prevent the development of female sex organs and cause the development of male sex organs. This SDY explanation has two important consequences: 1) Masculinity is built on the basis of femininity and 2) the male sex is ever precarious during its development because any malfunction in the SDY orchestrated development (e.g., high levels of female sex hormones) can make the embryo turn out female. This medical science explanation of sex differences gives a higher status for males than for females, beginning with the smallest possible level of explanation – the chromosomes (Fausto-Sterling, 1995, p. 127-134). This way of thinking, or what Foucault termed *Scientia Sexualis* then extends to sexuality, which is narrowly understood in terms of heterosexual, penetrative sex mainly aimed at reproduction. Other forms of sexuality

are labeled abnormal and in need of control, management, and corrective measures to put them in line with what is thought of as correct sexuality, using medical methods. This ever-influential pattern is known as heteronormativity.

The influence of *Scientia Sexualis* has spread throughout society. It is constantly cited and reproduced. Through its influence, as sexual matters have become public property, so has the individual body become an object of the exercise of power, which aims to make sure that, literally, no body is used in ways considered incorrect. To ensure this, sexual matters must be correctly analyzed by experts and controlled by the state through the issuance of what are called rules of sex. Sexual matters and bodies thus directly involve each other. In mainstream medical ideology, gender is determined solely on the basis of one's sexual organs, yet the body is also the site for the expression of sexual desire, which results in various sexual lifestyles. Analyzing the space and practices of the body as regards sexual matters can thus elucidate the operations of power acted through discourses, which usually are subtle and discreet.

2.2.2 Nonmainstream Sexualities from Homosexuality to Queer

The concept of "homosexuality" is a modern-era coinage. Same-sex sexualities that would today be called homosexuality have historically been conceptualized in various ways, depending on the era and the socio-cultural context. In the United Kingdom and Northern Europe, the term sodomy used to refer to all non-procreational forms of sex, particularly anal and oral sex, or vaginal sex using contraception. Engaging in these acts was considered unnatural and a sin against nature. This concept is clearly religious in origin – even the word sodomy itself refers to the city of Sodom, which according to the Bible was destroyed as a punishment for its sins. It is commonly known that prior to the late 1880s, anal sex was punishable by death in the United Kingdom, but this punishment was really only aimed at anal sex. There was no categorization of people into those that would and those that wouldn't practice it. In 1781, the definition of sodomy was clarified in UK law so that perpetrators had to have penetrated their partners and ejaculated as well (what was called "emission of seed" had to have taken place). This definition reflects the period's perception of sexual roles – men were seen as naturally sexually active and women as

passive. The criteria of penetration and ejaculation meant that only men could be convicted of sodomy (Sullivan, 2003, p. 1-21).

Foucault has described how Enlightenment era medical science was by the mid-19th century preoccupied with analyzing and categorizing non-procreative forms of sex into types of deviance. This was a new definition that differed from the religiously derived one, which emphasized sin and criminality. The term homosexuality differed from the concept of sodomy since medical theories explained that homosexuality was a type of sexuality that was biological in origin. A number of medical scientists have believed that homosexuality reflects a genetic and inborn abnormality; many others have thought of it as arrested bodily development, and thus on par with what evolutionary theory considers lower life forms or, as it were, unfinished species. When homosexuality is classified as a biological abnormality, legal punishments are no longer considered appropriate; in their place come medical treatments for (supposedly) arrested development (Sullivan, 2003, p. 1-21).

The constantly negative attention homosexuality received in the latter half of the 19th century intensified in the early 20th century. By this time, it had become established truth that homosexuality was an illness, an oddity, a deviance, or arrested bodily development that called for treatment. This made those whose sexuality could be described as homosexual subject to control, discipline, marginalization and subordination. Foucault considered these processes attempts to maintain the mainstream heterosexual norms, but also noted that “there are no relations of power without resistance” (Spargo, 1999, p. 20-26). Resistance is possible through building so called reverse discourses, but Foucault also analyzed that escaping the bounds of mainstream discourses through such a method does not happen easily, and does not result in a complete overturn because mainstream discourses are still continuously promoted through the power interlinked with them.

Although Foucault wasn't the first to ask questions about the social construction of sexuality, his great influence on later gender and sexuality studies is unquestionable. In the 1970s, the word homosexual was still widespread in medical and legal discourses, but there was also increasing self-labeling of difference using the words gay and lesbian. This was because the term homosexual was a product of medical categorization and accepting the label put the person who did so in a passive

position, whereas the labels gay and lesbian were self-chosen. Identification with these terms reflects pride in what one is, rather than submission to the idea that one suffers from a biological abnormality. It is one form of resistance and self-liberation from perceptions of oneself as unnatural, incomplete, or deviant.

Marxist, socialist and feminist concepts of revolutionary social change in the mid-1970s influenced gays and lesbians to use an ethnic model in their movements for sexual equality. In other words, gays and lesbians were portrayed as a minority group. The aims of such campaigning were equal rights and legal protection. This basic framework still exists in the present day. However, in the 1980s, the campaigns of gays and lesbians for political rights were increasingly perceived as only serving a privileged subgroup of the white middle class. Tensions among gay and lesbian groups also led to heated debates about their weak social position. Many lesbians critiqued that the movement was being led by the masculine culture of the gay elements, and argued a separate lesbian movement was needed. This led to divisions among gays and lesbians, and to the emergence of various new gay and lesbian identity groups. By this point, binary oppositions (e.g., homosexuality/heterosexuality, male/female, or gay/lesbian) that constituted the division of such groups were also being critiqued and challenged. These challenges led to what could be considered an identity crisis (Spargo, 1999, p. 27-36).

This identity crisis, together with the emergence of AIDS around 1981, hastened the fragmentation of the movement. Unexplainable illnesses and deaths among gay people in Los Angeles first led to the coinage of the term GRID (Gay Related Immunodeficiency). Its mysteriousness spread fear among gay people. When a retrovirus was identified as the cause, the term AIDS was coined in 1982. The emergence of AIDS put new pressure on gays and lesbians, of course because there was a new threat to health, but also because the popular linkage of representations of AIDS to gay people incited a new wave of homophobia throughout society. Amidst the HIV/AIDS crisis, new movements arose to deal with this new wave of prejudice, and also to take issue with state policy on AIDS that was divisive in nature and contributed to homophobia. What were originally small groups, such as ACT UP (the AIDS Coalition to Unleash Power) and Queer Nation, soon attracted great interest among youth, students and urbanites. These groups expressed themselves in various

ways, such as through public statements, printed publicity materials, campaigns and public demonstrations using the slogan “We’re here, we’re queer, get used to it!” The term queer which had been a word of abuse targeted at gay people, was now reclaimed by Queer Nation and others, as a positive, self-empowering and anti-homophobic expression. This led to the adoption of the term by many gay and lesbian groups (Hall, 2003, p. 51-55). One reason for this was that these movements had demonstrated that there were more identities than just gay and lesbian ones. Critique was also mounting that the division into just gays and lesbians in fact reflected heteronormative culture, whereas the term queer made escaping such binary oppositions possible.

Like many other intellectual frameworks, queer theory emerged from movements to change the social context. It was first discussed in various academic conferences in the late 1980s. However, this did not mean redefining the term queer but rather analysis of the group Queer Nation, which opposed normality, by poststructuralist thinkers and philosophers; as well as analysis of gay-lesbian relations, also using poststructuralist perspectives (Spargo, 1999, p. 44-50). Queer theory meant that sexual/gender identities that had once been categorized on the basis of anatomical sex were thereafter to be defined through practices. Judith Butler, an American thinker and philosopher, was a key figure in these changes. Foucault asserted that the body is like a sheet of paper on which history and cultural value systems inscribe their marks – it is a site which reflects the operations of power through the various ways it is shaped by power. The body is thus the center of its owner’s identity. Various discourses then use individual identities as important tools in the creation of social identities, in the context of individual and social relations (Jones, 2003, p. 159-161). Butler views identity differently from Foucault; she asserts that the body is matter that gives rise to an identity, and to understand identities, it is necessary to focus on the expressions (performances) of the body. In her widely read opus, *Gender Trouble*, she asserted that gender identities are not natural or inborn, but rather “performative effects” of social construction that takes place to fulfill certain aims of social institutions. Gender itself in Butler’s view is thus also but a “performative effect” of repeated or “reiterative” acts. In a given context, actions are forced to be repeated, but they can also change at any point, to create behaviors that appear natural. In other words, bodily expressions

of gender identity are all caused by forced learning or repetition, aimed at creating an illusion of natural, inborn, essential actions (Sullivan, 2003, p. 81-98).

The key concept in Butler's theory of performativity is repetition. In her view, individual identity formation does not result from a single set of actions, but requires several sets. These cause memorization and repetition in public, which then result in individual learning through experience and social relations. Sets of actions are thus deeply interlinked with the socio-cultural context and amenable to change when the context changes. The concept of performativity has been very important in driving identity politics aimed at liberating gender and sexuality from the obligatory naturality that the operations of power/knowledge have posited controls the sexual field of society.

2.3 Medicine use as a cultural system

When speaking of medicines in the ordinary sense, many are likely to think of complex, modern medical technology. Medical knowledge has resulted in medicines that can change the workings of the body in a desired way, for example cure an illness. This way of thinking about medicines has radically changed the relationships between those involved in the management of illness, because medicines themselves are now viewed as having inner power to produce treatment outcomes, rather than depending on the power of the doctor. Anyone can use them without having to be under the power of medical personnel. This has led to widespread self-medication. When an individual self-medicates, the management of illness becomes their direct personal responsibility, rather than the responsibility of medical personnel. Medicines act as instruments of individualization in the management of illness, as individual users escape the physician-patient relationship. However, by self-medicating, users engage in diverse social relations with many groups of people.

Self-medication is necessarily influenced by the socio-cultural context of the self-medicating individual. Perspectives on medicines, medicine use and their effects are grounded in the surrounding cultural context, individual and community experiences, and knowledge that differs from that espoused by medical science (Greest, 1996, p. 153-178). Thus, there are diverse medicine use patterns among

members of each society. In this sense, the simple view of medicines as substances which when ingested bring about changes in the workings of the body, including cure or alleviation of illness, already seems outdated.

2.3.1 Medicines as Cultural Artifacts

Medicines can be considered cultural artifacts. When they are used by individuals, their meanings tend to be redefined. This leads to complex patterns of medicine use behavior, as each individual has their own unique way of thinking, experiences and socio-cultural context. Medicine use depends on the reasoning of each individual, which might or might not correspond to what is considered rational within medicine. In other words, drug use phenomena are context-specific and depend more on individual reasoning and experiences than on any universal body of knowledge or that held by the medical profession. Even what is called rational drug use does not constitute universal medical standards for individual drug use, but also depends on social relations based on rationality that is specific to the social context and situation.

All medicines, as cultural inventions, are laden with social values and meanings. These values and meanings are subject to change, borrowing, transmission and adoption from context to context. In new contexts, cultural reinterpretation is likely to take place. This further increases the complexity of individual medicine use. The appearance and characteristics of medicines also tend to be given meanings that inextricably depend on the symbolic systems of the society where the interpretation takes place. For example, in the Philippines, there is a common belief that Western medicines are more powerful than local herbal preparations, because in ingesting Western medicines, medicine users in the Philippines are not only consuming pharmaceutical substances but also cultural meanings of science, technology, and progress associated with Western countries. These perceptions of advanced science and technology make it very easy for people in this context to use medicines to manage their health and illness (Tan, 1994, p. 69-81). Besides the consistency of medicines, other characteristics like smell, color, and taste are also given specific meanings. For example, the Hausa people of Northern Nigeria believe that to be able to treat symptoms of fever, nausea, or vomiting, medicines must have a sour or salty taste, while medicines to treat measles must have a bitter taste. Thus, Western

medicines that have a bitter taste, even if they do not have any effects on the illness from the biomedical viewpoint, such as Penicillin, Chloroquine or Chloramphenicol, can in the Hausa understanding be used to treat the illness (Etkin 1994, p. 17-32).

One further important concept is user compatibility with a given medicine. This is observed in many cultures and means that the same drug is effective in some people but not others, because of individual responses to the effects of the drug. For example, in the Philippines this concept is known as *hiyang*, whereas in Thailand it's known as *lang nuea chop lang ya*. It is also known in India and Indonesia. However, the concept of compatibility not only applies to an individual and a given medicine, but also to an individual and a given service provider, because a given service provider will differ in their success of treating different individuals (Tan, 1994, p. 69-81). Furthermore, besides the external characteristics and other qualities of a given medicine, its effects on the body will also be interpreted in a culture-specific way.

Such cultural interpretation even extends to what Western medicine calls side or adverse effects of a given medicine. For example, in India, there is an understanding that side effects will eventually undermine the strength of the medicine taker's body, just like in agriculture, fertilizers first increase output in the short run, and then reduce it in the long run, due to their adverse effects on the soil. Hence the belief that while medicines provide relief in the short term, they will be harmful in the long term. Similar ideas are widespread in many countries, such as Sri Lanka and Bangladesh, where it is believed that oral contraceptives cause the uterus to become hot and dry, and treatment with them is thus dangerous to the user's health in the long term, causing long-lasting difficulties in having a child (Nichter & Vuckovic, 1994b, p. 1509-1525).

Side effects are also sought after for certain reasons. Usually, information on contraindications and side effects is given to enable people to watch out for such effects or to assess the possible risks to their health. However, such information might also be re-interpreted and it might thus stimulate the use of medicines with side effects for other uses than those indicated. For example, the Hausa people believe that the color of excretions can reveal illnesses. They have traditionally used herbs to make the urine or excrement of the patient to change color in order to cure illnesses. When Western medicines with similar side effects became available, they were also used in

the same way. Examples include Rifampicin, a tuberculosis medicine, or Phenazopyridine, a urinary pain killer. An illness leaving the body is also believed to be manifested through symptoms like a red rash; Western medicines that cause such side effects are likewise widely used for this reason, such as Chloramphenicol, Sulfonamide, Tetracycline and Dapsone (Etkin, 1994, p. 17-32).

2.3.2 Medicines as vehicles of ideology

How health ideologies held by individuals are produced and reproduced through medicine-taking is also intriguing. Medicine-taking brings the individual's identity, the cause of the illness, responsibility, interpretations of the illness, as well as perceptions of power relations all come together. Or, in other words, it inextricably links the physical body, the social body, and politics of the body (or body politic) to each other.

In explaining how medicine use is linked with the politics of the body, Foucault stated that when power acts on bodies, it is not centralized but rather distributed or micro-power. It acts on bodies by controlling both physical bodies and the way of thinking of individuals in a society. In this sense, the best way to control people is to medicate them. For example, medicine use in modern times does not only represent modernity; it also produces bodies that fit the modern way of life, the modern organization of work, the modern environment, and modern patterns of consumption. Conversely, use of herbal products represents an older or alternative value system and now reflects dissatisfaction with modern Western way of life, or a desire to refuse the view of the body as a mechanical entity. Thus, use of both kinds of medicines is linked to domination and resistance; whenever either is selected, it becomes an instrument of power that controls people. Or, when individual behavior is viewed as problematic or abnormal, it is often managed with medication. For example, children thought to be hyperactive commonly used to be medicated with alcohol or opiate based preparations to make them stay still, while tranquilizers or sleeping pills have been used to control people with labile emotions. From these examples, it is clear that medications are used to meet standards of normality or to produce behavior that is socially acceptable. In this sense, they are "vehicles of bio-power" (Nichter & Vuckovic, 1994b, p. 1509-1525).

2.4 Impact of consumerist ideology and the pharmaceutical industry on gender and sexuality

To understand consumerist ideology, it is necessary to understand the evolution of capitalism into consumerism. A capitalist economy first emerged in the trade of agricultural products, and then rapidly expanded into the industrial sector in the 19th century, emphasizing efficiency to enable mass production. Such production was informed and transformed by progress in scientific knowledge and technology. Rapid technological advances led capitalist economies into crises of oversupply, which in turn led to an increased focus on consumption. Marketing processes were introduced to increase individual consumption through the creation of symbolic meanings for the products sold. Thus, in consuming products, the individual customer is also consuming such embedded symbolic meanings. Jean Baudrillard, a French thinker interested in both production and reproduction in a consumer society, has noted that such societies are “programmed and technocratic” through the creation of symbolic values and manipulation of consumer needs. Through such manipulation of individual purchasing decisions, the consumer becomes the producer in what Baudrillard termed the “revised sequence”, as the needs of the consumer are the real product of the process. The consumer becomes a “passive victim” in this process by losing their power to refuse, oppose or negotiate (Baudrillard, 1995, p. 193-204). The consumer’s desires and their satisfaction depend on the relationship between their needs and the products that exist to satisfy them. Needs do not arise in the individual consumer but are created through social processes that emphasize symbolic systems. However, it is the individual consumer that makes the choice to satisfy such socially constructed needs. In this sense, social norms and needs must correspond to each other. Needs do not relate to the products themselves, but to values embedded in the products, and the satisfaction that an individual derives from consumption in fact results from the confidence that individual has in their society’s value systems.

The marketing of medicines also relates to consumerist ideology, through a process that Mark Nichter and Nancy Vuckovic (1994b) have termed “schismogenesis”. This process makes the individual to focus more on health problems and their alleviation, which makes health problems to appear more concrete

or tangible. Health commodification, on the other hand, refers to the state of affairs whereby an individual, who wants to be in better health or to be cured of an illness, can do so by using the products or services produced by the pharmaceutical industry. Yet, medication needs are perpetuated because an individual's health is not a static entity and can be problematized at any time through the process of pharmaceutical schismogenesis (Nichter & Vuckovic, p. 1509-1525). Consumerist ideology is linked to health and the body through medical discourses, as health related businesses present ideals of purportedly healthy lifestyles and bodies that are models of perfection. Health issues are also made an individual responsibility through the creation of expectations for healthy behavior, lifestyles and bodies. "Healthy bodies" really means bodies that are socially acceptable (Bunton & Crawshaw, 2002, p. 187-203). The postmodern era has seen an epidemic of a new illness – individuals suffering from physical imperfection. The biological body becomes a product through the creation of needs by the presentation of social ideals of bodies considered healthy, sexy, good or even perfect. Likewise, molding the body into desirable shape becomes a necessity for individuals wishing to express their identities. Shaping one's body one way or the other is thus not a free decision but one influenced by symbolic domination and meanings given to bodies (Morris, 2000, p. 135-163).

Pierre Bourdieu, another French thinker, has expanded our understanding of capital, by proposing subtypes of economic, cultural, symbolic, and social capital. These various types of capital can be exchanged into one another. The body, in Bourdieu's view, also is a form of anatomical capital that can be turned into other types of capital. Shaping one's body is thus a form of capital accumulation. Bourdieu has emphasized the accumulation of cultural capital within the body, as the symbolic value given to various kinds of bodies is not equal, and is one way of constituting social classes. People in each social class shape their bodies in ways that correspond to the symbolic values of their own social class. Some kinds of bodies are thus valued more than others; especially, upper class bodies tend to be seen as an ideal of perfection and definitely better than what are considered underclass bodies (Kanjana Kaewthep & Somsuk Hinwiman, 2551, p. 578-582).

Yet, individuals' actions to shape their bodies (whether due to the influence of biopower or to accumulate their anatomical capital) seem inevitably futile as it is the nature of bodies to be in constant flux. No one can escape the eventual deterioration of their body, but in order to fend it off, individuals are endlessly shaping their bodies. In this sense, the resulting benefits do not stay with the individuals, but with the pharmaceutical industry, which makes the consumption of medicines the only way to reach for the various ideals of the perfect body.

2.5 Conceptual framework

In this study, I focus on increasing our understanding on the phenomenon of kathoeis' medicine use, situated within their socio-cultural context and seen in the light of their life experiences. My literature review has convinced me that medicine use among kathoeis entirely results from gender, sexuality and health ideologies. These ideologies reflect the workings of networked power, which controls individuals and populations through discourses and discursive practices that operate to produce, reproduce and distribute such discourses throughout society, to the point that they are considered natural and normative truths that everyone in society should follow. This is a subtle manifestation of power that acts on people unaware of it, through power techniques such as surveillance, gaze and the unquestioning regulation and self-regulation that result from the former. This form of power has been termed bio-power; governance of people using bio-power is known as governmentality.

As individuals are dominated by various discursive practices to make them conform to gender, sexuality and health ideologies, medicines are used as vehicles of ideology – a prerequisite of meeting the goals of such ideologies. However, individual medicine use does not escape the influence of the individual's socio-cultural context and their life experiences, which cause the meanings of medicines to be reinterpreted in ways that diverge from medically sanctioned thought. Instead, medicines are experienced as substances laden with values and socio-cultural meanings. On the other hand, individuals are not merely passive objects of the workings of discourses, but also have the agency to filter, choose, negotiate, oppose or debate such discourses.

This happens through processes of selecting, procuring, exchanging and using medicines, and evaluating their effects. The phenomenon of medicine use among kathoeis thus reflects the interaction of discourses – ever clashing, merging, and opposing each other, resulting in ambiguity, or negotiating with each other – on the levels of the state and the individual, as regards gender, sexuality, and health. One further aspect that must not be neglected when studying kathoeis' medicine use is the role of the pharmaceutical industry, which builds needs or demand for its products by giving meanings to the body through the reproduction of mainstream discourses on gender, sexuality and health. This results in individuals thinking they need to shape their bodies in ways that are valued by the industry. Thus, the lives of individuals in society are medicalized and pharmaceuticalized (made dependent on the medical profession and medicines, respectively), which results in the enrichment of the pharmaceutical industry.

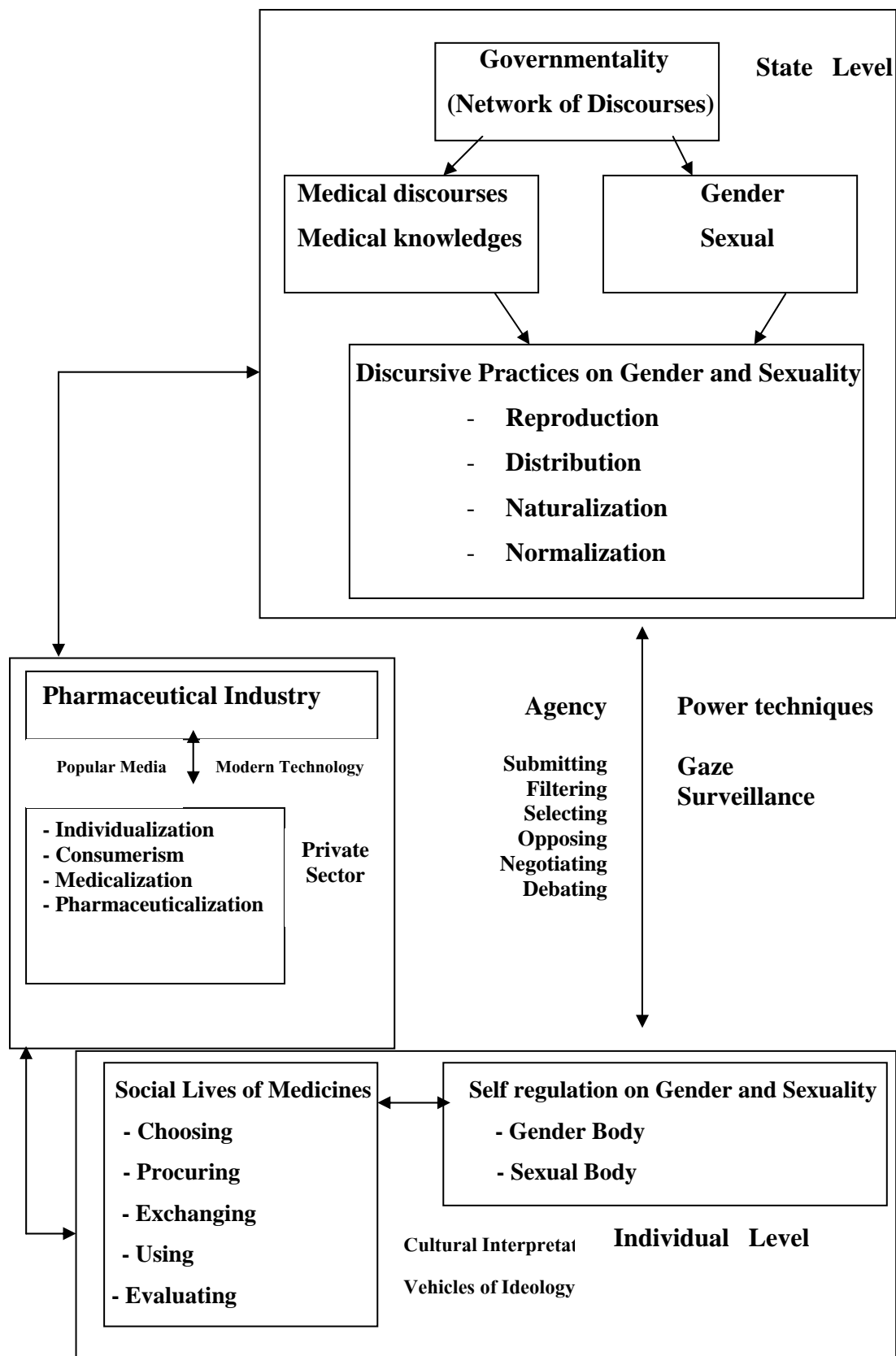


Figure 2.1 Phenomenal framework of medicine use among kathoeis

CHAPTER III

DRAWING THE MEDICINE, FINDING THE VEIN THE ROUTE TO KATHOEI TERRITORY

3.1 Reaching a milestone: *Dok Mai Studio* – where miracles happen

I was told by a friend, a healthcare official, that Sai and her friends had been very helpful in organizing a successful HIV prevention campaign. Sai, I was told, was the manager of a wedding studio called Dok Mai Studio (“Flower Studio”), a gathering place of kathoeis from near and afar. Should I wish to study the lives of kathoeis, this was the place to go. The healthcare official was happy to take me there. Dok Mai Studio turned out to be a 3½-story, white detached building, centrally located on a main road. It stood on elevated ground roughly one meter above the footpath, giving it a prominent appearance. Its façade was divided into three sections and was altogether covered with clear windows. The interiors were sumptuously furnished. The light yellow ceiling made the interiors appear larger than they were, and any equipment they had inside was thoughtfully arranged.

I and Sai got along well from our first meeting. Sai is a slim-bodied kathoei with honey-colored skin. She was friendly and welcomed me to join her group in the studio, any time. During our first chat, I observed that there was an almost constant stream of kathoeis in and out of the studio. One of them caught my attention to the extent that I had to ask more about her. She was tall, had a good figure and was so pretty she could have been a crowned beauty queen. Her skin was firm and glowing. Sai told me her name was A (like the first letter of the English alphabet), and at the end of the month she would indeed be competing at a major kathoei beauty contest in the city of Pattaya. A had entrusted Sai and Dok Mai Studio with the arrangement of her make-up, attire and accessories in the contest. After a lengthy chat with Sai, I had to excuse myself to return to work, but before I left the studio, something exciting happened – Sai walked to me and told me that the same evening, they would have a beauty medicine injection party. A would come from Bangkok and

also get her shots. I would be welcome to join in. I did not hesitate to accept the invitation.

I returned to the studio in the evening because I wanted to acquaint myself with the other kathoeis there, too. One group was gathered around a desk and surfing the Internet. Most of them, however, were gathered in the fitting room, playing cards. I was invited to join the game and so I got to know many more of them. Playing the game proved instrumental in building relationships with those in attendance, because the game (*phai tolai* or bluff game) was based on trying to catch each other's bluff – what is said in the game can't be trusted. This makes the game fun, full of teasing and sometimes it is even characterized by outright mockery. Gains and losses, though, were only emotional, as the game wasn't played for money. In any case, the game was very helpful in getting to know everyone – their characteristics, personalities, faces and reputations. Among them were A, the beauty queen; Mimi, a chubby kathoei; Nam Daeng, a merry one, Nok, another chubby one; and A, a handsome gay¹ (whose name was pronounced like the beauty queen's, but with a rising tone), and Jeng Ah (the “ah” pronounced with a high tone); Nam Daeng later told me that the name meant “whatever, anything goes”, and defined the sexual preferences of its owner, who identified as neither kathoei nor gay. We played the card game for a good while, until Sai had to remind Nok that it was 7 p.m. and time to go fetch Phi Jup², the person who would administer everyone's injections. Nok got in her car and within half an hour returned with Phi Jup.

¹ The word “gay” is here used as a noun (in addition to being used as an adjective), as the word “gay” (just like “kathoei”) in Thai refers to what is considered a distinct gender rather than a descriptor of the sexual orientation of “a man”. The term “gay man” does not occur in Thai, reflecting the popular Thai understanding that “man” and “gay” are mutually exclusive genders.

² The word “phi” means “elder sibling”. It is used as an honorific when speaking to those a little, but not very much, older than oneself, in a familial yet respectful manner.

3.2 First injection party: Fun and beauty

Phi Jup turned out to be a slightly chubby woman in her late forties. She had fair skin and looked younger than her age. She entered the studio carrying a large plastic box with a pink cover. Upon her entrance, she greeted everyone in a way that revealed her familiarity with the crowd. A, the beauty queen, led Phi Jup upstairs to the second floor. I followed them, secretly worried that I'd be seen as an outsider who had unexpectedly appeared from nowhere, and, worse still, not in order to get any injections. I thought that if I'd simply ask to chat with them and observe what was happening, they might refuse the proposition. My experience as a pharmacist told me that this kind of injection event was illegal. Thus, those in attendance would surely have to worry for their safety, and Phi Jup especially so, given her role in administering all the injections. So, I thought, it would surely be difficult for me to gain their permission to just sit and observe them. Nevertheless, I climbed up the stairs at the back of the studio, past a mezzanine floor and into a room in the second floor that was used for administering the injections. I knocked on the door and asked, "May I come in?"

The large, oblong room I entered was full of people. There was a bed at one end, a wardrobe at another, and a bathroom in the corner. Phi Jup was seated at the foot of the bed; others sat around her or lining the sides of the bed. A sound system at the head of the bed played energetic Western pop music. I was faced with many pairs of questioning eyes. Before letting anyone express further suspicions, Sai began her explanation about me to everyone, and especially to Phi Jup. I also did my bit to put the crowd at ease, saying that though I was a pharmacist, the reason I wanted to join them was to better understand the use of medicines among kathoeis, an issue on which I was frankly ignorant and inexperienced. I also directly addressed Phi Jup, telling her that I came from an educational institution, had nothing to do with public health officialdom (who might pose a danger to her), and, importantly, wouldn't tell anyone about what was happening.

I sneaked into the room and seated myself by the wardrobe – to stay out of the way and also to be able to observe what was happening. Though many of the attendees laid aside their suspicions about me, they still did little to take contact with

me. I chose to sit mostly still and quiet, only sometimes asking those I felt I could talk to, like Sai, A or Nam Daeng, about whatever I wondered about. I also tried to chat with Phi Jup to put her more at ease with me being there. After a while, people started chatting, teasing each other about their looks or their use of beauty medicines. When Phi Jup uncovered her big box, it was full of injection equipment – cottonwool, rubbing alcohol, needles of various sizes, 10 milliliter syringes, scalp vein needles, tourniquets, saline solution and various medicines in vials and ampoules. When Phi Jup had finished her preparations, she opened a plastic bag that would be used as a waste bag. Opening it also served as a signal for the participants that it was time for everyone to unbox their medicines and place them in front of themselves. Some had one box, others two or three; some even had four. Some asked Phi Jup or their friends what they should have, how many vials or ampoules, in order to become beautiful, as soon as possible. Some asked others what they were having – if these substances were any good and if they gave visible results. Phi Jup might comment something like “this collagen – I myself use it, and though I’m this old, my boyfriend keeps saying how full my breasts look and how tight my hole is – he likes it, too!” and the attendees would respond with a raucous laughter. Should anyone have forgotten their medicine or not ordered it from Phi Jup yet, their friends or Phi Jup would let them borrow some for now, and pay her later. Based on my quick observation, the typical injectables included glutathione, vitamin C, collagen and placenta-based preparations and various commercial products containing combinations of these ingredients.

After Phi Jup had arranged her injection equipment and everyone had placed their injectables in front of themselves, Phi Jup began the process of preparing everyone’s medicines. She drew each substance into 10 milliliter syringes and diluted the contents with saline solution until each syringe was full. Given that the attendees differed in terms of the number of substances they would get injected, the number of syringes prepared for each was not equal. After this preparation work, some had up to three syringes lined up in front of them. I was surprised by Nam Daeng, who didn’t wait for Phi Jup to mix her medicines – she blended her own while Phi Jup was preparing those of others. Nam Daeng did it all by herself – breaking the tip of each ampoule, blending the contents, and diluting the mixture. However, as far as I could tell, she wasn’t particularly experienced in what she was doing – she did it slowly and

in quite a scary manner. For example, she might attempt to break the tip of an ampoule, but the entire ampoule would go to pieces instead. The way she held a needle and a syringe looked quite clumsy. Phi Jup noticed this and asked Nam Daeng if she needed help – “Can I open it for you? Can I blend it for you? Watch out, you’ll get a wound in your hand.” But Nam Daeng insisted on doing it all by herself, from beginning to end, however long it took.

With everyone’s injectables already prepared and waiting to be injected in one, two or three syringes placed in front of them, it was time to take turns getting them injected. If someone was in a hurry, they would request to climb on the bed first. Those who had plenty of time to spend, sat chatting, listening to music, or quietly reading a book while waiting for their turn. Phi Jup began administering the injections, one by one, first inserting the needle in the injectee’s vein and then slowly injecting the contents of each syringe. Some who were on the squeamish side did not dare to look. Some asked Phi Jup to go slowly. Both kinds of injection recipients were playfully teased by the others. Overall, the atmosphere during the injections was fun and raucous. After completing each injection, Phi Jup pulled out the needle, cleaned the injection site with cotton wool daubed with rubbing alcohol, and asked the injectee to fold their arm. Whenever someone completed their set of injections, others instantly greeted them, “Ooh ... already beautiful!” And so it went for all of them.

After Phi Jup had completed all the injections, I helped her pack her equipment and carry her big plastic box downstairs. Nok was to take her home by car. The attendees then left one by one, except those who lived in the studio building, like Sai, Nam Daeng, Jeng, the chubby A, Ke and Som. A, the beauty queen, on the other hand, had her sports car parked in front of the studio, waiting for her return to Bangkok. A few stayed on for a while, sitting on a sofa and chatting with Sai in order to get to know her better. Soon enough, all the remaining guests left, and though the studio did not have a formal closing time, by 9 or 10 pm people were already turning off lights and closing the shutters, signaling it was time to go.

Having returned to my room and pondered over what I’d seen and heard, I decided immediately that Dok Mai Studio was to be my fieldwork site for building understanding of kathoeis’ medicine use. Besides being a physical space where kathoeis and other sexually diverse people (in this case, gays and those who preferred

not to label themselves, like Jeng) gathered, Dok Mai Studio also constituted a social space full of interaction, both inside and beyond the studio. A further consideration was that I'd already received a certain degree of trust from Sai, who influenced decision-making in the group. The studio was not far from my own apartment so I could easily come and go and become fully immersed in the phenomenon. I planned that I would not choose key informants quite yet, but would rather refine my understanding of the context and the structure of social relations in the studio first, as well as get better acquainted with the people there and join in their activities to finally become an insider in the group. Only later, when I already had a clear understanding of the context and the social relations within the group, did I choose my key informants among the people I felt could give me deeper information. Sai, Nam Daeng, Som, A (the beauty queen), Ribbin and Phi Jup eventually became my key informants, while the other kathoeis and other sexually diverse people in the studio provided supporting data, helping me to reach a clearer, more comprehensive and deeper understanding of medicine use among kathoeis.

3.3 Collecting the Data

During my subsequent visits to Dok Mai Studio, I usually had with me a notebook, a sound recorder, and a mobile phone camera to serve as data collection instruments. The most important instrument, however, was myself, because I was determined to become a part of the phenomenon. Each time before using these instruments, I asked for the attendees' permission, which they often gave but also often refused. The camera I only used when I felt it was really necessary to depict the process of an injection party or the medicines they used, which otherwise would be difficult to grasp. The sound recorder was the instrument I used the most, but my observations told me that at first, the sight of a sound recorder turned all conversations into very formal ones – we'd have to be seated on the sofa, the informants would be visibly stiff, and those currently speaking to me would tell others not to interfere. So, the first interviews had a very serious and formal tone even though I myself tried to chat with my informants informally. However, after I'd used the recorder many times

in various situations, the attendees began to get used to it and stopped paying much attention. Consequently, the formality of the conversations was toned down and the attendees were more comfortable about talking to me while going about their business. Their friends might also join in and provide their own opinions or tease the interviewee, and so the presence of the sound recorder became an ordinary matter for them.

Data collection for this dissertation used three main methods: 1) focus group discussions, 2) in-depth interviews and 3) participant observation. However, I had to relearn each of these methods and adapt them to the context of the group, whose interactions rapidly moved from activity to activity, topic to topic. In other words, the theory and practice of these methods were completely different. What was important for me was learning to adapt them to each situation and context through trial and error.

3.3.1 Focus group discussions: Unpredictable interactions

When we think of a “focus group discussion”, we tend to imagine a prearranged gathering of four or five people, asked to attend so they can provide their opinions on a matter we want to know more about. There tends to be a moderator, charged with keeping the discussion on topic and with ensuring that nobody dominates. There also tends to be a note taker and an observer, whose job is to monitor the participation and reactions of the informants. The principles of arranging a focus group also cover seating arrangements around a table and the selection of the participants. The data gathered through this method is supposed to provide a broad overview of the topic and facilitate the collection of in-depth data later on. For me, it wasn't quite like that at all.

The Dok Mai Studio group discussions could emerge at any time, so there was no need to prearrange them. The group was gathered and split into small groups whenever the situation was opportune. In this sort of context, I had to adjust my focus group methodology so that I was ready for a group discussion whenever one naturally emerged. Exchange of experiences might happen over a papaya salad, during a card game, or while shopping at a weekly market. I had to be ready to join in and catch the

conversation at any time. Whenever a group was discussing a topic, my job was to observe and participate in the discussion, whatever the topic, and when the discussion reached a topic I was interested in, I would pose more questions to those in the group. Sometimes this resulted in a juicy exchange, but sometimes the discussion just withered away. I had to be patient and wait for the right time and opportunity. The most clearly defined and formal kind of grouping were the injection parties, usually arranged once a week. Some weeks, however, saw no party if many members of the group were not free to attend. In such cases they had to go to see Phi Jup at her home so she could administer the injections there. During the parties, I usually let the conversations go with their own, natural flow but paid attention to any important topics. Sometimes, however, I asked questions about matters I was particularly keen to find out about.

3.3.2 In-depth interviews: In-depth but not individual

A common understanding about in-depth interviews is that they must be individual and conducted with full privacy so that the interviewee will feel safe to provide sensitive information. I also once held this belief, and when I first tried to interview anyone at Dok Mai Studio, I attempted to do so in private. What I learnt through these efforts was that trying to isolate someone from the group for a private conversation provoked the others' curiosity to watch that person and ask questions, rather than providing the interviewee with the intended privacy and feeling of safety conducive for the provision of information. The people that gathered at Dok Mai Studio had been a tightly knit group for years. They had eaten, slept and done numerous other activities together. They even talked about their sexual experiences. Thus, requesting private time with someone in the group for an interview made both me and the interviewee stand out from the group. For this reason, I soon switched to ethnographic interviews, and contented myself with sometimes conducting them in the presence of others. I chose a sofa in the middle of the studio as the main interviewing spot. However, I did try to conduct these interviews when the studio had as few people present as possible; sometimes there were no others. Usually, this meant conducting them almost by closing hours, or even after the studio had closed for business on the

day. Sometimes this caused inconvenience, for example when a potential interviewee was ready to give an interview but the situation was not appropriate, or when the situation was otherwise appropriate but no potential interviewees were available. All I could do was to wait for a more suitable occasion.

One further lesson I learnt through these in-depth interviews at Dok Mai Studio was that in-depth interviews did not have to be individual; they could also be conducted as group interviews. Once when I was interviewing Sai around closing time, Nam Daeng sat there by a desk, surfing the Internet. Nam Daeng kept listening to Sai's account, and when she could hold it no longer, she walked to us and joined in. When this first happened, I felt concerned it would disturb Sai. But after a while, it turned out that the presence of one more person – someone with shared experiences – in the interview actually helped Sai to talk about her experiences more openly and colorfully. As for Nam Daeng, she added details where Sai had omitted them, and also shared her own experiences more fully. So, I soon noticed that such interference was actually a good thing as it helped me gain more information than I could have gained through individual interviews. The two interviewees agreed on some matters and disagreed on others. However, I also found out that not just anyone could join in an interview without cutting the flow of information; I observed that to give a joint interview, the people participating in it had to be in intimate terms with each other, trust each other to quite a high degree, and also have shared experiences. So, a group interview could be conducted with Sai, Nam Daeng and Som, with just Nam Daeng and Som, or with Nam Daeng and A, the beauty queen, but with other combinations, it did not happen.

3.3.3 Participant observation: In it together

As stated above, in this study I considered myself one of the research tools. In practice, this meant participant observation, because my presence would in any case have influenced – that is, changed – the information gained. However, having spent a long time in the context and having made an effort to build trust, relationships and an insider status with the group, the glances, questions and treatment I got from the group members changed. At this later stage of my fieldwork, the group knew me

as “Phi Meng” or even “Je” – an older member of the group that one could talk to, tease, and also ask for advice on many issues³. By this stage, the fact that I was a pharmacist and a university lecturer, which had been known to the group from the beginning, had almost been forgotten; this enabled me to observe the phenomenon as it really unfolded.

My participation extended to all possible activities, be it events at the studio, merit making, exploring ghost houses or shopping in the market. I traveled, ate and slept with the group, and of course, participated in the injection parties. These activities not only helped me to better acquaint myself with the group members, but also were an opportunity to collect and reflect on direct experiences, whether in terms of my way of thinking, professional principles, or my emotions. This was especially true for the injection parties, in which I decided to participate as fully as possible – also as an injection recipient.

3.4 The journey to trust: Becoming close friends

My data collection entailed close contact with private domains of the lives of my informants. The validity of my data thus depended on the extent I was able to build trust with them. I adopted the attitude of a learner and tried to lay aside my judgments about what was right or wrong, appropriate or inappropriate. However, trust building also depends on how opportune the situation is, and I consider myself lucky in having been able to participate in the key activities of the group as a well-known and trusted member of the crowd that gathered at Dok Mai Studio.

³ *Je* refers to an elder sister, usually of Chinese ethnicity. By calling me *je*, some group members underlined their feeling that I belonged to the group – the term communicated in a playful way that they considered me to share their femininity, despite my different appearance and gender expression.

3.4.1 The ghost house tour: Test of trust

After about a month of interaction with the Dok Mai Studio crowd, I already knew them fairly well. I had spoken with various members of the group, but there had not been other activities that would have helped to move my relationship with the group members beyond being just acquaintances that happened to meet on a regular basis. One evening, as I was doing my work as a pharmacist in a private hospital, I happened upon Nok, Nam Daeng and Jeng, who had come to take A, the handsome gay member of the group, to the doctor. I went to welcome them and learned that A had high fever, sore throat, a runny nose and felt very weak. I stayed on to help them until A got to see the doctor. Before leaving, Nam Daeng told me that in a couple of days, the studio would organize a merit making ceremony on its second anniversary. She asked me to join in.

On the eve of the ceremony, I went to the studio in the evening as usual. We merrily prepared the studio for the upcoming ceremony. We cleared the middle of the room of furniture so people could sit there on the following day. The monks would be seated on the floor by the wardrobe and the desk. The table on which food would be placed was moved to the inner end of the room. Equipment, like mats and cushions on which the monks would sit, altar tables, dishes and a spittoon were borrowed from a nearby temple. When the room was ready, we started to decide who would be charged with doing what on the following day. I wasn't given any particular task – I think it was because of my older age and perceived seniority; it made the studio crowd afraid they'd be imposing themselves on me.

On the day of the merit-making ceremony, I hurried to reach the studio by 8 a.m. to help with any last-minute preparations. Not many people had arrived yet – just members of the regular crowd. By 9 a.m., more people begun to arrive, including Sai's kathoei friends like Nam Daeng, Som and others, who brought with themselves the sound of banter, teasing and laughter. Sai's older family members also arrived from Bangkok, including her father. I tried to find a corner to sneak in, but ended up being on the way most of the time, unable to help with much anything. The studio crowd had already divided the responsibilities of arranging the ceremony, and they were busily exerting them. The most help I could offer was to arrange the foods

prepared for the monks on the table. Phi Jup then arrived, and I felt relieved to have someone to talk to; it made me feel a bit less awkward. At 10 a.m., the monks arrived and begun their chanting. Everyone sat on the floor with their hands in a respectful greeting, determined to listen to the chanting. After that, I and others helped to offer the various foods, some of them bought and some prepared by those in attendance, to the monks. When the monks had finished their meal, they sprinkled blessed water on the attendees and around each room in each floor of the building to bring everyone good luck. That marked the end of the ceremony. Sai seemed particularly proud that the ceremony had gone well, because the studio meant so much to her. The fact that the studio had been in business for two years helped to counter the suspicions of some people, including some of her relatives, that she would never make it. Thus, for Sai, arranging the merit making ceremony also served the secondary purpose of marking her success.

After the ceremony, having helped to arrange the studio back to its normal shape, I had to excuse myself for some urgent business in Bangkok. However, I was determined to return to the studio in the same evening because another injection party was about to take place then. I definitely did not want to miss it. I was out of luck, though, because by the time I returned to the studio – around 8 p.m. – the party was over. That evening, the studio had a strange atmosphere because there were many kathoeis in attendance I had not previously met, perhaps because they had come for the merit making in the morning and stayed on until the evening. When I got there, the people in the studio were discussing what to do on such a good occasion when everyone was there at the same time. They wanted to do something memorable – some suggested a night outing and picking up a few guys, while others just wanted to go to a good restaurant and enjoy a tasty supper. Sai, however, was the first to go upstairs and get some rest – she had exhausted herself with the preparation of the ceremony. But when Ribbin came up with the idea of going on a “ghost house tour”, it was eagerly supported by the handsome A, Nok and Mon. As nobody objected, the planning begun.

Various scary places were suggested. The emphasis was on how frightening each place was, and if they were near enough to visit. Finally, four places were chosen: A doll factory that had been destroyed in a fire almost twenty years

earlier, a deserted preschool, a deserted hospital, and an abandoned house where five people had been brutally killed in a famous case. To avoid disturbance from others and to maximize the chill factor, the exact hour of midnight was chosen as the time to go. We spent the time before midnight by increasing our excitement by telling stories of the places we were about to go to, spots that everyone would have to see in each place, and the rules of our tour. When it was almost midnight, all of us – 10 kathoeis and 5 gays – begun to cram into A's sports car as well as Ribbin's and Nok's cars. I got into Nok's, which besides Nok and me had Jeng, Mon and the handsome A in it. We set off for the first location – the doll factory.

Many readers might remember the news about the tragic doll factory fire – the case in which hundreds of young women factory workers were burnt alive. Nok told us that the factory had had two buildings side by side, and the building that had burnt down had already been demolished; only the other building would still be there. Nok also said that though almost twenty years had passed since the fire, people were still regularly seeing the ghosts and hearing the cries of the factory girls who had died there. Our destination was the large concrete grounds in front of the building that Nok said would still be existent; we also planned to enter the building and explore every room in each floor. Imagining the scene, even I, who normally aren't much afraid of these things, could feel my hair stand on end. But I told myself that having come this far, I might as well go all the way. Also, there were 15 of us, so what was there to be afraid of?

A's sporty Mercedes Benz was to take the lead, followed by Ribbin's and Nok's cars. In about half an hour, we reached our destination and gathered on the footpath. What we imagined we'd see was an old building, bathing in moonlight and wrapped in total silence. However, we were disappointed because where the factory had once stood, there was now a walled housing estate. So, we had to adjust our plans and chose to head for the deserted preschool next, because it was along the same road and not too far away.

Ribbin told us the scary part in the history of the preschool: A child had drowned in the school's swimming pool, and though the school wasn't in operation anymore, people were still hearing the cries and seeing the ghost of the child. When our motorcade was about to park in front of the school, a group of people ran out of

the school and jumped on the back of a pickup truck that was parked there, then sped away. So I learned that many others also had a liking for the kind of activity we were about to engage in. By that point, I was more afraid of people than of ghosts, and determined to watch my back as the others were all excited about going to this creepy place. The outermost building of the school didn't have a wall, so we could go inside right away. We walked in a line, some hand in hand, some holding each other by the waist or shoulders. This wasn't the time to mind close body contact. The bravest of us was placed in the front of the line and charged with holding a flashlight as we found our way to a shrine (*san phiang ta*) that had been erected for the ghost in the center of the school grounds. I, on the other hand, was placed at the end of the line to secure our back. We made our way through the empty rooms of the silent building, some of us speaking softly, some shrieking now and then when something in the surroundings frightened them. Nothing could be seen but broken bricks and cement dust covering the floor. The deeper we got inside the building, the more silent and scary it became. We huddled into a closer group still, as we passed the second building, a two-story classroom block. We walked through the central corridor, surrounded by classrooms. Many classrooms still had pupils' chairs inside, but many others had already fallen into total disrepair. Finally, we got to the third building and to the shrine. We gathered around the shrine and spent a while, paying our respects to the ghost, then nodded to each other to signal it was time to go. We returned the same way we'd entered, but not in a line anymore, all feeling quite afraid. I tried to stay at the back of the group, just in case anyone needed help. We hurried back to the cars and gave a deep sigh. It had been scary, but also exciting and fun. We then discussed where to go next. Our original plan had been to go to a deserted hospital in another district, but Tam suggested that since we didn't get to see the doll factory, we should have enough time to go see another deserted factory not far away. None of us had ever been there. The factory was also scary because a worker had died there.

As soon as we got in the car, the others immediately begun to share about how afraid they had been in the school, what they had seen and how it had scared them, to build up the chilly atmosphere throughout our journey to the next destination. Our troupe was headed out of town and in a while, only fields could be seen on both sides of the road, no people. Then we parked our three cars in the middle of large

concrete grounds with nothing but fields around them in all directions. We formed a line like on the first leg of our trip, this time headed by Jeng, while I again got the honor of being the last in line. We walked along a concrete footpath that was surrounded on both sides by *krathin* trees towering above our heads. This being a full moon night, we could clearly see what was around us. We walked for a while but there was no factory in sight, just fields. Finally, Jeng led us through an opening between two *krathin* trees and we suddenly realized we were already there. Some in our group cried out with surprise at having reached our scary destination so unexpectedly. Jeng surveyed the building with the flashlight. Everyone was completely silent as the atmosphere was truly terrifying. The factory was a two-story wooden building in the middle of a field. Not much was left of the roof, but the floor and the stairs to the second floor were still in place to some extent. The second floor was divided into rooms; it was in these rooms a worker had died according to the news, and so we had agreed we would explore these rooms in particular. But everyone in the line stood still and instinctively huddled into a group. Nok was the first to break off the line, and as soon as he did so, others quickly followed suit, because nobody wanted to be left behind as we hurried back to where we had parked the cars. As soon as we got back to the cars, everyone again took a deep breath and shared their excitement over the scariness of the place. Our hearts were beating fast, but we were determined to get more of this sort of excitement in our next destination, a deserted hospital in another district.

This private hospital had been deserted for a long time. What attracted us there was the legend that several people had fallen into an elevator shaft and died there. Furthermore, if one would peek into the shaft, so the story said, one would see the ghosts of those who had died there. So, our agenda stated that each of us had to take a look down there to test our courage. From the parking lot of the hospital, we could see this four-story, L-shaped building standing by a major road. The hospital building was surrounded by bushes, and there was only a small opening we could go through to enter the hospital. As before, we formed a line. I was again the last one in line while Jeng showed us the way into the building with the flashlight. We went through the building, floor by floor, room by room. It was quiet but there was enough light from the nearby main road to see where we were going. We reached the roof, and

then began to descent another flight of stairs. We all huddled around the fourth floor elevator shaft and peeked in. I personally didn't see anything, but can't speak for the others, as we had a rule that even if someone saw something, they mustn't mention about it or else the ghosts might follow us all the way to our homes. On our way down, we still walked in an orderly line and this time it seemed easier than before. But just when we reached the exit and the bushes outside, Jeng screamed. Everyone quickly glanced at each other and then ran for their lives, all the way to the parking lot – except me. I walked out of the building slowly because I'd seen Jeng laughing and so realized he was just playing a prank on us. As soon as we reached the grounds outside, everyone laughed and teased each other about who'd run first or who'd left their friends behind. Some blamed Jeng for the prank, but the atmosphere was generally fun and relaxed. We got hurried into the cars as it was almost dawn now.

The last place we were to see was an abandoned house not too far away from the hospital. According to its grimy legend, five people had been killed there and people were still seeing the ghosts inside. Once again, we got into a line, but this time, everyone wanted me to hold the flashlight and head the line. The most important spot in the house was a large water jar. Everyone had to peek inside it because the murderer had stuffed corpses into it. I led the exploration team around the house first. The house was half wooden, half built of cement, and its exterior was still in good shape. There was a pond in the front, and several jars were scattered around the grounds. I slowly walked on and those behind me followed in an orderly line, holding each other by the waist. In the silence, all we could hear was the sound of our breathing and footsteps. I led the way around the house and entered it through the back door. The second-story floor had been removed, so when one looked up, one could see the roof that was still to some extent covered with tiles. The house looked wide and empty. There were pieces of wood, cement and tiles on the floor. We could hear the sound of them crushing under our feet as we walked. We spent a good while inside, then slowly exited to find the famous water jar. We found it – it stood alone there, behind the house. But in the end, none of us had the courage to go near it, so we just stood still. I led the way back along the pond, where the news had reported people still saw the owner of the house sitting and fishing. This time, our line did not break. We spoke and

had a good laugh. We had reached the end of our tour. As we saw the first rays of the rising sun in the horizon, we reached our base – Dok Mai Studio.

For me, this ghost house tour was an important turning point that transformed me from an ordinary acquaintance into a group member with shared experience – an adventure during which the group members had to have unity and empathy, help and console each other, closely interact and touch each other, and walk with the same pace. Though it was just a ghost house tour arranged for fun and excitement, it made those things come true. It gave us something to talk about, to share our impressions, our fears and experiences in each place we had been to. And share we did, sometimes sincerely, sometimes exaggerating or coloring our experiences, sometimes teasing each other. We also looked for an opportunity to go on a second tour.

3.4.2 Injection party: In for an experience

I decided to fully participate in the “injection parties” because they were the main phenomenon I wanted to study. But to gain the trust of the group members, I had to become more than just an outsider sitting and observing in a corner. So, I had medicines injected just like the other group members in order to gain direct experience and reflexivity toward the phenomenon, and to be able to exchange knowledge with the others in the capacity of an injection medicine user just like the others.

The first time I happened upon an injection party at Dok Mai Studio was a coincidence. Back then, all I could do was sit still and watch the group members get their injections. I asked some questions but only from people I already knew to an extent, because I didn’t want to make the others feel suspicious about me. The injection party circuit is a closed one, and does not normally receive new members unless by invitation from trusted members. I was lucky in having Sai guarantee to the others that it was safe to let me in. But after that time, I began to think that if I wanted to gain a deeper understanding of the phenomenon, I couldn’t just sit and observe – I should also get injections to gain some direct experience and to build a sense of belonging with the group members. So, my challenge was to “enter injection parties as a user of injection medicines.”

I was determined to have some injectables with me for my second party. But I had never participated in this kind of event, and I was deeply a product of my profession. So, I admit that I felt afraid – afraid of the injection process which didn't seem to follow the steps of aseptic technique, afraid of the origins of the medicines (genuine or fake), afraid of having an allergic reaction to the medicines, and afraid of side effects. I was full of fears. In the end, I chose an injectable that I felt most confident was safe and I knew the origins of. I didn't order it from Phi Jup. The first injectable I brought with me to the second party was vitamin C, 500 milligrams per ampoule, sold for about 200 baht per pack, 50 ampoules per pack. I bought it myself from a pharmacy I knew well and just asked Phi Jup to inject it for me. She happily obliged. In my second party, I had three ampoules of vitamin C injected. It was a good start, because it meant I didn't just have to sit there silently at the back of the room. Instead, I could now enter the inner circle, chat about the medicines, look at the vials and ampoules of others, or ask them what they were getting and why they had chosen that particular medicine. I also helped Phi Jup to arrange the injection equipment and the injection queue. But I still faced a problem – I couldn't fully drop my role as a pharmacist. The explanations I gave were still totally grounded in medical science, automatically and without my awareness of it, until I reflected afterwards on what had happened.

There were many times I caught myself wanting to lecture, to teach, or to explain – it happened very naturally given my other roles as a university lecturer and a pharmacist – but it meant forgetting what I was really supposed to be doing as an ethnographer. If I gave in to this instinct, I would be producing or reproducing scientific truths rather than examining the phenomenon as it really was. Having realized this, I made an effort to return to a more passive role – spend more time observing and less time providing my academic opinions in the following injection parties. Another matter I had to think about was that by bringing my own vitamin C, I might be exploiting the group members, because the others in the group were paying hundreds if not thousands for their medicines and injection equipment, whereas I didn't pay anything. I volunteered to pay Phi Jup for administering the injections, but she wouldn't have it. So, I decided that next time, I would contribute toward the cost of the injection equipment, while still sticking to my own vitamin C.

In the third injection party, I felt more like a group member. The group members incited me to go for a higher dose of vitamin C this time, and so I had four ampoules of it. I went along with this as I had calculated in my mind that four ampoules amounted to 2000 milligrams, which shouldn't be risky. I was only worried I'd feel pain in the injection site – vitamin C is an acid, and if injected too fast or not diluted enough, it could cause inflammation in the vein it is injected to, which could be a big problem. I was afraid but decided to give it a try as they cheered me to, to make the group members feel I was a part of the group. It worked – we all had fun with the injections, fun with the beautification, fun with the chatty atmosphere, fun with the upbeat music (as if we'd been in a nightclub), and fun with learning about the medicines others were using (in order to perhaps try them out later). Many had fun with cheering others to inject more and more, while Som and Nam Daeng enjoyed preparing their medicines, opening the ampoules, blending the medicine and drawing it into syringes, saying it was “awesome” (*mans*). This time, some begun to demand that I should also have something else injected, not just vitamin C, because in their understanding, vitamin C was just a helpful supplement, not anything substantial. If someone only used vitamin C, they'd be ridiculed and called a “20 baht beauty” (following the price of 4 ampoules of vitamin C, retailed at 5 baht apiece), while others' injections cost over a thousand baht per party. So, I had to start planning what else I could use and order from Phi Jup, because selling the medicines was her source of income while she administered the injections for free. If I still brought my own, Phi Jup would not gain anything but would have to work for free. So, I was concerned she would think I was being selfish. This time, it was much easier for me to distance myself from my pharmacist's role than it had been the first time. If the group were talking about medicines – their effects or side effects on our bodies, I'd be a good listener. I'd only ask if I wanted to know more. Our sharing on other topics was no different from the previous times.

In the subsequent injection parties, everything went with its natural flow. I'd be among the first to enter but the last to get the injections, to see how it was for everyone else. I'd ordered new injectables from Phi Jup –Japanese NC24 brand collagen at 2000 baht per box, with 10 ampoules in each box. I paid her in installments like the others did. I had it injected together with the vitamin C that I still had left from

the previous parties. I could feel the improvement in my standing in the group when I got more expensive injections. It definitely made me look much better than just getting vitamin C. I also felt it helped to break the ice between me and Phi Jup – it became easier for me to ask her about various matters. I was more trusted now. As for buying the injection equipment, like syringes and needles, we split the cost evenly between the group members. I also had other substances injected, depending on what the group cheered me to try and what was “in trend” at each point in time. For example, I only had Japanese glutathione injected a few times, because at 500 baht per vial, it was too expensive for me to take regularly. For me, injections of this substance were also extremely painful. When I later reflected on my early fears and anxieties about the safety and adverse effects or side effects of the substances, I realized that during the more recent injection parties I hardly noticed them, because the atmosphere of the parties and the shared group experience made us all want to look better and better. Thus, I grew indifferent to the pain and aching caused by the injections, just like the others. It also felt great when people in the group or even outsiders told me that I looked better, my skin had improved, or that my face looked better. This, as it were, enchanted me and made me feel enthusiastic about using the medicines, without the slightest thought of being coerced to do so. I tried not to miss a single party. I have to admit this, and I believe it was no different for the others in the group. Altogether, I had the opportunity to attend more than 10 injection parties during the six months I was a regular at Dok Mai Studio, from April to September 2011.

3.5 Analyzing the data

I was constantly checking and analyzing my data, from the time I hadn't even started my fieldwork at Dok Mai Studio, throughout my fieldwork experience, and after it. Because the context of the phenomenon was in constant flux and differed from the theory I had learnt, I constantly had to adjust my way of thinking and my research methods. I was also constantly checking and asking questions about the data I obtained, whether I had gained it from my informants through focus group discussions, in-depth interviews or ethnographic interviews, or absorbed it from the

context through participant observation, to ensure its comprehensiveness, clarity and validity. This process made me understand the expression “emerging design”, used in qualitative research, all the better.

When analyzing all this data, I was looking for signs implicit in each type of injectable. I also analyzed the behaviors and conversations of the group members during the injection parties. Furthermore, my analysis covered the interpretation of the meanings given to each type of medicine through textual and discourse analyses, as well as analyzing the discursive practices I noted in our everyday exchanges about medicine use in the group, in order to elucidate the ideologies implicit in each type of medicine use. All this I did to find out how the group members constructed truths and realities about medicine use, drawing on their medicine use experiences and its context.

3.6 Going by my ethics

I feel that kathoeis are a socially marginalized group and thus particularly vulnerable to being violated against, whether explicitly or in more subtle ways where they may not realize they are being violated. I thus had to take particular care that my involvement in their way of life didn't make their lives any more difficult than they already were. Laden with an enthusiastic learner's sincerity and good intentions, I felt confident I could study the phenomenon they constituted without violating against their human dignity in any way.

This study received ethical approval from Mahidol University's institutional review board (IRB) in late 2010. Even before beginning my fieldwork in earnest in April 2011, I never concealed any information about myself or the research process from the people at Dok Mai Studio. Everyone in the studio was aware that I was a university lecturer, a pharmacist, and a doctoral student seeking to learn about kathoeis' medicine use. Importantly, I left a copy of my research proposal and a copy of the IRB's ethical approval document in the studio so as to let my new friends at the studio understand and think about what I was doing, discuss it and ask me questions about what I was about to do among them. Those who volunteered and consented to be

my key informants received a detailed explanation about the study, and gave their informed consent in writing.

I always obtained informed consent whether I was collecting data through interviews, focus group discussions or by participating in various activities. I always asked for my informants' permission before using a camera or a sound recorder, and had to consider whether using these tools was appropriate in each situation. Whenever my requests were rejected, I had no other option but to immediately stop doing whatever I was about to do. There were many times I wanted to get photographs, thinking they were necessary for ensuring the completeness of my data, but the person depicted was not willing to have the image shown anywhere, and so I had to refrain from taking or using such photographs. I had to learn to put their interests before mine, as understood by them, not me; this was my most important guiding principle. If one were to interpret all the activities I got to participate in, whether the ghost house trip, injection parties, taking care of each other's health or medicines, traveling, or eating and sleeping under the same roof, as trust-building to ensure the validity of my data, that wouldn't badly miss the point. However, for me, the friendships gained were more important than data collection. I felt very happy each time I was treated as a friend, taken care of, cared for, trusted, consulted on various issues, and allowed to be present in secret activities like the injection parties or taking recreational drugs, and to learn about numerous unimaginable variations on the theme of sexual diversity and fluidity. All this together constituted the friendship I was given, and for me it had more value than the data I collected. In exchange of this trust I gained, and to protect my new friends from any interference, I will keep their personal information confidential. I will not divulge their real names, or names of places that could identify them to anyone. I will destroy my fieldnotes, sound recordings and photographs from the field within one month of finishing the study.

I am still often immersed in the happy memories I gained at Dok Mai Studio. When we treat each other as beloved friends who take care of each other, everything that follows will be characterized by mutual love and good intentions, by empathy and understanding the suffering everyone faces at times, not by harming or exploiting each other. So, I must express my heartfelt thanks to the people at Dok Mai Studio for letting me join their group and learn together with them. Whatever ethics

regulations I had been trained or told to strictly adhere to, I did follow. But I believe that such regulations will be meaningless unless the person putting them in practice does so driven by empathy toward their informants. In my experience, if we can reach the point where we treat each other with sincerity, good intentions and empathy, are a part of each other's lives, have a sense of unity, and most importantly, treat each other as fellow human beings, though for many people it might look difficult, abstract, or idealistic, and though I myself have sometimes been there to a greater and sometimes to a lesser extent, for me it nevertheless has more value than any ethical regulations.

CHAPTER IV

INJECTING THE MEDICINE : CONSTRUCTING REALITIES ABOUT MEDICINED

For me, society is such a wonderful thing. It is so convoluted and in such constant flux. One characteristic of society is nevertheless constant – interaction. It can take place in physical spaces, face to face, or in virtual spaces like the Internet. Technology plays a role in facilitating our communication, making it independent of time and place. A new type of society is emerging. Its boundaries can change, emerge, disappear, merge or split at any time. No wonder, then, that this immense society conceals more confined spaces, like that enclosed within the walls of a certain three-story building. This mini-society had its own specific kinds of social relations that differed radically from the outside world. If we would just have taken a peek inside, we would already have got a feeling of this society concealed within a city. This small enclave of society gave me an opportunity to learn about itself – an enclave ordinary people think is deviant. Meet Dok Mai Studio.

4.1 Dok Mai Studio: A nonmainstream space

Dok Mai Studio is a pseudonym I coined to make sense of my study site. A space I myself feel was like a garden full of various flowers in many different colors, smells and origins. When these flowers came together in this beautiful garden, their combined smells made one want to learn more about them. Too bad this garden had a gate that concealed it from ordinary people. People who would not come in might have thought it was all too strange for them. Many of them would willingly have trampled upon the flowers here, considering them weeds. Many would have done so because they had always done so. But the gate of this garden opened for me, allowing me to enter, wander around, look around, talk with the numerous flowers, and finally become one of the flowers for a period of six months. Our shared

experiences led to a long-term relationship with this garden I would love to invite others to look at and really see. To look and understand that this strange garden concealed many more beautiful things than they could imagine. Follow me, I'll tell you.

Dok Mai Studio was a three-story, detached building comprising three enjoined townhouses. It was located by a main road leading through the center of the town. It was surrounded by commercial buildings, a market, a large hotel, a university, and important tourist attractions of the province. It had been in operation for two years, and the mainstay of its services was the same as any wedding studio: Wedding packages, pre-wedding photo shoot sessions, costumes for the groom and the bride, as well as costumes, hair styling and makeup services for a range of other occasions. The studio had various ways of building customer confidence in the quality of its products. For example, it had three grades of bridal dresses, depending on the quality of the fabric and the workmanship: A, B and C. The rent of a bridal dress started from around 10,000 baht. The price of a bespoke bridal dress could exceed 50,000 baht. All the cosmetics and make-up products used in the studio were expensive, imported brands to ensure each customer would look beautiful for as long as needed on their big day. The price of a festive make-up ranged from 800 to 2,000 baht. And because the studio used a professional photographer also for the pre-wedding photoshoots, the price of wedding packages ranged from 20,000 to around 100,000 baht. The location of the studio and its impressively broad façade gave it extra credibility. Taken together, these elements made Dok Mai Studio a wedding studio for middle or upper class clients. The studio did not hesitate to turn down potential customers who tried to haggle, and gave the explanation that giving discounts would tarnish the image of the studio.

However, the single most important contribution to the studio's reputation was given by Sai, the manager, who had plentiful experience in the field. Sai began to work in a leading cosmetics company as soon as she graduated from senior high school, and through her work became one of the company's top sales agents. Whichever branch she went to, it always broke the sales record. From this background, she shifted into the world of beauty contests and celebrities as a famed make-up artist. But then a love affair brought her to work in various wedding studios in a province on

the outskirts of the capital for two years. This experience made it possible for her to present her own studio's services as professional. Taken together with her talent in persuasion, I'm not surprised that on average three to four couples bought a wedding package from her studio each month. This might not look like a big number, and indeed, the studio was not making astronomical profits. But it made enough to stay in business in an increasingly competitive field.

4.2 Dok Mai Studio: A rendezvous of dreams

We need goals in our lives. Without them, our lives are like a ship drifting without a helm, which might collide at any time, and not reach the shore of its dreams. Our dreams differ depending on the era and the context of our lives, but our dreams nevertheless motivate us all the same. For Dok Mai Studio as a business, one aim of course was to make profit. But viewed from another angle, each step in the history of Dok Mai Studio was like a coming-together of the dreams of its members, all who wanted to prove their value in the eyes of others. This was, and is, particularly important for people belonging to a nonmainstream group like kathoeis. Dok Mai Studio had the strength to attract all its members into this three-story building, a "rendezvous of dreams".

4.2.1 Sai: The dream was mine but the money was her hubby's

Sai's childhood home and life

If the term "warm family" is taken to mean that all family members live together, loving and assisting each other, then Sai's family could not be considered one. Since her earliest memories, Sai and her mother lived with her father's extended family in a two-story wooden house with five rooms, one room per family. Sai said the house stood in a community which was not a slum, but was not a far cry from one, either. Her mother was a freelance healthcare worker, most often hired to accompany inpatients to hospitals. In Sai's childhood, her mother struggled to make ends meet, and would often do several day and night shifts in a row. Thus, she might not come home for days. She tried to save enough money to move out with Sai and her younger siblings, who were twins, so they could grow up in a better environment than the

community she thought was full of vice, especially gambling. Another reason she wanted to move out was her dismal relationship with her husband's relatives, which made her live a very lonely existence in the house. In Sai's memories, whatever her mother did, she was always blamed by the husband's relatives.

The fact that Sai was a kathoei was another matter for which her mother was derided in the community, even though Sai in her early childhood did not act in a particularly girly way. She just "behaved in a gentle manner." When she grew a bit older, she began to use deodorant and cologne, and applied sunscreen before going to school. Her mother saw these "gentle behaviors" in a positive light. To others, she might offer comments like "my son takes such good care of his hygiene," or "my son has taken after me." But the others in Sai's house and community did not believe these explanations. Especially after her twin brothers also began to engage in such "gentle behaviors," and in some ways even more than Sai, others seriously started to question her child-rearing ability. They saw her children grow up in a way they did not consider normal. This put great pressure on her mother:

Sai: "My father's relatives in that house were rather oppressive: 'Rearing your children as kathoeis! You don't have a clue about how to raise your kids...' She couldn't argue with them, they'd batter her. And one day we saw our mother sitting there, crying, as if she'd really taught us to be kathoeis. The relatives were gossiping about her outside."

While the relationship between Sai's mother and her father's relatives was not good, her relationship with her husband – Sai's father – was worse still. He was the youngest child of his parents and always pampered by everyone in his family. He graduated from a famous boys' school and got a good job in an ocean liner company. He would have had a great future in store for him, if only he had not been such a gambler. In Sai's memories, it was only her mother who took care of her, while her father was like a stranger in the house. He did not take any responsibility for the household, and there was almost always trouble when he was around. However, while Sai's father's relatives were not welcoming of her mother, they showered Sai herself with love and affection. "Mae Hiang", her paternal aunt, especially did so. Sai called her "Mae" (mother) and respected her as a second mother. Mae Hiang took care of Sai ever since she was small – feeding her and preparing her clothes for her school days.

Mae Hiang was really like a mother to her, while her real mother did not have the time to care for her. And whenever Sai got in trouble, Mae Hiang would always take her side and make sure she was not punished. Especially because Sai was a good student and passed the entrance exams to a famous boys' school, just like her father had, her relatives in the house were proud of her, and so Sai herself did not feel that she had been deprived of love in her childhood.

By the time Sai started senior high school, her mother bore the rewards of her industriousness. She had numerous regular clients and brought in money in the tens of thousands. Her dream of removing Sai and her siblings from the near-slum community they had been living in began to take shape when she used a part of her savings as the down-payment of a townhouse in a gated community. She spent some time there with Sai and her siblings every week, which for Sai were very happy moments. Sai also admired her mother's abilities. After she had been paying back loan installments for the townhouse for a year, she got a business idea – bottling mineral water at a source in Ranong Province – and started the business together with a friend. Sai's mother had to pay installments for both the house and for a car, without any help from Sai's father, but she persevered.

Entering kathoeihood

In senior high school, Sai began to realize more clearly that she was a kathoei. One day, her mother asked her directly: "Really, you're a kathoei like they say, aren't you?" Sai explained to her mother that she did not like women and did not want to be a man, and added that she did not like to play football, either. But it was not for the sake of having a boyfriend, because at that point, Sai did not have one. Sai's mother accepted her choice, but being a mother, could not help expressing some concern for her future. She emphasized the importance of being able to support oneself without expecting any help from anyone:

Sai: "I said to my mother, 'I don't care if I've got someone to take care of me when I'm old, because through these years I've seen that you could make it, too. You had no-one to take care of you but you still made it.' Mother didn't know what to say. This is really what I had seen, and felt she was so clever, could make it on her own. My answer was childlike, based on what I'd seen, that mother could survive

without having anyone there for her, so why would I need anyone? So my mother said, 'If you think you'll be like this, as your mother I have no option but to accept it. But remember, if you choose this path, people will not think well of you. So, learn to be a real woman. One, take care of your cleanliness. Being a woman isn't just dressing up and putting on make-up. You'll have to mind your hygiene, take care of yourself. Never have smelly armpits. Don't share your personal items. Have manners. Keep your personal items to yourself. And you'll have to study as hard as you can. At the very least, you'll need an occupation. Remember your mother's words – I won't have anything to give you, other than an education. If you want to keep on studying, go ahead. I don't know how long I'll be able to support you, but one day you'll have to take care of yourself anyway. Don't expect anyone to do it for you. Your mother did not rely on anyone, either. Your father's life is, well, as you've seen it. I can't rely on him.'"

One thing Sai would always say to me was that as kathoeis grow up, they do not have role models. Girls can learn about womanhood from their mothers, and boys can learn about manhood from their fathers. But kathoeis do not have such role models, and so have to imitate other kathoeis, especially older ones they feel close to. She expanded that if a kathoei growing up finds her role models among cabaret artists, she will also grow up as one; if her role model enters the world of sex work, she will also take up the profession. What about her own role model? That could be no-one else but "Phi Pla", a kathoei over 10 years her senior, whom she respected as her "kathoei mother."

Phi Pla had a small costume rental store on Charoen Krung Road. The beauty of the shopfront decorated by Phi Pla made an impression on Sai from the first time she saw it. Then one day, Sai's group of friends arranged a party in which they dressed up as women. Sai had to find the costumes and so got to use the services of Phi Pla's store for the first time. From that day, Sai would always go to the store after school, to chat with Phi Pla and also to help her a bit with the work, too. Importantly, Sai got to observe Phi Pla's makeup skills; Sai at that time felt that Phi Pla looked supremely beautiful after doing her own makeup. So, she became Sai's first teacher in the art of makeup. She did not teach Sai in a formal sense; mostly Sai just looked and memorized, then tried it out herself, through trial and error.

Encountering the outside world: Tasting every flavor

When it seemed Sai's and her family's lives were getting better – they had a car, a house and the mineral water business, and Sai herself was finishing high school and about to enter university – unexpected misfortune struck it. The mineral water source got a leak in it, and the water was spoiled by bacteria. The water became unusable and the business was wiped out. Not long after, a regular client of Sai's mother, whom she had accompanied to the hospital for nine years, died. As this client had been an important source of income to her, it left a serious dent in her finances. This happened soon after the economic crisis of 1997, so the number of patients who used Sai's mother's services generally shrank to almost zero, and she suddenly found herself practically unemployed. In the end, she had to give up the house that had been everyone's dream in the family, because she could not find the money for the installments. But Sai herself was most affected by what happened to her study plans. She had planned that after finishing high school, she would study Communication Arts at university, because she thought that after graduating, she could work as a make-up artist, and this fit her interests perfectly. But when she did not pass the entrance exam to a state university, she turned her gaze to a private university – more precisely, the Faculty of Communication Arts at Bangkok University. Sai told her mother about her dream, but her mother's reply aborted it before she had even had the chance to try it out. Her mother told her: "If you think you'll study, I will find the money. But right now, I have to tell you I really cannot make it. If you get to study, then your siblings won't." Having received this answer, all Sai could do was fold all her dreams about studying and keep them in her drawer. She now truly had to enter the outside world, a world where nobody would look after her, a world full of competition – the world of work.

While Sai was only 19 at the time, she had to find the means to support herself to reduce her mother's unbearable responsibilities. She found that the outside world was much freer than that confined within school walls. Sai decided to dress up as a woman and seek work in a private company or a department store. Though she did not have the capital to make her breasts look like she dreamed they would, she was skilled in making herself look impressive with her clothing and makeup choices. Makeup being something she loved to do and was good at (thanks to her lessons with

Phi Pla) she got a job at a famous cosmetics company as a makeup artist. Her job involved going from branch to branch in the provinces, promoting the products, applying makeup on the customers, and increasing the sales at each branch she went to. She was on the right track – whichever branch she went to, the sales went through the roof. Within three months, she was becoming famous, and the senior staff in her company thought very well of her.

The more money she made, the more she wanted to work. Her network of other makeup artists grew and she began to do lucrative extra work during her free days outside the company. This made her wonder why she should work for the company and get just ten thousand baht a month, when a few outside gigs could fetch her the same income. But this thinking led to a crash in her beautiful trajectory in the company, when her supervisor caught her taking time off work so she could do outside jobs. She was punished by being put on a seven-day unpaid leave. The lost income was not as big a deal for Sai as the shame. Having first received admiration from senior staff in the company for her skills, it was as if their confidence in her had been destroyed in an instant. When she felt she could not face anyone in the company, she quit, having worked for this cosmetics giant for just a year and four months. Becoming unemployed for the first time in her life was quite a blow on her – like many other people of her age, however much she had managed to make, she had spent it all on going out, eating well and partying. She spent a while not knowing what to do, until a makeup artist friend invited her to enter the beauty contest circuit. In these circles, she got to taste all the good and bad flavors of life.

Sai became an assistant for beauty contestants in large contests, applying their makeup, carrying their things and did whatever their assistants usually did. But Sai, being skilled with words and getting easily along with influential people, soon got to learn that assistants like her not only prepared the youthful contestants for the contests, but also arranged private sessions between them and influential, wealthy men, for a sizable commission. Sai first only did this through middlemen, but seeing how good the money was, she finally began to do it directly. Sai began going through nightlife venues to find young women suitable for being sent to entertain such influential men. Her makeup artist's spirit told her which girls to approach – whose facial and body shape would, when improved with makeup and various treatments,

make them the stars of her group of callgirls. Each time a girl discovered by Sai got a customer, it was never for less than 10,000 baht, and often up to 30,000-40,000, totaling over 100,000 baht a month.

With money flowing in very easily, and having influential figures behind her, Sai now did not have to defer to anyone, including her family members. Like a nocturnal insect playing around a bonfire, she knew full well the risks this work posed to her life, but could not resist the temptation of easy money. And though money that flows in easily also tends to flow out very easily, Sai never thought about saving. Whenever she found herself broke, she could earn more in the tens of thousands within hours. Concerned voices of warning from those around her had no meaning for her, other than being an annoyance caused by outmoded, boring people she felt she did not need to listen to. Nobody could stop her, not even her mother: “My mother complained that I wasn’t seen at home much. I threw money at her face, ‘Always complaining! Just tell me how much you want!’ and walked out.” Then, one day, she visited her aunt – her mother’s elder sister. This meeting made her reconsider her life:

Sai: “One day, I went to see my mother’s relatives at my aunt’s house – she’s poor, but a very sincere and straightforward person. And she’s my mother’s elder sister. When she got the news about this from my mother, she broke in tears, cried straight away, in front of me. I pretended not to care, but it did shock me. My aunt cried and spoke – she came to fondle my head, then hugged me and said, ‘child, why are you doing work that’s plowing other people’s backs? Child, you wanted to become a makeup artist, and you did become one. Do you realize, child, that your occupation is a lofty one – you get to touch people’s heads, their faces. So, why have you begun to do other work that is so bad?’ I didn’t have an answer. I was dumbfounded. I dropped my act immediately.”

Her aunt’s words on that day, together with the fact that by that point, she already had a boyfriend, which meant that she wanted to save some money for the future, made her begin freelancing again, and finally she decided to stop her journey on the path that people around her always reminded her was wrong and sinful. She then gave all the phone numbers of the call girls she used to procure for wealthy men, and the numbers of the men themselves to a friend, and said to her “let me wash my

hands in a gold bowl”, in other words, to wash her hands of the business, having been involved in the call girl trade for over two years.

Repeated misfortune

Another crisis Sai experienced at this time was that the young man she had been in a relationship with for four years was unfaithful to her. He had been the first boyfriend she had decided to get into a serious relationship with, and had brought him to stay at home, too. He was four years younger than Sai and a university student at the time. In exchange for her love for him, she had to bear with his selfishness, womanizing behavior, and the disapproving looks of people around her. Throughout these four years, she had to suffer in her sexual life from always being only the one who gave, never the one to receive. Sai decided she could not bear with the womanizing of her boyfriend any longer, and also reasoned that if they were to live in Bangkok any longer, similar incidents would occur again and again. At this time, a friend suggested a job to her as the manager of a wedding studio in a province in the outskirts of Bangkok. She would get 15,000 baht a month. Sai made an immediate decision to take the offer, thinking that the distance from Bangkok would also enable her to separate from her boyfriend for good. Going to work in the studio, she was in effect fleeing her love. Sai had fun with with her new work. The owner of the studio spoke with her respectfully. Also wanting to forget the boyfriend, Sai put her utmost effort to the work. But this happiness also only lasted for little more than a year, when Sai got the news that her mother had terminal kidney disease and needed regular dialysis treatment, which at the time, the patient had to pay in full. The whole family had to look for money to take care of her mother. Sai’s younger siblings decided to do sex work in Singapore. Sai herself had to top up her work with extra jobs. The family was about fall apart:

Sai: “When I saw her, her body was badly swollen. That was the final stage of kidney disease. I felt really hopeless at the time. My mother was in such a bad shape, and everyone in the household was broke. I had some savings I’d thought I’d use for getting my breasts done. My mother was saying she didn’t want to be treated, knowing there was no cure, ‘the next thing you know is you’re borrowing money, but all the dialysis you buy me won’t make me healthy again. I don’t want my child to

suffer, so let me go.’ So I said to her that I couldn’t possibly do that. Instead, I tried to coax her to accept that because it didn’t look like I could ordain to pay back my debt of merit to her, I’d have her illness treated instead. After all, she had brought us three up. She had never let us down. So, I decided to have her treated. It was so exhausting. At the time, the state insurance didn’t cover kidney dialysis. She had to be treated twice a week. Just the dialysis cost 2,500. So, Monday plus Thursday, that’s 5,000 already. Not including the taxi fare. I had to ask my father to take her there. And then the cost of food, hormones...”

Sai was now truly struggling financially. Having moved out of Bangkok, her costs had skyrocketed. She now had to rent a room and spend money on commuting in addition to her regular costs, as well as put money aside for her mother’s treatment. When her younger siblings returned from Singapore, they brought money to help cover their mother’s treatment costs. They had also enlarged their breasts and were loaded with appliances and jewelry. Sai saw them come back like this and felt like following them, to make her life better. In high school, she had studied on the arts-and-languages track, and getting to work in a foreign country felt like an extra badge of honor for her. She decided to follow her younger siblings to Singapore.

Singapore is known as a major “gold digging” destination for kathoeis both from Thailand and elsewhere. But Sai was far from confident – she felt afraid and embarrassed. Her body was not ready for it, either. She did not have breasts. And what about her honor and self-respect? So, on this trip, Sai failed. She spent 24 days of torment in Singapore because she could not attract a single customer. She said to me: “Must’ve been the first kathoei to go there to sell her cunt and make a loss.”

My dream: Dok Mai Studio

When Sai’s attempt at “selling her cunt” had made her lose money, she returned to work in the same wedding studio company as before, which was just opening a new branch and needed more staff. But this time, Sai’s experience with them was not like before. Sai began to realize that the owner’s sweet words were nothing but an attempt to make Sai work harder. Conflict ensued. But her mother still needed treatment and so Sai had to endure the exploitation she faced in terms of her

low salary and the numerous requests for help with various errands from the owner. But Sai was not completely out of luck – the following year the government announced that its universal health care scheme would begin to cover kidney disease. This greatly reduced the financial burden Sai faced from looking after her mother. Moreover, one of Sai's younger sisters had found love with an Australian man. To express his commitment, the man gave her a large sum of money. She came to consult Sai with the idea of opening her own wedding studio. She wanted Sai to join in and help with the work because Sai already had experience with the work plus an existing client base from her previous job. Sai decided to quit her previous job and join her sister's new business as a manager. In the early stages of the new studio, Sai took care of everything with some help from A, a friend from the previous studio, who had also decided to join the new studio. Sai said that during this period, the work was exhausting but also fun, and she did not feel hopeless anymore because she had always dreamt of having her own wedding studio. And even though the studio was started with her sister's money, the day the studio opened for business made a lasting impression on her, because on the big day, her relatives came, and more importantly still, her mother also saw the opening of the studio. This meant the world to Sai, because it was as if she had proven to everyone that kathoeis could do it, too:

Sai: "When we opened the studio, we told mother that of course she had to come. We still have photos of it. The day before we were doing the final preparation before the opening... The day we had the merit making, I had a van go pick up father and mother, and auntie, and many more people they thought... See, many of the relatives at home thought that there was no way for a kathoei to survive, that anyhow we'd just sort of drop dead. Especially at that time, everyone knew mother had kidney disease, so they were talking like, next thing you know she'll be going from person to person, asking to borrow money. But I was determined not to borrow from anyone, not even from close friends. This was my mother and so it was me who had to find the money. Whoever asks me, I'll tell them that I was so exhausted those days that I looked really awful. I didn't care for my own health. At least she got to see the day I finally had the studio. In the last photo, she smiles. This photo makes me so happy – she saw her child could make it. Saw that even though I was a kathoei I had a future."

Sai's business could be considered a success. She was determined to do her best with it in order to finally have that home they all dreamed of ever since she and her younger siblings were little. Sai dreamt her mother would also get to see the home where they would all live together. But Sai did not get to see that, because four months after opening the studio, her mother passed away.

4.2.2 Nam Daeng and Som: Twins with different dreams

Nam Daeng and Som were twins and Sai's younger siblings, born only ten months after her. But for a time, the paths their and Sai's lives took were so much apart it might have been hard to believe they and Sai were indeed siblings. After spending their childhood together, they were only reunited at Dok Mai Studio after a long separation. Sai was lucky in having received acceptance and support from her father's relatives, especially Mae Hiang, who was like a second mother to Sai in her early years. The same was not the case for Nam Daeng and Som, whose birth in was considered a freak of nature by most family members. Some even referred to them as *kalakini* ("jinxes" or inauspicious persons) and shunned them. Their father did the greatest share of violence against them. He showered them with verbal abuse and battered them, as if they were not of his own flesh and blood. This not only alienated them from other family members, but also from Sai. The one person in the family who brought them through this misery was their mother, who always provided them with the clothes and other necessities they needed. They never had to wait to get these things second-hand from Sai, even though their mother was blamed for this by the relatives as being "wasteful." It was their mother alone who took them on outings, traveling, eating pizza or sukiyaki – or buying them the food they wanted to eat or the things they wanted to get. Though their mother had little time, she took care of the twins and made sure they were not deprived. So, among their family members, they only felt close to their mother, shared with her whatever happy or sad happened in their lives, and did all they could for her.

Sex first – love will follow

The twins were expelled from their senior high school for breaking the regulations by wearing their hair long, dressing in ultra-sexy feminine clothes and by

using makeup. This only gave them more freedom to lead their lives as they wanted. Nam Daeng chose to take heavy doses of hormones and wear fully feminine clothing, so she could become as beautiful as she wished. Nam Daeng could be considered truly beautiful. She dressed well and was also skilled in doing her own makeup. She could pick up a guy with minimal effort. Som, on the other hand, was more undecided, in-between. At that time, she did not wear feminine dress, saying her body was ugly and her hair was short; she had no breasts and she felt her body was like a plank of wood. She did not believe she could become beautiful. So, Som looked more like a gay but applied discreet makeup every time she went outside:

Som: “Back then I thought I was gay, and my first boyfriend was also gay. But after breaking up with him, whenever I went out, even though I didn’t wear women’s clothes, men would say to me I was pretty like Nat Myria¹. When I went out, I didn’t wear women’s clothes. When I went out at night, I dressed as a keng². So the chani³ were surprised, they thought I was nong ni⁴. And I also, eh, started to know what way to go. And when I could pick up a gay they’d say to me, ‘lil’ sister, you’re so much like a chani, where in the world would a keng want you?’”

Later on, Som began to receive encouragement from her friends and Nam Daeng that being a kathoei would fit her better than being a gay. Som begun to take hormones in earnest and dress as a woman when she went out at night, but she still dressed as a man in the daytime. When her experimentation with feminine attire started to seem like a success (measured in terms of the number of men who picked her up or whom she managed to pick up) Som finally begun to dress as a woman, full-time, some four years after Nam Daeng had begun to do so.

In Nam Daeng’s and Som’s age of coming to bloom, besides paying attention to enhancing their beauty with all their effort, they also sought “love.” The

¹ A female pop star.

² Lit. small deer; in gay/kathoei slang: a masculine gay, as opposed to *kwang*, a more feminine gay (also literally means a deer).

³ Lit. gibbon; in kathoei slang: woman (after the sounds gibbons make, which sounds similar to the Thai word for husband, *phua*).

⁴ Another version of *chani*, used especially by kathoei sex workers.

two defined it differently. Som believed in true love based on an emotional relationship. Nam Daeng paid more attention to the physical aspects of relationships. But then, something happened that made Som embrace sex wholeheartedly: Her boyfriend was unfaithful to her with someone very close by – Nam Daeng.

Som: “For a whole month, I tried to act normal, couldn’t tell anyone about it. I wanted to see who would speak first – the man or my big sister. Then I started insinuating about it until Nam Daeng cried. I said to her, ‘you’ve got to realize, this is my first boyfriend, I’ve never fucked before.’ Phi Meng, can you believe, I was crazy enough to lose my virginity for that idiot. My first man. He had a big cock, though. Back then, you know what I thought? Like, it’s come to this so might as well fuck just for laughs. So when I fucked with him, there was no love anymore, just fun.”

After the incident, Som was more careful with men. If anyone wanted her love, they would need to pass a complex testing procedure. But Som’s ideal of love based on an emotional relationship was shaken and so she began to pursue “love” with a new method, which she called *mua* (“sleeping around”) – “*mua* first, and love will follow”. After adopting this idea, her life revolved around finding men for sex. But having done this for a while, she begun to wonder why she “was wasting time, better save some money first”. This is how she came to sell sex: “You get fucked all the same. Better than getting fucked and not getting the money. This way, I get fucked, have fun *and* get the money. Now, how smart is that!” The first place where she tried it out was Sanam Luang.⁵

Having collected sexual experiences, and through them, courage, one day Nam Daeng and Som got an opportunity to experience an intimate relationship with the same Western man and so broaden their sexual world. With Thai men, whether money was involved or not, the two had found that they were always just giving pleasure to the men without being reciprocated. And the “snakes” (penises) they still had, they had to hide, fearing the men would dislike them. But this Western man

⁵ Sanam Luang, or the Royal Ploughing Ground, located in front of the Grand Palace, is not only the site of several royal ceremonies but also has been a notable freelance sex work venue for sex workers of all genders.

taught Nam Daeng and Som that there was much pleasure to be gained from both giving and taking in sex, and that their bodies were valuable and deserved to be touched from the top of their head to the tips of their toes. Even their snakes could play their rightful role in all this. And most importantly, while they sold sex to Thai men, they could at most gain a hundred baht or so, but with Westerners, so they learnt, they could gain both pleasure and a compensation exceeding a thousand baht per session. So, the twins decided to concentrate on Western men in the future. This realization they also communicated to their big sister Sai, who then had to verify their story through experimentation, and having done so, conceded that the twins had not lied.

From Sanam Luang to Pattaya, and thence over the sky to Singapore

Having found out about their sexual taste and of the compensation that was available from Western men, Nam Daeng and Sai began to move to a territory where such men could easily be found, so that Nam Daeng and Sai could work and save money in earnest: Pattaya. However, it is not quite correct to say that their final destination in terms of work was Pattaya, because they were both already planning to find work abroad, for example in Singapore. However, going to Singapore required experience in seducing customers as well as English language skills, being a highly competitive work environment. When they felt they were ready, they flew to that foreign country to dig for gold, as they described it. What they had to prepare, besides their beauty, was their courage – courage to fight for customers because having customers meant having an income. Every day spent in Singapore meant high expenditure – accommodation, commuting, clothes, food and so on. Consequently, a day without a customer meant a day of financial loss. Courage alone was not sufficient – they said one had to know how to “operate the strategies” (*len kon*) of it to get the highest possible compensation. But they had nobody there to teach them these lessons – they had to learn them from experience. And so, Nam Daeng might say: “I’m so much above common whores (*kari*). I’m much more advanced in the dark arts (*wicha man*) and that’s what sets me above being a common whore.” She expanded on the topic:

Nam Daeng: “When I didn’t have breasts it was good in a way. With those small, hormone-pill breasts, I could pretend to be a chani, like, ‘See, I’m not a kathoei, I’m a 18-year old, 19-year old woman, see, I’ve got breasts. If I was a man, how could I have these? But when I’d take off my panties to let them see my cunt, I’d have to stick on a menstrual pad and then spill these, uh, Uthai drops⁶ on it, and go like, ‘see, that’s my mens! You really wanna see it? It’s really dirty. No, don’t look, that’s disgusting!’ So, spill these drops all over, it’d be all red, and go ‘see, it’s disgusting! I’m a woman! What makes you think I’m a kathoei?’”

Back from the foreign land to Thailand and Dok Mai Studio

Nam Daeng and Som worked in Singapore until they were financially quite secure. They had enough to get their breasts enlarged, and enough to send back to their family, especially to help with their mother’s kidney dialysis costs. Both had status items they had dreamt of, like expensive brand name handbags. Everything seemed great. Particularly so because Mark, an Australian “youngster of advanced age,” had taken a liking to Nam Daeng and showered her and her family with money. He also supported her emotionally, especially after her mother passed away and Nam Daeng felt emotionally empty. But then Nam Daeng’s fortunes turned – she developed chronic abnormalities in her blood, and became so ill she had to return to Thailand. She had to rest and could no longer work. When she was ill, Mark took good care of her and gave her a big sum of money so she could take care of herself and cover all her costs. Mark was an engineer by profession, had to leave Thailand for months each time he returned to work, and could not stay long with Nam Daeng. What he could do for Nam Daeng was to give her the money.

Nam Daeng did not want to waste the money as her loved one had earned it through hard work. She wanted to use the money as capital to start up a business. Nam Daeng immediately thought of Sai, because she had seen Sai work in a wedding studio owned by someone else. Sai had both experience and skill. Sai was also having

⁶ Uthai Thip is a bright red herbal liquid. A few drops can be used to improve the flavor of drinking water; it is also used by some as a lip stick substitute because of its bright red color and cheap price.

problems with the owner of the studio. So, Nam Daeng proposed to Sai that the two would open a wedding studio together, using the money she had received from Mark. Sai would be the manager and have a monthly salary from her little sister. So, the situation was in all ways opportune for the founding of Dok Mai Studio.

As for Som, after returning from Singapore, she stayed at home and took care of her mother, who was ill. Given that her mother had been the only one to take care of Som and protect her, it was not surprising that her dream at the time was to “provide the best for the person whom she loved the most” – her mother. Som gave all her savings to her mother. But when the day came her mother could no longer struggle with her illness and left this world, it was as if Som’s dream had gone to pieces and left only hopelessness in its place. To move on with her life and to find something new to do, Som also decided to join Dok Mai Studio. For her, life in the studio was like a holiday.

4.2.3 A: My dream is desire

A taught me to better appreciate the term “so beautiful people must take another look.” There were many times we went to the market in the late evening, and people – women, men, youngsters, old people – all glanced at A, again and again, and muttered approvingly, “so beautiful.” A was tall and slender, had a good figure, and her skin was as smooth, white and glowing as a neon tube – not to mention her face, characterized by her small nose and mouth as well as her dark irises. When she stayed still, she looked like a superstar – an actress or a model. And here were the only gaps in her womanliness – her voice and her manners. While others admired her for her beauty, the part in her that she herself valued most highly was her brain. For her, this did not mean being a particularly good student, but rather her confidence in her way of thinking and in her planning skills. These enabled her to be herself and feel confident whatever people around her might be saying, confident to interact with people and not care what others thought of her. Her family played a formative role in her way of thinking:

A: “I think everyone has their own definitions, their own way of thinking. So do I. I think that, uh, whatever others think, I don’t care. I’m the center of the world, and it revolves around me. I don’t revolve around the world. You get it? Why

would you, like, all your friends play football, so does that mean you also have to? I don't feel like playing. So I don't. But you people, feel free to play! I'll watch. When I walk by, they open their stores so I can have a look. And when I've had a look, they close."

From Aranya Prathet to the capital

A was born in Aranya Prathet, a town on the Cambodian border, into a Chinese Thai family. Her father was the eldest son. His side of the family owned a market and they were rather wealthy. In Chinese Thai families, when a daughter-in-law moves into her husband's family home, she often faces considerable pressure from the family. This was also the case with A's mother, especially because her husband was the eldest son and the apple of her mother's eye. The result of this was that A, instead of enjoying the comforts of her family's affluence, had to follow her parents into the big city, because her mother could not bear the pressure from the mother-in-law. The couple decided to move to Phran Nok area in Bangkok with A, their child. Said A, "my mother had on her less than ten thousand, plus a golden necklace." Having to start from scratch, A's parents struggled financially and had to work hard. Her father began to drive a motorized tricycle to collect second-hand items that he could later sell. Her mother started a small general store and worked her way up from just having 10 bottles of fish sauce to sell. Her father was a bit of a gangster, and her mother also dared to take business risks. They eventually operated a large outdoors restaurant as their family business. The father became a local politician of considerable fame and the family was rich once again.

Once the family had money, A's parents began to compensate to A the hardships she had had to endure in her childhood, by pampering her with expensive foods and consumer items. Her and her little brother's needs always came first. The parents were skilled in making money, but they also spent it without restraint. A was never refused anything she asked for:

A: "When I was on the third year of high school, I can still remember it; Bluetooth hadn't hit the market yet. They bought mobiles for dad and us two kids to use. Three phones for a hundred thousand baht. Back then they were so expensive. But we got them. They'd take us to eat good foods, take us to nice places. We wanted to go

abroad – and we got to go. I remember it – they didn’t have savings yet, but they wanted to let us go. They didn’t have that much money, but if we wanted to go, we’d get to go.”

If we knew just this much of A’s life, we might think her life had nothing but happiness – from her family, her good looks, from her wealth, and from her independent mindset. But this was just one side of her life. There was also another side that she had lived with ever since she was a child, and made her say: “I hate my father.”

I hate my father: A life of negotiation

When the family was becoming financially stable, A’s father, motivated by fatherly love, tried to urge A to follow the path he had already planned for her. Too bad for A that being a kathoei was not a part of her father’s plan. This being the case, A was opposed and punished for being a kathoei by her father. Her father got angry very easily and the punishments were very violent. As a result, A did not dare to express her kathoeihood, especially at home. Her mother was aware of the problem from the beginning, but could not protect A, as her husband had the power in the family, and sometimes hit her as well:

A: “My family, at first, was not open about it at all. He hit me so hard with a broomstick that it went to pieces. Ever since I was a small kid. Hitting me like... oh dear. Like, my face was so white, and I looked sort of uh, really well groomed. Really, super-sissy. And the way I walked, the creams I used... So dad began to get angry, you get it? Like, with him being a politician, people gossiped a lot, criticized his son.”

When A’s father realized about the change that was taking place with his eldest son, who was beginning to act in a feminine way, used beauty creams, and took care of himself more than boys usually do, his initial reaction was one of non-acceptance. He tried to find ways to bring A back on the path he had planned for her. A’s father had introduced A to liquor when she was just seven years old, so that when she got older, she would know how to take her drinks. And when she was on the 6th grade in primary school, he brought her to a very certain kind of bathhouse (*ap op*

*nuat*⁷) to familiarize her with the institution. He had A enrolled in a famous boys' school and then urged her to take the entrance exam to a military school. But A did not pass the entrance exam, so he forced A to enter volunteer cadet training (*ro. do.*) instead. She did what she could to manage what her father had her do, sometimes succeeding, sometimes failing. Importantly, none of these things in A's father's masterplan brought about a change in what she was. Finally, her father began to accept what his child was really like, and that she could not be changed. He gradually realized that trying to understand her would be better than opposing her. So, by the time she graduated from senior high school, he could to a certain extent accept what she was, but not fully. She had to negotiate and barter with her father – she was allowed to express her kathoei identity in exchange for studying law at university:

A: *"The change came about when I was getting into university. I wanted to study communication arts, but dad told me to study law. Dad said, 'suppose you graduate with a Communication Arts degree, you'll be dancing for a living, or otherwise you'll have to stay at home and have nothing to do. If you study these things, you won't really gain anything. But if you study Law, at least when you graduate, you'll know a bit about that.' These were his exact words, I can still remember him saying it. So, I said, 'OK, if I study Law, I'll not ordain and I'll wear my hair long.' That was my barter. Dad was okay with it, so I began to wear my hair long. Then I got myself a man, and he stayed with us at home. Dad began to get confused, like, 'what? What's this?' But after this he was alright. I was a good kid in the sense that whatever he wanted me to do, I did."*

Since her first year in law school, A wore women's clothes full-time. By this time, her father could accept her real identity quite well, and she began to take hormones. She also got a breast job and a sexual reassignment surgery in the two following years. Though A's father could accept her quite well now, she was unable to forget all the cruel things he did to her in the past. If you were to ask her if she still hated him, she would reply, 'No, I don't. But I can't love him more than this, either.'

⁷ *Ap op nuat* are bathhouses where male clients get to enjoy a wash, a sauna, and a massage, the latter typically involving sexual services with the the masseuse of their choice.

In search of beauty

A's beauty was an established fact since her high school days. She was among the Top 5 of beautiful kathoeis in her school, and boys would come to flirt with her in groups of five or six. An endless stream of guys visited her at home. For A, beauty was a challenge, a game. If she succeeded in picking up a guy, especially one that had not shown any interest in her, she felt very proud of herself, then challenged herself by flirting with other men. For her, a successful pick-up was the end of the fun. For her as for many other kathoeis, this was one way of measuring her beauty:

“A: I don't like guys, you see? Even if they're super handsome, voted as stars of Chula⁸ and call me every day, sorry, not interested. But with guys who are not really that handsome but are hard to get, that's where I like to compete with myself, and want to get them. I know many tricks of the tongue, so many. I like to flirt with guys, not play with guys who flirt with me first. I like to flirt with them first, so I get to choose. And I am picky.”

A felt satisfied with each part of her body, but also thought she had a duty to increase her beauty continuously. A described her dream of beauty in terms of an endless desire and not knowing what's enough. She said she cannot give up the pursuit, as for her, beauty and happiness are the same thing.

When A first came to Dok Mai Studio, she came as a customer, because she was about to compete in a large national kathoei beauty contest. She wanted to use the stage to exhibit her beauty to the world. Some time later, she had formed a close relationship with Nam Daeng, the studio's owner, and learnt about the problems the studio was facing with management issues and with heavily increased operating costs. A came to play a role in managing these problems, but this in turn resulted in divisions between the studio's staff members. These problems got more and more complicated, and in the end Nam Daeng decided to move the studio to Bangkok to ensure the continuity of the business. She invited A to join in as a co-owner. A's family fully supported this by letting the studio use a building owned by her family for free. This

⁸ Chula is short for Chulalongkorn University, one of the top state universities in Thailand.

was the end of Dok Mai Studio, which became but a legend in this province next to Bangkok.

4.2.4 Ribbin: I want to get rich so I can finally stop selling myself

Ribbin was a member of the Dok Mai Studio crowd, who always brought people to smile whenever she was there. Whenever she came from Bangkok, laughter and fun always followed her. People loved her for this. She might have been on the stocky side, but she had white, beautiful skin, a pretty face and a joyful, sincere mind. Ever since we first met, we immediately got along well. She came to the studio once a week, or more often if there were special activities. She would often come by car so she could take the studio crowd to eat sukiyaki or pizza, or to take them to the seaside in Cha Am or Hua Hin, her favorite places. Other times, she would take core members of the group to accompany her at her riverside condominium in Bangkok. I also got the honor. She was no less attached to the studio than the others, given her friendship with the three sisters Sai, Nam Daeng and Som, whom she had already known for over 15 years.

Dear Phi Sai ... I want to dress as a woman

Ribbin's family lived in the same community as Sai's. Their homes were not far from each other. Her family had moved in from Suphanburi to open a fish stall at a local market. As was the case with many other families, Ribbin's family did not accept that she was a kathoei. Whenever she dressed as a woman, she would be berated for it. So she had to live her childhood as a boy though she always knew she "wasn't born to dress as a man." She not only had to hide her true desires about the kind of lifestyle she wanted – she did not even dare to have kathoei friends owing to her fear that her family would blame her again. But Ribbin could not get her eyes off a house in the community where three beautiful kathoeis lived. Ribbin envied the trio as she wanted to be like them: She wanted to wear makeup and dress as a woman. Every time she looked at the trio, she felt like she saw herself. When her inner demands finally got stronger than her fears, she decided to have herself introduced to Sai through a third person:

Ribbin: “My feelings about having seen this group for such a long time... I was back then a repressed kid, who wanted to be a kathoei and dress as a woman, but couldn’t because my folks were so opposed to it. Until one day, ‘Phi, can I be your friend?’ I asked Phi Sai by the phone box. I speak these words now and I feel warm. I looked back then just like a guy.”

The three sisters warmly welcomed Ribbin and helped her undergo her transformation into a pretty girl. Everyone agreed that this was a challenging task as Ribbin had very little body capital to achieve her dream. She had to take mega-doses of hormones and experiment with clothing styles to see if she could move from looking like a gay to becoming a feminine kathoei. Of the three sisters, Ribbin was closest to the twins – toward Sai she showed respect as if she were a senior, though they actually were the same age. Ribbin felt that Sai’s way of thinking and speaking both reflected her maturity. Ribbin then got to follow Sai into her work at the cosmetics company; she taught dance and makeup skills to cheerleaders in the schools they went to. This was the first time in her life she had her own income, so she respected and admired Sai even more than before.

Whatever happens, I’ve got to be beautiful

Given Sai’s precocious maturity, Ribbin grew closer to Nam Daeng and Som than her. Ribbin did not need to regret this, as Nam Daeng and Som were second to none when it came to beauty enhancement. Ribbin did not just want to dress as a woman. She also wanted breasts and a sex change. But both of these were expensive to get, and Ribbin did not have the means at the time. She only took birth control pills, which helped her develop small breasts. When she was studying for a higher vocational certificate, men began to take notice of her. She decided to move out and in with her boyfriend, because she did not want to hear her mother’s complaints any longer. Living with a boyfriend meant increased expenditure. Ribbin was also influenced by Nam Daeng and Som also in terms of her career choice, and decided to walk along the same path as they did, so as to have money for enhancing her beauty and reconstructing her body. But while Nam Daeng and Som dug for gold in Singapore, Ribbin sought work in East Asia – Korea, Japan, and Hong Kong – because her body shape better fit the demands of the customers in this region. She

worked and saved until she got what she had dreamt of – a vagina, feminine buttocks, silicone injections, a prettier nose and a more beautiful jaw – to resolve the complex that had troubled her so long. Furthermore, having entered her line of work, she also had to remain beautiful, or lose her customers and her income. She had beauty operations so often that the others in the studio crowd called her the “goddess of surgery”:

Nam Daeng: “So extreme. Whenever Ribbin finds out about new things to inject, she gets them. When Botox entered the market, she was botoxed to the max. She had such a large face, and how small she turned it! She had a very oily face, but then ... what a surprise. And when people were injecting silicone, Ribbin, too injected silicone. When people were having their noses done, Ribbin did so, too, and not once but two, three times. And she had her buttocks injected. She did it all. Silicone just flowed into her buttocks. Everything. She doesn’t know fear; she’s like, uh, full on.”

In an occupation like Ribbin’s, Nam Daeng’s and Som’s, competition for customers is fierce. Ribbin did feel exhausted but bore with it so as to enhance her body and save some money. She moved to her money-making destination for two or three weeks at a time, worked long enough to come home with a hundred thousand baht or so, came home to rest for a month, and then went again. Other kathoeis, if they earned a hundred thousand in a week, might spend it all on good food, going out, buying recreational drugs or supporting a man. Ribbin might spend a lot on food and going out while in Thailand, because that was how she relaxed and rewarded herself for her hard work abroad. But she also knew how to save money, as attested by her ability to buy a townhouse in Central Bangkok for her to stay while in Thailand, and keep up with paying the installments. Later on, she moved to a condominium that better fit with her travel-heavy lifestyle. She felt proud of being a “fighter,” a characteristic that had earned her a condominium and a car.

Ribbin had “sold her cunt” (as she put it) for over 10 years, and it had considerably improved her life. She had money to buy good clothes, do cosmetic surgeries and take care of her skin and body. She had a riverside multi-million condominium in Central Bangkok and a brand new car she bought for almost a million. She had money to support her mother and her relatives in Suphanburi. She always had some money to give to her mother when she returned to Thailand. Ribbin

did not conceal from anyone the fact that she was selling sexual services abroad, because this occupation had enabled her to exist both in society at large and in the kathoei society, which tends to measure how “classy” (*roet*) its members are by the brand names of the consumer items they use. But this did not mean that Ribbin would have wanted to keep doing this work forever. She did want an ordinary existence and a business of her own, for example becoming a landlady – providing rooms for rent. She wanted to have as much money to spend on food, going out, traveling, and for general expenditures as was appropriate for her hard work. And when she would have saved enough, she would finally “stop selling,” because she realized the risks of illness and violence she faced from customers. She did take careful precautions, but many times, accidents had happened and she had needed to get her blood tested. All she dreamt of was “having an ordinary life and not having to sell my cunt.”

Ribbin: “I just dream that when I’ve got enough money, when I’m rich, I’ll stop doing this work. Because it’s not like I want to do it. But I don’t know what else I could do and still get this much money, so that when I come back I can take a break. When I come back, it’s like a time for relaxing, not having to work. Being a whore (kari) abroad is enough; when I’m back, I’m just an ordinary person. When I’m back, really, I have to rest. And show off (to lae) a bit, drive my car to Cha Am, travel around, visit my mother. I just want to be an ordinary person for a while. But when I’m over there, then that’s work and I’m a prostitute.”

Ribbin did not have that many friends in her life, other than her old, beloved friends who had traveled together with her on the path of kathoei life, like Sai, Nam Daeng or Som. So, when she felt lonely, unwell or unhappy, or had something happy or fun to share, Dok Mai Studio was the first place she thought of, because she knew that the door of this place would always be opened to her. She was a part of the group and was never looked down on.

4.2.5 Nok, Ke, Phim, A, Mai and Jeng: Under the same roof but in a different clique

The younger kathoeis who came to the studio changed all the time. Some got along well with the existing group members and so stayed with the group for a long time. Some came for a few days and then disappeared, never to be seen again.

This also depended on their objectives in coming to Dok Mai Studio. The unofficial but generally understood responsibility for looking after these younger people rested with Sai, in her capacity as the manager. She always had an eye on whatever was happening in the studio and screened the newcomers. Information about newcomers was always exchanged by the studio members; especially those who would stay over had to be screened with particular care. Those who stayed and worked in the studio included Ke, Nok, Phim, A, Mai and Jeng.

Sai took good care of these junior members. She did not favor any one of them in particular. Eating together, chatting, watching films, listening to music, going out and picking up guys were among the ordinary activities there. The group members also happily shared men. Sai let these younger group members stay in the studio for free, but asked them to help out with the work to compensate for their stay. If there was extra work, like doing makeup or hair styling, Sai also gave these junior members their share of the extra income; however, they did not receive a regular salary from the studio. Sai's kindness earned her the respect of these junior group members. At the same time, her kindness sometimes turned against her, because when she was unable to control these group members, conflict and fighting ensued. The times when these group members had trouble with Nam Daeng or Som, her younger sisters, were particularly problematic for Sai. In the end, Sai's inability to manage these problems led to ever wider divisions among the crowd, which played a major role in the decision to close the original Dok Mai Studio and move it to a new place.

4.2.6 Nok, Ke and Phim: We're here because of Sai

Nok was among the first junior members of the studio. Nok was a gay with a large but dexterous body. He had only recently graduated from a local university in the same province with a Bachelor's degree in Education. His home was in the province, but he came to stay at Dok Mai Studio to be able to do the work he loved – applying makeup. His career as a makeup artist was little different from Sai's – he also began the work when he was a secondary school student, by going from school to school to provide makeup services to cheerleaders. Nok and Sai very quickly became close friends owing to their shared profession; they exchanged methods and learnt from each other's experiences. When Sai had newly opened the studio, Nok soon

entered the picture as a makeup artist; Sai paid him by the piece and Nok remained able to do outside work. Or when Sai herself got outside jobs, like providing makeup services to a TV drama production crew, she would grab Nok along to broaden his experience. And many times, when Sai herself was not free to go, she would send Nok instead, because by this time, Nok was already very skilled in the art. Nok lived in the studio but returned home now and then to visit his mother. Nok got around conveniently, being the only person in the studio who had a car. Having this car available also helped Sai to work more conveniently, especially when working outside the studio. Sai always compensated Nok for the fuel. Nok's car was also instrumental in traveling around or when going to pick up guys. Nok had a good-humored, entertaining personality and tended to make others laugh. Whenever he was in the studio, he made the other group members laugh with his funny stories. If one were to look for downsides in his personality, one could be that he very easily felt insulted, which sometimes led to conflicts with the others.

While Nok was the first assistant Sai gained in the studio, the person she had the closest relationship with was Ke. Ke was a kathoei with a stocky body and a round, glowing face. She could be considered beautiful and charming, and had guys circling around her every day. She had come to the studio around one year earlier, and respected Sai as a role model, or as her "kathoei mother." She did not like doing makeup at all, but had come to stay with Sai because of her love and affection for Sai. She was more of a general assistant. Ke was still studying on the second year of a Bachelor's degree course, and had to find the money for term fees by herself. Sai saw that Ke was a good kid – obedient, hard-working, paid attention to her studies and clearly had a future in store for her. So, Sai took her under her wing. Ke came to live in the studio and slept in the same bedroom as Sai, because she knew Sai did not like to sleep alone. Every morning, she woke up early and mopped up the floor of the studio before getting dressed and going to university; on days when she did not have classes, she stayed in to look after the studio.

While Ke disliked doing makeup, Phim was eager to learn the art and wanted to make a career of it. He was the youngest member in the crowd, only 18 years old. Phim had a petite, slim body, dark skin and a charming face. When he wore a mustache and dressed as a man, he looked handsome and had Western admirers.

When he dressed as a woman, he looked beautiful and sexy, and again had admirers who flirted with him. He mostly chose to dress as a man. As the youngest member of the crowd, he was taken care of and loved by all in the studio. He had chosen to come to the studio because he liked the art of makeup and wanted to learn more from a professional – Sai. Sai also guaranteed that Phim was a bright kid who learnt fast, so he should do well on this path. He got to act as Sai's makeup assistant, wiping off excess oil from her customers' faces and applying powder on them. These were customers who had come to take pre-wedding photographs, both in the studio and outside. Sai compensated Phim's work with lump sum payments. Phim's charm created amusement among the studio crowd – given his young age, cute looks, and moderate manners, many were attracted to him. Then, one day, a resort tycoon from Southern Thailand drove his car to the studio and said he would take Phim to travel down South. Phim was brave and got into the car with the tycoon. He disappeared for two weeks and then the tycoon brought Phim back. Phim came back laden with a laptop computer and a considerable sum of money in his purse. Everyone envied Phim very much, as he told them he had been taken around by the tycoon with in car, staying in resorts but never experiencing any inappropriate moves from the tycoon. The latter assertion was something nobody in the studio believed to be true. Finally, the tycoon told Phim he would take Phim on a second trip if he had an opportunity.

4.2.7 Mai: I'll follow in Som's footsteps

Mai was a young kathoei, only a couple of years older than Phim. She had a slim body, feminine breasts, a sweet, pretty face and smooth, honey-colored skin. She looked so pretty the people in the studio were thinking of sending her to a large, national kathoei beauty contest. We all felt confident she would win, but she would need to wait for a year or two, because now she still looked too childlike. Mai's closest relationship was with Som, who had brought her to the studio. Mai came from upcountry. She had needed to come to Bangkok to find a living, as her family was not wealthy and was scattered all around the country. Her first footsteps in the field of beauty involved studying nail art, which she learnt so well that she got a job at a beauty salon. It was there she also met Som. Som said she knew straight away they would get along well. She tested Mai's abilities in many ways and realized that Mai

was a bright kid, obedient and trustworthy. Som first taught her how to use the Internet and make money while doing so. Mai also succeeded in it, with Som as her role model. When Som moved in to Dok Mai Studio, Mai followed. The two then lived in the same room. Besides teaching Mai how to make money on the Internet, Som also taught Mai how to sell sex – both in theory and practice. Som brought Mai along on the field several times, and again Mai was able to perform as Som had taught her:

Som: “I told Mai, ‘Mai, if you wanna make money, even if you don’t like their looks, smile. Don’t look grumpy. Do everything to convince them. Even if you feel like you can’t do it, if it looks like you’re going to get them, bear with it for the money. You’ll get fucked all the same. It’s better than getting fucked and not getting money. This way, you get fucked and you get money. But if you really can’t bear with it, at least ask them to give you some taxi money, and cheat them that you’ll come and meet them the next day.’ This is what I taught her, and this is what Mai did.”

4.2.8 Jeng: Nam Daeng’s right hand

While Phim was the youngest kid among the studio assistants, Jeng was probably the oldest. He had known Nam Daeng and Som long before they opened the studio. Jeng had the most masculine looks of all the people in the studio, notwithstanding his frequent use of the expression “*i dok*.”⁹ At the same time, Jeng had the highest degree of sexual diversity within himself – to the extent that the people in the studio referred to his sexual identity with the term “ah”, which they explained meant “anything goes”. To be more exact, this meant that Jeng was able to feel sexual attraction toward men, women, gays, and kathoeis – with and without penises – to begin with. Jeng had already demonstrated this to the group a long time ago. He did not do any particular work, but lived off the financial support of his lovers, enabled to do so by his good looks. So, he had a considerable number of women, gays and kathoeis as his lovers. Jeng, for his part, expected not only love but also financial support from all his lovers. In exchange, he took good care of his lovers, doing

⁹ “I dok” is a shortened version of the invective “*i dok thong*,” which literally means “you golden flower” but is understood to mean “you slut.” It is commonly encountered in in-group banter among some kathoeis and gays.

everything they could expect, from doing their shopping for them to minding their homes.

While in the studio, Jeng was under the direct supervision of Nam Daeng. In her capacity as the owner of the studio, Nam Daeng let Jeng eat and stay for free. In exchange, he was expected to help out with miscellaneous errands around the studio, like doing the shopping, taking a dress or other goods to a customer, contacting a picture frame shop, or fixing whatever equipment needed maintenance in the studio. Jeng was also charged with taking care of Nam Daeng personally, because she was not physically very strong. Whenever Nam Daeng went to Bangkok, she always took Jeng along. Jeng was generous and never turned down a request for help or grumbled about it, whatever he was asked to do. Jeng was the quiet type, spoke little, and loved to watch films. In my memories, I can still see Jeng sitting in there in the studio, in front of a computer, watching films for days on end.

4.3 “Beauty”: The essence of kathoeis’ world

When we think of the word “beauty”, we may see in our mind’s eye the image of a young woman – tall, slender, with white skin, long, straight hair, large breasts, and a cute, attractive face. For most people, seeing these characteristics on a woman is an ordinary matter, and most women would want to be beautiful and admired for their bodies. Yet, women are not the only group of people who pursue beauty. Kathoeis also do so, though their bodies as given to them in birth do not make it easy. And if beauty discourses busily operate to force women to pay attention to their clothing, hair, looks and bodies, these same discourses operate many times more intensively among kathoeis, making them believe that for the attainment of beauty standards, it is necessary to give many things in exchange. Beauty signifies every aspect of kathoeihood.

4.3.1 “Beauty”: A basic necessity for kathoeis

We tend to think that there are four basic necessities in human life: Food, clothing, shelter and medicine. However, this view might be too narrow as each human being and each group of people might have different basic needs, depending on

their way of life. Considering the way of life of kathoeis, nobody in the group that gathered at Dok Mai Studio denied that beauty was a basic necessity. For a kathoei who dresses as a woman, looking good requires a good deal of preparation. For example, consider the case of Som, who took the step of dressing as a woman up to four years later than her sisters. She felt that at the time, her body looked more like a man's body than a woman's, and so she first tried out being gay. But when her beauty matched the criterion that she had men coming to pick her up, or that she could successfully pick up men, that's when she felt she was successful as a kathoei dressed as a woman. This experience matched Ribbin's, who had needed to experiment with various clothing styles before expressing a full-fledged kathoei identity, in order to find herself. Ribbin also said she "dressed as a man and it didn't work" so she felt she had to take high doses of oral and injected hormones to expedite the transition of her body into feminine shape, before being able to become a kathoei dressed as a woman.

Sai was yet another person who thought that kathoeis must be beautiful because beauty is what makes kathoeis interesting to others. Especially because she was a makeup artist, beauty was a condition of her professional credibility. In her view, there could be several kinds of beauty, because beauty for each person is different. What was important was that everyone looked as beautiful as they could, in their own way:

Sai: "For kathoeis, being or not being beautiful is not the same for everyone, but one must be as beautiful as possible. What about money? Mostly it goes on hormones. But at least you've got to have high heels, at least – whatever women wear, we've got to wear, too. We've got to take good care of this because we're kathoeis."

A, on her part, strongly emphasized that the basic characteristic of kathoeis was beauty. But it depended on the circumstances what that beauty would result in. In her opinion, at the very least, beauty would make her happy – she would feel happy when she took a glimpse in a mirror and felt that she was beautiful, or when someone looked at her admiringly. For A, beauty and happiness had a direct relationship: The more beauty, the more happiness. Hence her expression "don't stop being beautiful". And though she thought her desire to be beautiful was a "want" and a human vice

(*kilet*) because it was endless, she nevertheless thought kathoeis could not escape this want because beauty would also bring happiness.

A: *“If you ask me, it helps with everything. What does it help with? It helps your mind, like, ‘I’m beautiful. I look in the mirror – I’m still beautiful!’ Get it? You won’t need anyone to tell you you’re beautiful. This kind of happiness is what they call private happiness. Like I’ve said before, beauty doesn’t just freeze. Ever beautiful, ever more. More! More! I’d like to look smooth, white. But I can’t tell you what beauty is, because in the past I might have wanted to be as beautiful as Phi Coco, but then I reached the point where I went like, ‘wait a minute, I am as beautiful as Phi Coco now – now I want to be more beautiful! More beautiful, more, more! The endlessness of it... like I said, it is a desire, it’s a want.”*

Beauty is a basic necessity for kathoeis because it signifies the transition to a new persona. But should one not feel ready yet, one could only be a gay and dress as a man. One would only be permitted light makeup, because a kathoei who dressed as a woman even though the shape of her body was not considered ready for it would have to play the role of a laughingstock, or what is more commonly called *kathoei khwai* (“buffalo kathoei”):

Sai: *“When I get dressed to go out, if I go out and look okay – like a woman – when I do go out nobody will come to me and call me a “kathoei khwai.” At the most, they might just call me a kathoei. It tones down many things.”*

4.3.2 Beauty: I’ve got to be more beautiful than women

A: *“Trying to look like them is like looking for an idol. Like in the past, I had idols, not just Am Patcharapa, who’s a woman, but also sao praphet song idols, like Coco, people like that. They had the sort of beauty I wanted. I had to become more beautiful in their style. And when the day came I’d reached that point, I still wanted more, to be sure, but it’s impossible to define, really, what sort of beauty – the beauty of women or the beauty of sao praphet song. They’re not different. They’re the same, because we use the same word – beauty. You get it? They’re not at all different.”*

These words from A made me realize that there are no specific words to describe good looks with reference to kathoeis only. So, there is no escape from the word “beautiful” (*suai*) that comes from women, a mainstream gender. Thus, little

wonder that women's beauty ideals have been absorbed by kathoeis and incorporated in their bodies. Beauty discourses operating on women have expanded their realm to also dominate kathoeis. But kathoeis do appreciate that their beauty ideals have been borrowed from women, and as such might not be sufficient for developing their identities. This is because under the mainstream gender and sexuality system, they are a marginalized group that tends to be either forgotten and invisible, or gazed as an unnatural oddity. Hence, if they are to use beauty as a trump card in demanding acceptance, it cannot just be regular beauty of the kind women have. Their beauty has to go beyond women's beauty in order to be rewarded with admiring looks. This explains kathoeis' pride in their beauty – pride in being able to compete with a mainstream gender, judged by the same norms and beat them in their own game:

Som: "I do feel tired of dressing as a woman, having to wear my push-up, having to have flawless makeup when I go outside, and my hair and clothes also need to be flawless. If you are to dress as a woman, you've got to be a beautiful woman and look good. Because when we go out, we mustn't let anyone condemn us. We think that when we become kathoeis, everyone will surely have their eyes on us, and if we have the slightest imperfection, they will gossip and condemn us, no doubt. So we mustn't give them a chance to criticize us. Every time we go outside, we've got to be super-confident. Every single time. 'Oh, so beautiful, more beautiful than women.' And so we can feel ever so proud about being able to beat real women."

Kathoeis with cross-cultural experiences – that is, kathoeis who have been abroad or have had a foreign partner, like Sai, Nam Daeng, Som or Ribbin – know that when the cultural context changes, beauty discourse also changes. So, when they know their target group or the country from which they would like to find a partner, they'll have to adjust their beauty to match the norms of that culture:

Sai: "It depends on the taste. Some people look really gross, like, they've made their jaw very pointy with injections, wear scary makeup, have dark skin, wear net stockings, and have very short golden hair, but Westerners like them. Real diversity. And if we think of Nong Poy's style, that's for Thais, Japanese, Koreans, who look at her and go, like, 'how can one be so white'. They have different taste

zones, like a chek taste, a fo taste, or a sao taste.¹⁰ The chek taste is like, petite, white, pretty in a Chinese style (muai), small feet, small hands, because the Chinese will like that. Next, the fo style, that'll be like wearing super-sexy clothes, net stockings, bleached hair, smoky-eyes makeup, breasts pushed up to a ridiculous extent, dressing in a way that shows you're not afraid of the media, like, one glance and you know – 'Shock! Sexy whores!' (kari priao). And as for the sao style, like, Arabs, Indians, they like it stocky, they like stocky people. If you're slim, no need to go. They like the stocky ones, they won't take you if you're slim. They have this clear division."

With these taste considerations in mind, Sai, Nam Daeng and Som chose to build their beauty the way they like, that is, to match the taste of *fo*, or *farang* (Westerners), not caring about Thai beauty discourses, because they were not interested in Thais to begin with. So, they do not have to have white skin. Or, in Ribbin's case, she had to go sell sex in Hong Kong, Korea and Japan because customers in that area like her type of beauty.

4.3.3 Reductionist beauty

Conceptions of kathoeis' beauty are based on mainstream ideas of beauty with women as the standard. In other words, it is focused on the beauty of specific body parts expressing femininity – skin, hair, breasts or even vaginas. This can be considered a reductionist understanding of gender, based on the biological idea of separating aspects like sexual role, occupation, social class and social role from each other. This sort of reductionist thinking has been applied to women for a long time, so it is not strange that kathoeis have borrowed it from women and consent to being subjected to it. Its implication is that beauty of kathoeis is understood as the beauty of specific body parts expressing femininity.

¹⁰ *Chek* refers to Chinese, *fo* refers to Westerners (*fo* refers to the first letter in the term *farang*) and *sao* refers to South Asians and Middle Eastern people (like the term *khaek*).

Figure: Slim but not as wiry as a *pret* ghost

Considering kathoeis' figure, we can clearly see two dimensions – slimness and height. A slim, delicate body is one without visible, bulging muscles. Among kathoeis such a body is called “soft” whereas retaining visible muscles is seen as a sign of persisting masculinity, which is undesirable, as it can invite the insult of “kathoei khwai.” As for the dimension of height, women generally are not as tall as men, and so, if a kathoei who dresses as a woman is tall, she can be ridiculed as a *kathoei pret*.¹¹ For example, Mai, who was over 180 centimeters tall, took hormones in the past to stop herself getting taller and prevent herself being seen as a kathoei pret in the future:

Som: “Mai’s like that, too. When we came across Androcur, we told her, like ‘Mai, do you know this – Sai took Androcur and stopped getting taller. Mai’s father is 180 cm tall; if Mai stopped taking it, she’d have a future as a kathoei pret to be sure. So, Mai takes an Androcur pill once every two days. Just think about it, even Sai only takes one per week, but Mai takes one every two days.”

Hair and skin: Various dimensions of beauty

It seems that hair has the lowest number of dimensions of all aspects of beauty. It has to be thick, soft and glossy. That was the definition of beautiful hair as defined by kathoeis, and it is something that can be brought about by taking hormones. But skin is most important, because skin is what others perceive as a central aspect of kathoei identity. The words used to describe skin beauty are numerous, reflecting the fact that skin beauty is a complicated matter and that different types of skin require different types of care. And defining the beauty of each type of skin is entirely dependent on the experiences of each person. Each will define skin beauty according to their own context. But they do have one thing in common: Expressions of admiration from others are the most widely accepted measure of skin beauty. This is because we look in the mirror every day and hardly see any changes in our skin, but if others note them, it will surely reflect real changes. And the more people there are who note such changes, the better it can guarantee than our skin is really beautiful.

¹¹ Pret are a type of very thin-bodied, tall ghosts in Thai folklore.

Here are some definitions:

Phio khao, phong, sai, aura, Judged by: Noted by others, or seeing a
ratsami, pleng plang (white skin, clear shadow on the skin when standing under a
 skin, aura, glow, radiance) neon light

Phio teng tueng, yuet yun, deng, Judged by: The skin bounces back
mi nam tai phio (elastic, firm, well- immediately when pressed
 hydrated skin)

Phio mi lueat fat (skin that looks Judged by: Noted by others
 reddish-pink as if slapped softly)

Phio riap nian, lamun, la iat Judged by: Powder will stick to the skin
 (smooth skin) well; noted by others when touching the
 skin

Phio samam samoe, mai mi rio Judged by: oneself; noted by others.
roi, mai mi fa, mai mi kra (consistent
 skin, no wrinkles, no blemishes or moles)

Breasts: Marking coming-of-age for kathoeis

Nam Daeng: "Breasts are very important. Perhaps the most important thing in the world. If you've got breasts you can say you're a woman. Even women don't feel confident if their breasts are small, and want to make them bigger. So, if you're a kathoei and you don't have breasts, too bad."

This is how Nam Daeng expressed the importance of breasts to me. For kathoeis, the process of getting breasts can be divided into two stages. The first refers to breasts that are gained by using hormones, either orally or through injections. Getting this kind of breasts does not require a large investment, just a hundred baht or so. But the downside is that such breasts are not permanent – if one stops taking hormones, the breasts will shrink. Furthermore, breasts gained through hormone use

tend to be small and special equipment is still needed if one wants to dress and look beautiful. Importantly, the size of breasts that results from hormone use depends on the quantity of hormones one takes – the more, the bigger. And the more one takes, the more severe the side effects will be, including mood swings, effects on the body, like nausea, dizziness, or malaise, which can be so debilitating that one cannot cope with everyday activities, and impact on sexual functioning – high doses of hormones can cause total loss of sexual desire:

Sai: “Breasts are the only thing I want to get done – they’d make me look good with my dress, because I’m very slim. Before I took birth control pills my weight was 52 kilos. I took them continuously for three months and became like a lunatic. I did get breasts but they were tiny. They did grow, they hurt. I didn’t have sexual desire at the time, but felt a bit pleased – just a bit of foam and a thick push-up, the foam giving that extra support, and it was okay, I got little breasts. But when I started to take it easy with the hormones, they shrank again. My mood was swinging, couldn’t really cope with it, it swung more than normal. I got easily irritated and that can be scary. Sometimes I sat still, alone, or in a room with people outside, talking in a way I didn’t like, and I’d get really mad at them.”

Second-stage breasts are gained through surgery, which is one kind of a life goal for kathoeis. But the cost ranges from tens of thousands to over a hundred thousand baht, so the operation does take a lot of capital and readiness. Surgically gained breasts are permanent, provide a good figure, and one is able to choose a size that fits one’s figure. They also reduce one’s dependence on hormones, and make one look even more beautiful – even more like a woman. But they are not easily come by. Almost all kathoeis begin with breasts grown with hormones. Thus, in kathoei circles, getting surgically enlarged breasts is like announcing one’s maturity and also one’s money-making ability to the world. It is the dividing line between being a kathoei kid and a mature kathoei. So, getting surgically enlarged breasts truly marks coming-of-age for kathoeis:

Som: “Phi Meng, you know, when I first got breasts, I felt that I’d become a young lady (sao). I wasn’t a kathoei kid (kathoei hua pok) any more. It’s a great leap for us – from being a kathoei who doesn’t have breasts, like, from being a kathoei who doesn’t have anything, who has just established herself –if you get breasts it’s

really like you've grown up into a young lady. People will look at you and think you look good. It's like you're an adult now. Going out and meeting people in the outside world, dressed in an ordinary way, with no need for special makeup like what kids have to do, and people will look at you and think you look beautiful. They'll look at you, and you'll look good. I'm happy but not proud about my breasts. But I'm very happy, really. It's not just making you look better in a dress. Ask any kathoei. I believe that all kathoeis, the first time they get breasts, will be very very happy. They help you in many ways. They help you achieve this, like from thinking you're a kathoei kid, having everyone think you're a kathoei that can't be taken seriously (kathoei rai sara), can't do anything, and one day they'll help you become an adult. Everyone will say you look better. Think that you've got something extra now. And they help you to think of your future – that you can actually have one.”

Vaginas: A sexual taste

At Dok Mai Studio, there were two distinct ways of thinking about vaginas. The three sisters – Sai, Som and Nam Daeng – all were adamant that having a penis was something one could be proud of, and also gave them sexual pleasure as they were able to actually use their penises. Nam Daeng recounted an experience – a friend had told her to get a vagina, because it would help her look more petite, and only later get breasts. Nam Daeng said she considered herself lucky in not having believed her friend's advice. She made the comparison that she would now “rather have four breasts.” The admiration Nam Daeng and Som now had for their penises was the result of learning from experience – they had discovered by themselves the sexual pleasure their penises could give them. Hence their pride in being “kathoeis with snakes” and their unwillingness to have a sex change operation:

Som: “One day, a man grabbed my thingie, grabbed my thingie and I was like, ooh, shocked. So, then the man sat on my candle (penis), and, would you believe it, I came. So when I'd come I asked him like, ‘hey you, could we try it once more?’ And this time, I knew for a fact that I really liked it. Ever since I've known that, eh, I like this sort of thing.”

As for Sai, she had seen both women's and kathoeis' vaginas. She did not like them, rather hated and felt frightened by them. And so, she did not want one of

these disgusting, scary things on her body. She could still use her penis but preferred to be the bottom in sex. But if necessary, she was able to use her penis. Yet, two other group members who had had a sex change operation, Ribbin and A, were both equally adamant that for them, having a vagina was important and what they wanted. A believed that having one made her more like a woman. She said that before she got hers, she could barely wait for the opportunity. She felt very proud about her vagina, and said: “it’s, like, beautiful. Men have to come back, have to come back for a second helping.” Ribbin similarly had wanted one because it made her more like a woman. It also gave her a commercial advantage when selling sex. She was having constant operations to make her vagina look prettier, which made her feel more confident:

Ribbin: “The reason I’m having it redone, is that I’m with these kathoeis who’ve just come around and have pretty cunts, so I’d like to get mine done, too. It’s not like my cunt’s gross, but like Bai, she’s got white skin, and people who’ve got pretty cunts do so because their skin is white to begin with – their scrotums are also white. But if your scrotum is dark like mine, it’ll also be dark. And so I’m going to (Dr.) Suphon because (Dr.) Suphon bleaches scrotums, makes them pink. And so I’m going to have mine done. Pull it wide open, like this. They’ve got a new promotion – forty thousand. Mine’s like a 90% now, but if I get it redone, then it’ll be 100%.”

4.3.4 This beauty has role models

Kathoeis tend to have role models for their beauty, but their ways of constructing their beauty in the image of their role model is not a fixed process, because when they think they have reached the level of beauty that their role model signifies, they tend to find a new role model they think is even more beautiful. For example, at Dok Mai Studio, Am Patcharapa, a Thai actress, was the role model and object of admiration for many members of the studio crowd. Ribbin and A were particularly big fans. They thought that she could be a role model not just for them, but for all kathoeis. As for role models who themselves were kathoeis, two whose names one could not help coming across were Poy Trichada and Coco – both Thai kathoei actresses widely considered more beautiful than women. In looking at examples of kathoei beauty, their images were widely copied because both kathoeis and non-

kathoeis tended to agree that these two had been able to become more beautiful than women:

A: “When we look at this celeb, Am Patcharapa, she’s got a look that’s, uh, she looks confident, she’s got white skin, straight blow-dried hair, a face like her’s is beautiful. In trying to become like her it’s like looking for an idol. And like before, I also had idols, like, not just Am Patcharapa, who’s a woman. There were also sao praphet song, like Coco, people like her. She had the kind of beauty I wanted to have. I had to become more beautiful to become like her. And when the day came I’d reached that point, I just had to get more and more.”

Sai, Nam Daeng and Som thought that people like Am, Poy or Coco represented just one type of beauty that was desirable only for some people, because they had had the opportunity to go abroad and see how diverse beauty ideals were. So, for example, Poy’s beauty that was so admired and copied by other kathoeis – it was admired by Asians like Thais, Japanese, or Koreans, but not by Westerners, and none of the three sisters thus wanted to look like Poy. Specifically in the context of Dok Mai Studio, it could be said that A herself was a role model for many, because she had much in the way of body capital. But at the same time, others could also become role models if they became more beautiful. For example, at one point, Nam Daeng had problems with wrinkles. Later, the group members observed that her wrinkles had disappeared, and so everyone in the group used the same injectables as her. In this sense, role models were not set in stone. Everyone in the group could become one if they succeeded in increasing their body capital by becoming more beautiful.

4.3.5 Beauty is never completed: Got the money?

“If we wanna be beautiful, we’d better be beautiful till the day we die.” This was how Nam Daeng expressed how difficult it is for kathoeis to stop if they have chosen to walk the path of beauty. When beauty is a basic necessity for kathoeis, they have to be constantly on the look for information from their friends as to how they can maintain their beauty, and if possible, increase it. Some group members could be considered addicted to beauty. In our era, medical technology has overcome the biological limitations of individuals and become a tool that kathoeis use for feminizing and beautifying their bodies, making their difference with women undetectable or

becoming outright more beautiful than women. With each passing day, these technologies become ever more advanced and complex.

The kathoeis at Dok Mai Studio used two main kinds of medical technology for feminizing their bodies: Surgeries and medicines (including nutritional supplements). Surgeries hurt but can be over and done with after a single operation, while medicines have to be taken continuously. Even those who have had both breast and genital surgery still have to take medicines. At the same time, surgeries and medicines have got one thing in common: they are both investments in one's body for which profits can and will be expected. When beauty can be constructed with medical technology and this process is something that cannot be stopped, what kathoeis have to ask themselves is "have I got the money?" Kathoeis have to find ways to finance their access to the technologies that can construct their beauty. One way that is easy and can result in the greatest earnings is selling sex. Selling sex can thus bring about beauty, and the beauty that is brought about can in turn facilitate selling sex, which again can produce more funds for beautification:

Sai: "Purchasing power is important because our beauty is not from nature. It has to be bought. So, it depends on our occupation and status. Suppose we get like 9000 a month and expect to become as beautiful as (Poy) Trichada – it just won't happen. On a single month you need to have like, over ten thousand – that's how much she spends. At the very least, you mustn't miss your hormones. As for drugs like gluta, NC, or MF3, I think she's got to be taking heavier doses than us. Or like the news I heard about filler injections, little bit here and there, on your knees, elbows... She's had so many injections that she's really smooth, and she has to keep on doing it."

4.4 Beauty medicines: The kathoei dimension

Beauty and kathoeis belong together because beauty is the basis of being a kathoei. So, medicines and kathoeis are also no strangers to each other – rather, a match made in heaven. Kathoeis' beauty is based on having a feminine appearance, and that can be built with medical technologies such as medicines, but without medicines, beauty will not be forthcoming to them. In this section, I share details

about the medicine use histories of the Dok Mai Studio crowd members, to elucidate to my readers how medicines are defined in the context of kathoeis' lives, and how this definition is ever shifting. When a medical technology such as medicines rests in kathoeis' own hands, they have the power to use it as they see fit in the context of their lives.

4.4.1 Medicines: A miracle turned necessity

Nam Daeng: "These drugs are strange. Someone can take a break and then return to beauty. It's really unbelievable how they can make you beautiful. It confuses me. Like, hormones or birth control drugs, on which they didn't do any research like, uh, can they make a man beautiful – we kathoeis started taking them on our own and, well, it's evident you can really become beautiful with them. There will be changed. It's strange, really."

Nam Daeng's point of view on medicines demonstrates how miraculous it really is that kathoeis can radically transform their bodies by just taking some pills. A technology like medicines has inner power to bring about changes in anyone that uses it, and it gives the user the chance to bring about whichever kind of effects they want to see. Kathoeis use medicines to control and manage their bodies to make and keep them feminine. In a sense, the ideology of feminine beauty becomes tangible and ingestible from the pill bottle. So, for kathoeis, medicines can be considered vehicles of a gender ideology. But given biological limitations, bodies are in constant flux and so the feminine looks produced by medicines can disappear if the medicine use is discontinued or doses lowered. Thus, if kathoeis wish to keep the feminine figure and looks they have gained, they will need to keep on self-medicating. Medicines become a basic necessity for them because losing their feminine looks would be detrimental to them in various ways – they would lose their body capital, financial capital (money) as well as their kathoei persona:

Sai: "Hormones are necessary because once we've taken a lot of medicines, it can be felt that if we don't keep on taking hormones, a kathoei that would remain beautiful would be truly hard to come by. Like kathoeis that we see these days, who look beautiful straight away, that might be because they started early. Back in times, we started later. Even kathoeis who've had a sex change still have to take them

to maintain the shape of their bodies, to keep their bodies from looking too masculine. Even if you've had surgery, you'll still have to take them. Even if you've had sex change, or whatever, you still need to take them. Take someone like Ribbin – Ribbin also has to take them, but she takes very little. Or A, a friend of mine, had sex change – does she take them? Yes, she does, because everyone can feel it – hormones make your body look like a woman's body. They maintain the radiance of your looks. Really, ever since I got to know hormones, I've taken them all the time. There have been times I took a break, but we never parted ways. We never parted ways – we've been together all the time."

4.4.2 Kathoeis: Lives dependent on medicines

The medication histories of kathoeis at Dok Mai Studio are quite complicated and convoluted owing to the steps each of them took in their lives. So, I present their individual medication histories to show what it has been like for each of them.

4.4.2.1 Sai: I started later, but I've hit it hard

The beginnings

Among the other Dok Mai Studio crowd members, Sai was the last to embark upon her journey of medicine taking. This might be because Sai never had much interest in sexual relations to begin with. She witnessed some of her friends taking medicines when she was on her fourth year of high school, tried it out by herself, but did not continue because an older student warned her that if she took a lot, she would become all confused, would not have a clue about her studies and would not be able to pass university entrance exams. So, Sai first resisted the urge. The first kind she took was Diane, an oral contraceptive brand. An older friend at school had told her it would make her beautiful and her skin would become white. So, she bought some and tried it out, one tablet per day, and it was effective – she got breasts. Though the breasts were small, they helped make her interesting in the eyes of male students in her school:

Sai: "I could feel it from the beginning, so I went to buy some. In the past, I bought Diane. My senior at school told me it'd make you pretty. Her skin was very white. So I bought and took Diane and my breasts grew. In the past I was in

a boys' school. So, when my breasts grew a bit, oh, it was a rage. I became interesting to the boys. And so I bought more, taking a pill a day. I just took them in any order, didn't follow the arrow on the pack or go against it. Just pressed them off the blister pack and took them."

Sai's medicine use began in earnest when she entered her fifth year of high school. By this time, she was permitted to wear a *rong song* hairstyle (a style short in the back but longer on the top of the head) as she was now considered a senior in her school. It helped her to move along on the path of womanhood. She began to take Diane daily. Taking these pills made her suffer from headaches that got so bad she could not bear with it anymore. She consulted a friend who was her senior at school, and advised Sai to switch to another brand, Preme. Sai was in luck: She did not get side effects from this brand, and so she used it ever since. But when she talked with some older kathoei students, they told her that if she wanted to become more beautiful, she should take a combination of different medicines, like they did. Preme alone, they thought, was insufficient for becoming beautiful. So, she added another kind, Premarin. Her expectation was that by also taking this second drug, her breasts would grow bigger. But she faced a disappointment as her breasts did not grow as big as those of her seniors. When two kinds of pills were insufficient for the job, Sai decided to add hormone injections to the mix when she was on her final year of high school. A clinic near her school provided Progynon injections for a promotion price. She had them once a month. Though she was very afraid of injection needles, she bore with it to make her breasts bigger. These injections did help her breasts to grow, but the price was that she felt weak and devoid of energy. She herself called these side effects "laziness symptoms". Because of them, she could not prepare for her entrance exams. Sai thus stopped taking these injections for a while, and just took her pills.

When she hit it hard

When Sai finished her final year of high school, her life had become freer because she did not continue her studies. She started working in a large cosmetics company, and there she could already dress as a woman. Sai thus had to pay extra attention to ensuring the femininity of her figure and skin. She wanted her breasts to grow faster. During this time, there was a shortage of Premarin on the

market, so she could not take it any longer. What she found instead were the so-called “Lao birth control pills” (*ya khum Lao*). She took one each day together with Preme, which she was now taking 3 pills a day, and also combined these with weekly injections of Progynon. While she was taking hormones both orally and through injections, she had a way to reduce the side effects and so remain able to keep on taking these hormones – what she did was adjust the timing of intake, which on one hand ensured that none of these hormones affected her too much while she took them, and on the other hand guaranteed the continuity of her beauty:

Sai: “I’d mostly heard about these ways from others, and now I tried them out by myself. Preme, for example, I took three pills a day. I might split that into one in the morning and two in the evening, together with one Lao birth control pill. In other words, at the time when I was hitting it hard I took them mostly in the evening, and so they would not have too much effect – I’d fall asleep and not feel anything. Because with these drugs, when one takes a lot of them... I also felt at one point that when I went out to work, did makeup for the clients, if I faced really bright sunlight, I felt dizzy, didn’t have much energy.”

After having worked for a while, Sai had to increase her dosage again, because she met her first boyfriend, which made it necessary for her to make her body as womanlike as possible: “To make me beautiful, to not make him feel embarrassed about having me as his girlfriend”, Sai explained. She now took hormone injections twice a week, on every Monday and Thursday. The additional hormone injections were of Proluton. But Sai got to feel proud of her intense femininity for only three months, because during these three months, she experienced numerous side effects, and finally, she could not cope with them any more. She had to reduce her dosage. The most problematic of the side effects was her irritability. It had become so bad that she was acting like someone else. In addition, she felt nothing sexually, if one does not count the happiness she felt in her heart:

Sai: “It lasted some three months. During these three months it was like this, non-stop. My body really changed. My emotions changed so much that I felt like I was someone with violent mood swings, like someone who exploded with anger for no reason. And I ate so much. I was at my fattest at the time. At the time, I was some 53 kilos. I normally can eat whatever and not get fat, but during that time I

ate so much. Phi Meng, I could eat over ten plates of rice in a day. 53 kilos was a lot. I looked radiant, was fat, and had good skin. I was getting a lot of injections, had a new boyfriend, and worked as well. I felt that problems were circling me – my emotions were so violent and I spoke so arrogantly that my closest friend told me that if I didn't cut down on my hormones, they would not want to come near me, because I'd complain and explode with anger just like that. I also had no sexual desire. I felt like, er, I was a woman and just wanted to do things related to beauty. Like this. But no sexual desire. My sexual organ didn't have any feeling – it was as good as dead."

When Sai could not tolerate the side effects any longer, it did not make stop her hormone-taking entirely, because she still wanted her body to appear feminine to her boyfriend. After these tortuous three months, Sai cut down her hormone injections to once weekly or once in two weeks. She also reduced her dose of Preme and Premarin to one tablet of each per day. The Lao pills she stopped taking altogether. But whenever she observed that her body looked less feminine, or her boyfriend mentioned about it to her, she felt she had no self-confidence and increased her dosage again, both for the oral and injected hormones, back to her previous levels. And when she had regained her self-confidence, she would slowly cut down her dosage again. This was her pattern for the four years she was together with her boyfriend.

Sai's situation at the time of data collection

Sai's self-medication had a lot to do with having a boyfriend. She wanted him to feel that she was as much like a woman as possible. But he told her: "Sai, you've got to accept that in any case, you're not a woman." He also was unfaithful to Sai so many times that Sai finally decided not to give him another chance. Sai moved out of Bangkok to "flee her love". Her new life comprised only work – she did not even modify her body in any way. Having lost her motivation, medicines no longer seemed necessary to her. She stopped taking them for a year. But when Sai begun to hang out with her friends in Bangkok once more, she felt that she had to regain her beauty – life had to go on. So, she restarted her hormone-taking. This time, she did not take as heavy doses as before, but used the same brands as before – Preme and Premarin, one each per day. Later on, Sai augmented her breasts and had to

adjust her dosage once more, to fit in with the changes in her body. She was now taking hormones to ensure she would not develop bulging muscles, and also to take care of her skin. She took two pills of Progynova each day and half a tablet of Androcur every two days, to keep her male hormone levels in check – as she had not had sexual reassignment surgery, she still had a source of male hormones in her body. She was participating in the injection parties at Dok Mai Studio as before.

4.4.2.2 Nam Daeng and Som: Hit hard first, tone down later

Nam Daeng: “I didn’t know about it before I visited Corner, [a bar for] kathoeis who sell their cunt on Patpong. They were really in the top league of beauty. They said to me: ‘Why don’t you take birth control pills? When I was kid, I wasn’t as pretty as you. Go ahead, take them, in secret. If your mum does not let you take them, then hide it.’ They advised me that people usually took one pill a day. I wanted to be more beautiful, so I took a lot. Took a lot first and then slowly tapered it down, because this can increase your hormones. So I did take them secretly. When I first took them my spots disappeared. When I got spots again, I took them again. After a while, I had no muscles, and begun to feel pretty. I begun to get moody, my moustache wouldn’t grow, and I had no spots. My moods were more feminine – whatever I did, I was so emotional. I didn’t have much energy, but I was ever so moody. I didn’t have energy but I had a fighter’s heart.”

This is how Nam Daeng’s and Som’s medicine use began. Both were 17 years old at this time, but they did not start using hormones at the same time. Nam Daeng began first, because at the time she already felt confident enough to dress as a woman. Som, at the time, was still choosing between gay and kathoei identities because she was not quite sure if she would look beautiful enough when dressed as a woman. She tried taking small doses of hormones from time to time, then stopped, because she had decided to be gay. Nam Daeng started with the oral contraceptive Diane, but it gave her such migranes that she had to switch to another brand, Preme. In her first month of taking Preme, she took three pills a day – one in the morning, one at midday, and one in the evening. Based on the belief she had acquired from the kathoeis at the bar called Corner, her role models in medicine taking, she later tapered down her use to one or two pills a day. She believed that after

beginning with stronger dosing, the effects of the medicine would stay with her longer. But when she saw that the effects were wearing off, she went back to taking heavier doses, and so on.

Little sister in big sister's footsteps: Hitting it hard

When Som began to feel that her experiments with dressing as a woman had been successful – people were complimenting her on her beauty and men had begun to take an interest in her – she abandoned her gay persona and started to dress as a woman full-time. What was needed for dressing as a woman, though, were hormones, just as they had been for her big sister Nam Daeng. Som began taking hormones five years later than Nam Daeng, at the age of 22, which katho is consider a late start. So, Som had to hurry her feminization. She did so by taking large doses of hormones. She began with six tablets of the oral contraceptive Preme per day – 3 times per day, 2 tablets each time. Now Som and Nam Daeng were both experimenting with medicines – whichever kind their friends said were effective, they tried it. They did not fail to try even the “Lao birth control pills,” which are considered the strongest kind available. But both had to discontinue them soon after, despite their marked effects in making their breasts grow, because they had heavy side effects:

Nam Daeng: “The Lao birth control pills are bought from Burma, by the ten or by the dozen. Some come in from China, too. These are really weird, scary birth control pills. They say that women only take one a month, but katho is take one a day. I tried taking one a day. The first time I took them was with this katho ei on Silom, who told me to take them because they’d be quite something, two tablets. I took them and became beautiful in an instant. After the first blister pack, oh, my breasts grew straight away. My breasts hurt. But I couldn’t take the second blister pack because I puked really hard. But just that one pack made my breasts stand out. If something touched my breasts, they hurt so much. Oh, no. Like, they were really something. I put on a shirt and when the shirt touched my breasts they hurt really bad. They became real humps I could push up with a bra. If I did that, I looked like a chani who’s had kids, and the bra got soiled with, like, white, thick milk that came out of my breasts.”

After the Laotian pills, the twins switched to injectable hormones, which they took twice a week. Then they added two tablets of Androcur per week to the mix to reduce their male hormones. They also took their previous dose of Preme. In combination, these medicines comprised what the twins considered their “full option.” But they also kept on trying new medicines, so eagerly that they became the ones other people in the crowd would turn to if they wanted to know which medicines worked well. If the twins said a certain medicine worked, others would believe them and start taking it as well.

Nam Daeng and Som took many kinds of medicines and so had to take several tablets at a time, several times a day. This complicated their lives. Older kathoeis also told them: “Don’t take too much, you’ll ruin your kidneys.” So, both quit all other hormones except the injectable ones. But these injections could still be considered “hitting it hard” because they had them once weekly (or four times per month). The benefits of injectable hormones that impressed Nam Daeng and Som were that they acted fast and hard, and were more convenient as they did not have to carry around pills every day:

Som: “We had so many injections. So many that Nam Daeng and I stopped taking pills altogether. At that time, we just got the injections. Like, if I got the injection today, next week I’d already start to feel something. But with pills, Phi Meng, I think you can see results in two months’ time, like in the second month. And though you’ve seen me complain, they’re good. Better than pills. Because if I have to take the pills, sometimes I forget, and then my hormone levels will be low. But with the injections, it’ll stay with you. No need to worry about having your meds on you.”

Next stop: Having to quit hormones

Having supercharged herself with hormones, both oral and injectable, for some two years to, Som began to feel she could not take it any longer. She was the first to quit because of the intolerable side effects she was experiencing. She had already tried to adapt herself to the medication many times, changing the dose or the time of taking her pills, but to no avail. The side effects were numerous: She felt nausea and vomited, but still felt that she could put up with these side effects, for

beauty's sake. There were only two kinds of side effects that she really could not bear with: She felt very weak and devoid of energy, because her muscles had shrunk. Because both she and Nam Daeng had to work hard to earn money, having no energy was something she could not cope with. But even more important than her bodily weakness were her emotions: She became depressed without first realizing it. She began to have mental symptoms like talking to herself in a mirror. Finally, Som became suicidal. She was lucky in having her mother warn her:

Som: "When I was taking a lot of birth control pills or injections, I knew that I wasn't in my normal shape. Like, some people said that I'd cross the street without realizing it. Like I've told you, I'm someone who likes to observe things. I knew that eight injections in two months was a lot for my body. There was a time I just sat still and wondered why I was feeling so terribly sad and empty, when everyone and everything around me was okay. I began to realize that this was an effect of the drug. I warned myself about it. One day, I sat in front of a mirror, and suddenly, I was talking with the mirror, just sitting there, combing my hair, as if there was nothing out of the usual. But my mother asked me, 'child, are you alright?' My mother had seen me sitting there, talking to the mirror for a while, talking to myself, complaining about this and that – it's hard to explain, like saying 'I'm so fed up – why is my life so tedious?' to the point I wanted to kill myself, that bad. And that wasn't the only time or the first time. It happened ever so often. And so I realized that if I'd keep on taking a lot of birth control pills, or have my cunt done, and then kill myself, what would happen? I'd accumulated this for my entire life, just wanting to be beautiful. So, I chose to quit."

Som was not the only one to suffer from mood swings. It happened with everyone who used hormones – Nam Daeng, Sai, and their friends. But for them, it was not so extreme as to make them suicidal. Yet, based on their stories, it was not that much better for them, either:

Som: "I asked a friend: 'What's wrong with you, sitting there, playing with that lipstick?' She said: 'My big sister gave it to me. I see this lipstick and I miss my sister.' So I asked her: 'These past three months, have you still been taking two in the morning, two at noon and two in the evening?' She said yes, she had. So I said: 'It's high time for you to cut down to one a day.' Phi Meng, [she said] 'I got a

haircut and didn't like it. Shave my head, if I'm not beautiful, shave it all off.' So when they didn't shave her hair, she cried. [So I said,] 'when you've finished shaving your head, go become a nun.' [But in a little while] she [started to] like [her hairdo] and cried again. Really scary, these birth control pills."

For Som, quitting the hormones was difficult because she was depressed. Nam Daeng, on the other hand, quit because she did not have enough energy to work. Nam Daeng also had some mood problems – she was sometimes easily irritable when she was on the hormones, but she said she could control these symptoms. When Som quit her hormones, it was a remarkable occasion among her kathoei friends, because she was considered a pioneer of hormone use and had more knowledge about hormones than anyone else in the group. Many of her friends tried to persuade her to restart, asking her the question: 'Why did you quit? You wanna be a gay or what?' She replied: 'I don't wanna die.'"

4.4.2.3 A: I got there, bit by bit

A had been familiar with hormones since her kathoei school friends introduced her to them in the second year of high school. Back then, taking hormones seemed a very difficult thing for her to do, despite her desire to become beautiful like her friends, because her father could not have accepted it – he was still hoping A would grow up as a man. Back then, she still had to stay in the closet (*aep*) of boyhood. But in her fourth year of high school, her desire to become beautiful and to have the kind of skin her friends had helped her overcome her fears. The first hormonal product she took was Premarin, one tablet a day. Having taken it for about a year, she felt braver and mature enough to deal with her father. Her father, on the other hand, was beginning to accept her wish to be a kathoei. She decided to get breasts, and added Preme to her menu. It made her gain weight, so she switched to Diane, one tablet a day, following her friends' advice. She also got injections of Progynon – not every week, but consistently. A was lucky in being one of the few young kathoeis who took hormones without ever experiencing side effects.

Though she took hormones both orally and through injections, she was not satisfied with the results of her feminization attempts. The hormones merely made her look better. She then tried food supplements, because though she wanted to be beautiful, she also wanted to take care of her health. In her final year of

high school, she was making a serious investment in food supplements – in one day, she might take up to 30 tablets of hormones and food supplements. However, she only kept on taking heavy doses of food supplements for a year, because she then felt they were not making her any more beautiful:

A: “At that time, I was so concerned about my beauty. I was the first in my class to take food supplements. I was drinking Blink, and my skin was good. Others just tried to look like women, but for me, beauty was a must. I drank Blink from my fifth year in high school. I took vitamin C, vitamin E. I still remember it – there were Herbalife, vegetable extract pills, vitamin pills... I took 30 pills a day – the vegetable pills, before meals, after meals, I took them all. But I only took these things for a while because they didn’t help. So, I quit and found other things instead. I’d already wondered already why I took them and didn’t see any results. I’m concerned about my beauty but in a healthy way. The things I take have to agree with my system.”

After her sex change

A took the oral contraceptive Diane and also got injections of Progynon until her second year at university. She then made up her mind to have sexual reassignment surgery. After that, she changed her medicine cocktail to match the changes in her body. She now only takes two pills of Progynova a day to increase her level of female hormones. The other medicines she has quit already. She thinks she has never been hasty or made frequent changes in her hormone regimen, because she wants to remain beautiful even when she is old. So, she has to be beautiful but also healthy:

A: “Like I said, I’ve got healthy habits. Now, I’m beautiful. Tomorrow, I’ll be beautiful. I’m not, like, beautiful today and tomorrow but not beautiful when old. I want to be beautiful even when I’m old. I’ve not been hasty with it, yet today I’m beautiful. I think that if you try to hasten things and then stop, your beauty will also disappear. But if I don’t try to hasten it, just get my injections regularly, like, this week I got them already so next time will be in next month or in two months’ time, and so it will stay with me. It’s my future. I get my injections for my future.”

4.4.2.4 Ribbin: Whatever they say is good, I'll have it all

Although Ribbin was chubby, she had a beautiful figure – not to mention her skin, which was very smooth, white and radiant. And her face was so beautiful that many members of the group might altogether have forgotten how ugly she looked when she joined the group, carrying with her Anamai brand oral contraceptives:

Nam Daeng: “Back in times, Ribbin was really ugly. Straight out of a Lap flavor Yum Yum noodle packet. Her face was like that. And she was so stiff, loaded with muscles. She wasn’t pretty like she’s now. She wasn’t white or anything like now. See, she’d never taken any hormone pills. First, she took the Anamai pills. So, I told her: ‘You want to be beautiful – this is what you have to take, this!’ Like that. Told her it was time for her to switch.”

Anamai brand birth control pills are considered by kathoeis a low quality product, only fit for kathoeis without money – they are cheap. They can make one’s breasts grow, but not make one’s skin beautiful. So, Ribbin’s friends had to come to her aid by changing her medicine. Ribbin first got to know Sai, so she was influenced by her choice of medicine – Diane. But she was disappointed because Diane made her fat and gave her headaches. So, she shifted to the regimen favored by the twins (Nam Daeng and Som) – a magical cocktail they asserted was really something. This cocktail, known as 2-2-2, consists of the oral contraceptive Preme, which one is to take six tablets a day – two in the morning, two at lunchtime, and two in the evening, but just for the first month, and then taper down the dose in the second month. Another component is the injectable hormone Progynon, once a week. This cocktail was sufficient to make Ribbin as beautiful as she had wanted to be.

Ribbin felt that hormones alone were not enough to make her look truly like a woman, so she also started getting surgical operations. Having sold sex for a while, she had the money to start surgically modifying her body. She began with the strategic spots of her dreams: Breasts and vagina. After her sex change operation, she only used one hormonal product to enhance her femininity – Premarin, two tablets a day. She said that after her sex change, since she no longer had testicles, she only needed to use light hormone replacement. But she also took holidays from her hormones, sometimes for three months.

4.4.3 Injection parties: Transforming beauty

Another type of medicine use that seemed unique to the kathoeis at Dok Mai Studio were the injection parties. The term *party ya* (literally, medicine party) was coined by Phi Jup, who noted how much fun the crowd members were having during the gatherings and so called these gatherings “parties”. Members of the crowd also used other words, like “coming to make beauty” (*ma tham suai*) or “coming to inject beauty drugs” (*ma chit ya suai*). Overall, these terms reflect how the members’ motivation in coming together was enhancement of their own beauty in a fun, party-like atmosphere together with close friends. So, the parties offered both beauty and fun (*suai lae sanuk*) to the attendees.

4.4.3.1 Context of the injection parties: Here there’s only fun and beauty

When I was a member of the Dok Mai Studio crowd, the injection parties had already taken place for a good while. The pioneers had been especially Sai, Nam Daeng, Som, and A. The medicines that kathoeis in this context called *ya suai* (“beauty drugs”) had also been popular in kathoei circles for some time. Sai explained that these medicines had first been popular in entertainment circles abroad, where Thai celebrities had discovered them and brought them to Thailand. Sai herself had long been aware that these kinds of medicines were used in the entertainment circles. Nam Daeng and Som, on the other hand, had both lived abroad and seen that kathoeis there commonly used these substances. When the twins returned to Thailand, they were able to buy them online, but did not have someone who would perform the injections. A had encountered these medicines through her friends at university. She had asked her friends to buy her some glutathione to begin with, also through online pharmacies, and then had it injected at a clinic where she had to pay a fee of 50 baht per injection. So, when Sai, Nam Daeng, Som and A came together at Dok Mai Studio, they all shared the desire to have these medicines injected to enhance their beauty. But they still lacked someone to give them the injections. Phi Jup was the missing link. When she entered the group, all the necessary elements had come together. It began from a small group getting injections together at the studio. In this early stage, everyone had to procure their own medicines. But Phi Jup gradually began to order medicines online, and later, she was offering a complete service –

procuring the medicines and injection equipment, giving injections at the studio and elsewhere, and following the news in the field about new substances entering the market and sharing them with members of the crowd. Finally, she even broadened the scope of her services to outsiders. Each time she bought medicines online, the total price exceeded a hundred thousand baht.

Besides the four pioneers of the injection parties, there were also junior members of the crowd who would meet at the studio. Upon seeing their “mothers” get injections, they also wanted to try them out to enhance their looks. These junior members included the gay A, Mai, Nok, Ribbin and me – all relative newcomers to the world of these medicines. When others – outsiders as far as the studio was concerned – heard from these junior members about the wonderful effects of the medicines, they too began to join in and get their injections. These newcomers included Phim, Tam, Pond and Nok’s friend. The date for each party was set around a week in advance, and there was roughly one party per week. However, this depended on the availability of Phi Jup, and often also on whether Ribbin and A were available, because they had to come to the studio by car over some distance from Bangkok. But if someone was not free to attend, they could go to Phi Jup’s house instead for getting their injections. The important elements of an injection party were as follows. There had to be a room for administering the injections, which Phi Jup called “the secret room”. The reason why the room had to be secret was that these kinds of injections were illegal; given that Phi Jup was employed in the civil service, she was taking considerable risks to her career. Thus, the parties could not be open for all, but had to be arranged on a members-only basis. Only well-known acquaintances could be allowed to join the parties. This also meant that the characteristics of the room were important in keeping the parties secret. The room that was used first was Nam Daeng’s bedroom in the second floor of the studio building. It was very private because outsiders were normally not permitted to enter, but its downside was that it was very small, and so when the number of attendees exceeded ten, it did not serve its purpose any more. The secret room moved to Sai’s room in the third floor, which could accommodate a larger number of people – and the more attendees, the more fun the parties became. In the room itself, not much equipment was needed – just a bed for the

injection recipient to lie down and a pillow for her to rest her arm while getting an injection.

Another key element were the “beauty drugs” themselves. In each party, new medicines were always presented, and if anyone wanted to try out a new kind, they would order it with Phi Jup and get it in the following week. Or if someone was in a real hurry to get beautiful, they could borrow medicines from their friends and pay them back later. If one ordered from Phi Jup, one normally had to buy the whole pack; she would say that if one bought smaller amounts, there would be no discount. But if many members of the crowd wanted the same substance, they could collectively buy a pack and then share its contents. The injection equipment was always collectively bought: Each member contributed 100 baht, Nam Daeng was entrusted with buying needles and syringes around Siriraj Hospital in Bangkok, where the equipment was cheap, whereas Phi Jup procured other equipment, such as normal saline solution for diluting the medicines, scalp vein needles, tourniquets, cotton wool, rubbing alcohol and plasters. Phi Jup always tended to say that she only charged for the medicine, and administered the injections for free. Finally, one more element the parties could not do without was the sound of music. In each party, upbeat music was played throughout to create an atmosphere and to make the event more enjoyable. So, in sum, what was needed for an injection party was a secret room, beauty drugs, someone to administer the injections, injection equipment, and music.

4.4.3.2 Rites of injection parties: The process of transforming beauty

The key meaning given to the injection parties by the kathoeis at Dok Mai Studio was enhancement of their beauty. Whoever entered the party circuit expected to see an improvement in their beauty, in their own style and as a result of the medicines chosen by themselves. In this sense, the parties could be compared to rites of passage that would transform the attending kathoeis by giving them the beauty they desired. The process of the parties is described below.

1. Paying the entrance fee

As soon as a party attendee entered the party through the door of the secret room, they had to pay whatever they were due to Phi Jup, because all

kathoeis at Dok Mai Studio paid for their medicine to Phi Jup in installments. There was no formal rule as to when a given member would need to pay her dues to Phi Jup; she trusted that the members would eventually pay her when it was convenient for them. Yet, the crowd members usually paid her as soon as they entered the secret room, as if the money were an entrance fee to join the activity. Especially when Ribbin joined the crowd, she assumed the role of a debt collector so Phi Jup would not need to do it by herself. When money matters had been settled, Phi Jup would begin to hand out medicine to those who had ordered some in the previous week. She checked that everyone received the correct amount of medicine and paid the correct amount of money for it. When everyone's transactions had been cleared, she moved to the next stage of her role.

2. Choosing the injectables

After money matters had been cleared, the process of selecting medicines for injection began. The crowd members sat in a circle around the bed with Phi Jup in the middle. She requested all members to place the medicines they wanted to inject on their lap, as some had several types of medicine on them but only wanted some kinds injected at this occasion. The attendees then started unpacking their medicines, as well as asking each other for medicine or returning loans of medicine borrowed during previous parties. This went on until everyone had the medicines they wanted injected on their lap. The medicines they had injected included glutathione, placenta-based products, collagen, vitamin C and brand name products such as Crystal White, MF3 or NC24. During this time, the attendees talked about what each one was getting injected, and which medicines were good and effective. It was also a time for competitive bragging about one's beauty and skin. Some asked Phi Jup for further details, such as how many vials of a given medicine could be injected at a time, for how long a time one substance could be used continuously, how frequently a given medicine could be injected, the strong and weak points of each medicine, how much each medicine cost and if they could be ordered through Phi Jup. Overall, this was a time of exchanging information on medicines and beauty among the members as well as between them and Phi Jup. Changes in each attendee's regimen were done at this

time. Whoever wanted to add something to their cocktail would borrow or buy it from their friends.

3. Preparing the injectables

When everyone had their medicines placed on their lap, Phi Jup began the process of preparing the injectables for everyone, one by one. She used a 10 cc syringe to dissolve medicines sold as powder, or if the medicine was sold in liquid form, she simply drew the contents of an ampoule into the syringe. As far as I noticed, she tried to separate vitamin C from the other injectables, because vitamin C is an acid, and when injected, it causes pain in the vein receiving the injection. So, attendees with several medicines prepared for injection ended up with several syringes on their lap, sometimes up to three. While Phi Jup was busy preparing the medicines for most attendees, there were two who did not allow her to do it but insisted on doing it by themselves – Nam Daeng and Som.

Nam Daeng and Som prepared their own injectables and did not accept help either from Phi Jup or anyone else. They learnt through trial and error as others gave them concerned looks. They did not care about the looks others gave them – they said that preparing their own injectables was “awesome” (*mans*). They never broke the neck of an ampoule properly – there would always be glass shards at the bottom of the ampoule. Oftentimes, the entire ampoule went to pieces in their hands and they had to use a new one. But they enjoyed the process of mixing their medicines in the syringes. Nam Daeng and Som changed their regimen all the time. For example, Nam Daeng told me it was necessary to use vitamin C instead of saline solution to dissolve the powder-form glutathione they used, so that both medicines could act simultaneously. Given our close relationship, there were many times the twins also volunteered to help me prepare my injectables, and sometimes I had to let them open an ampoule for me, as much as I was afraid of it, because I did not want to disappoint them. I was quite surprised to see that though the twins always prepared their own injectables, I never saw them experience complications other than complaining about the pain some injectables caused in their veins:

Nam Daeng: “They say that if you want gluta to act fast, mix it with vitamin C. If you mix in vitamin C, the vitamin will be absorbed first. So, you just

put in the vitamin C and we'll be like, ooh, perfect (pe). Take two vials of vitamin C and inject them to the gluta vial, and then draw them up. I shake it like this! When you mix drugs, whatever you do, they'll be in there together anyway. Because gluta is a powder, no liquid, you add two vials of vitamin C."

Preparing the injectables was the most time-consuming part of the entire process because it had many steps and Phi Jup had to do it one by one. During this time, the others were free to socialize and have fun, so they used the opportunity to amuse each other with funny stories, tease each other and share experiences about the lives of kathoeis both inside and outside the injection party circuit. Many bragged about their body parts, like their breasts or vaginas. The topics of the funny stories concerned the lives of kathoeis, men, beauty, managing one's charisma, beauty drugs, work, and also sex. Sometimes the attendees jumped and chased each other around the room or mockingly slapped each other on the head. I have never seen anyone have more fun while getting injections.

4. Administering the injections

When everyone's injectables had been prepared, the time had come to administer the injections. Who got theirs first and who waited longer was decided on a voluntary basis. If anyone was in a hurry to leave, they could get theirs first, but mostly the injections were given in the same order as the injectables had been prepared. Administration of the injections was not in itself complicated in any way. Each injectee got to choose which arm Phi Jup would administer the injection to. When an attendee felt they were ready, they would climb up on the bed and lie down facing the ceiling. They would have a pillow to rest their elbow on so that the veins would become more clearly visible. Phi Jup then changed the needle on the first syringe into a scalp vein needle so as to be able to inject the contents of several syringes using a single injection spot. She ensured that no air remained in each syringe, cleaned the injection spot with alcohol, found a vein, punctured it and injected the medicines.

While getting their injections, some who were afraid of needles were too afraid to look, so they closed their eyes. This incited teasing from the other group members. Sometimes, another group member jumped onto the injection bed and

gently stroked the skin of the injectee who had to stay still. Nok, in particular, liked to do this. There was at least one solid principle in administering the injections – value for money. This meant that Phi Jup had to make sure she injected the contents of each syringe completely, and the reason was that these medicines were expensive. Ribbin, for example, while getting an injection felt so much pain in her vein that she cried for Phi Jup to pause, but Phi Jup just removed the syringe and mixed in more saline solution to dilute the medicine, then carried on with giving the injection. Phi Jup commented that it would be a shame to waste such expensive medicine. After the injections for one attendee had been completed, they were to use the same ball of cotton wool that had been used to clean the injection site to seal the wound by folding their arm around it. This marked the end of that person's injections, and the next injectee climbed on the bed to receive theirs. After receiving their injections, each injectee again became a spectator of others' injections and a participant in the general merry-making.

5. Removing the needle: A transition into beauty

In this beauty rite, it was as if beauty was already contained in the medicines, and each group member just chose the kind of beauty they desired. If they wanted to have white skin, the whiteness would be contained in a glutathione vial. If they wanted radiant, well-hydrated, youthful skin, these qualities could be found in an ampoule containing a placenta-based product. And if they wanted elastic, wrinkle-free skin, these qualities would be found in a collagen ampoule. These essences of beauty could also be combined as desired. In this scheme, Phi Jup was charged with transporting the beauty from the vials and ampoules into the bodies of the injectees, using her special skill – giving injections. And as she emptied each syringe into the vein of the injection recipient, the recipient could instantly feel the beauty contained in the bottle transforming her body into something more beautiful. Almost every time that Phi Jup withdrew a needle from the vein of an injectee, people around her loudly greeted the injection recipient with admiration: “Oh, so beautiful!”, “Beautiful in an instant!”, “Shockingly beautiful!”, “Beautiful already”, or “ooh, beautiful straight away – the drug has hardly entered yet but big sister is beautiful already!” Alternatively, the injection recipient could express her own conviction about

her beauty with her facial expressions or find someone to compare their skin with as soon as they had climbed down the injection bed, and declare: “Oh, see, our skins have a completely different shade of white!”

4.4.4 The logic behind kathoeis’ medicine use

Why an individual chooses to use a particular medicine is interesting because the logic behind their medicine use is always influenced by their socio-cultural context. This context affects the way individuals think about medicine use, or in other words, matches the ideology of that individual-in-context. This also means that the meanings of medicines are not only interpreted using the medical way of thinking, but medicines and the surrounding socio-cultural context become inseparable. Medicines can thus be called cultural artifacts. The context of kathoeis who use medicines to feminize their bodies is particularly complex. The way they use medicines is not accepted by the mainstream medical establishment. Thus, the logic behind their medicine use is entirely composed of their experiences and ways of thinking that are prevalent in their socio-cultural context.

4.4.4.1 The logic behind kathoeis’ choice of medicine

While outsiders may consider kathoeis’ medicine use irrational, for kathoeis themselves their choice of medicine is most rational, regardless of whether it is based on their own experience or experiential knowledge communicated to them by others.

The popular opinion: If a kathoei is to be beautiful, she must take medicine

You may still recall Sai’s comment that kathoeis do not have the kind of role models men and women do, and so kathoeis have to learn survival skills from other kathoeis. This also extends to their medicine use. Kathoeis usually start taking hormones for feminizing their bodies because they have seen older kathoeis do so, or have been advised by older kathoeis to do so – they might have told the younger kathoei something like “if you want to be beautiful, you have to take medicine” or “if you want to be beautiful, you have to take hormones”. Kathoeis’ use of medicine is thus a group phenomenon based on the sharing of information in the

form of recounting experiences and advice-giving. If the kathoei who gives a certain piece of advice has a lot of body capital, her advice is likely to be taken well and influence the advice recipient's medicine use. For example, at Dok Mai Studio, A perhaps had the most body capital in terms of her beauty, and so she was constantly observed by the other group members to find out what medicines made her so beautiful. And when other group members found out what A used, they tried out the same medicines. Or, if a kathoei has plentiful medicine use experience (if she has tried every available medicine), like Nam Daeng and Som, her experience will also be trusted by other group members. If the twins said a certain medicine was good, they would be believed:

Som: "When I say that this one's good, all my friends in the group believe me because they'll say that 'she's tried out everything already'. Everyone will believe me. If I say that Kela [steroid lotion] is great, wiping your face [with it] is great, but watch out for the sun, don't keep on wiping your face [with it] all the time, they will each buy a pack. Do they believe me? Yes, they do! Everyone's got one at home. Everyone says it's really great, really good. Can you believe it? When I say something, everyone will believe it's good, and go buy it. And if I say that this one's not good, everyone will say it's not good, like, 'don't use it, Som has already confirmed it's no good'. Everyone knows that 'Som's crazy, she's tried this and that.'"

Some kathoeis have other kathoeis experiment with a certain medicine first and wait to see whether it gives that person good results. Bluntly put, they use each other as laboratory rats. For example, Som's super-regimen based on taking two tablets of Preme in the morning, lunchtime and evening was not just an idea that occurred to her – she also persuaded a friend to try it out. After three months, seeing that it did give good results, she herself started taking it and told other kathoeis that her personal experience confirmed it was good:

Som: "Before I took it I told a younger kathoei, whose group first didn't dare to take it: 'you should believe me, she told me to take two in the morning, two at midday and two in the evening. She disappeared for three months and when she came back, she had bigger breasts and really good skin; her face was clear as glass. Her posses were shocked dead.' And so I found out about this idea of taking two in the morning, two at midday and two in the evening – it was an idea that went

viral. Ribbin, look at Guide; Mai, look at Guide – everyone’s taken this cocktail to start out with.”

The Internet: A wide open space for diversity

Besides learning from their kathoei friends, some who had a particular interest in beauty or in finding out about new medicines, like Som or A, also sought additional information from other sources. Sometimes it might come from magazines or the news, but their most important source of information on medicine was the Internet. On the Internet, there is plentiful information and also widespread advertisement for beauty drugs. These medicines could also be bought online and injected later, if one had the money. The medicines that were injected at Dok Mai Studio had been bought online by Phi Jup. Plentiful information was easily available on the Internet about the effects of these beauty medicines, and the credibility of this information tended to remain unquestioned, even though the information was often given to advertise the medicines and was biased in favor of increasing the sales volume of the medicine in question.

A was one who used the Internet to find information about medicines. The first kind of medicine she got to know through the Internet was glutathione. She only bought it once because she did not feel very confident in the quality of the medicines sold online. Som constantly followed developments in the beauty drug field through the Internet. One reason for this might be that she already had to use the Internet for her income generation based on chatting with foreigners. She thus spent more time online than the other kathoeis. She studied what people said about each medicine online, whether they had good effects or not; and if any new beauty drugs had become available. One result of this study was that she did not agree to have a certain placenta-based product injected that Phi Jup had offered to sell, because she had seen it was not the same kind that people on the Internet had praised for its good effects. Som believed that the one that had been praised online would have better effects.

Lang nua chop lang ya (compatibility between medicine and user): Medicines have to be tried individually by each user

Among the kathoeis at Dok Mai Studio, whatever or whoever was the source of the information on beauty or medicine, and regardless of how the information reached them – even if the most beautiful kathoei with plentiful personal experience told it to them in person – everyone agreed on one matter: to be fully sure that a given medicine would give good results, there was only one way to find out – trying it out by oneself. Information from kathoei friends, from the Internet and from other sources was only one consideration in the decision making process about whether to use a certain medicine. They believed that certain individuals were fit for certain medicines and vice versa, and so individual compatibility with medicines was a reason for each individual to make the final decisions about which medicines to use and which ones to skip. For example, in Sai's personal experience, when she used glutathione, she did become whiter, but when she was exposed to the sun, she got even more tanned than usual. On the other hand, Nam Daeng said she had taken the medicine and became much whiter; she had even experimented with riding a motorbike and thus intentionally exposing herself to the sun, but had not become any more tanned. Nobody's account can thus be absolutely correct or incorrect because the same medicine can affect different individuals in different ways. Personal experience is very important:

Sai: "I had this gluta-plus-collagen injected, these two. People were saying that I was really whiter, and also looked chubbier, something like this. I looked good but as soon as I had to go take these pre-wedding photos outdoors, I could feel that my skin was sensitive to the sun. It got dark. Like, suppose I'd work under the sun for three days on a row, my skin would get dark really fast. My friends avoid the sun all the time – they know how to do it. They're white to begin with, but I'm dark. So, I won't get it injected any more because as I don't make an effort to avoid the sun, aren't afraid of the sun, I feel like, what a shame about the money spent. But collagen – that does give results I can see very soon, because I smoke, I sleep too little, er...so my skin is dehydrated in the morning when I wake up, whereas oily skin wouldn't get dry. And so I think that, er, that one does give visible results, and so I do keep on injecting collagen these days, but don't inject gluta."

Nam Daeng: "Gluta makes your skin white. Does it become sensitive to the sun? No. I've tested it by riding a motorbike and exposing myself to the

sun. My skin did get sunburnt, but as soon as I'd scrubbed it, it was white inside, not just white on the surface and dark inside. And so, when it got sunburnt there was dead skin on the surface, but when I scrubbed it, in two days it was as white as before."

Choosing a medicine depends on one's life context

Kathoeis' choice of medicine is not a straightforward matter of using as much as possible to become as beautiful as possible. It depends on the situation in which they find themselves, and each of them will thus have times when they take a lot, as well as times when they only take a little, if at all. They tend to increase their dose when they have – or expect to soon have – an intimate partner. This was the case with Sai, who took high doses for three months in the beginning of her live-in relationship with her boyfriend, to make him feel that living with her was just like living with a woman. Likewise, A increased her dose when she started having boyfriends in high school. Another situation in which many kathoeis increase their dose is when they need to prepare their bodies for selling sex, like Som did – she had hormones injected weekly for two months before she went to work in Singapore. Ribbin also increased her frequency of beauty drug injections from once weekly to once in about three or four days before going back to work. She went to get the extra injections at Phi Jup's house so she would not need to wait for the next injection party.

Kathoeis tend to decrease their dose when they lose their motivation to self-medicate, like Sai, who lost her motivation to take hormones and so quit them for an entire year when she had to break up with her boyfriend. Kathoeis might also reduce their dose at times when they have little social life, like going out at night and partying with their friends:

Sai: "The time I took a complete break from taking them was when I broke up with my boyfriend and came to work here. I stopped taking them because I was like heartbroken, and I didn't really know why I'd have to be beautiful. So I didn't pay attention to it and stopped taking them for over a year. I just worked. I didn't really know why I'd have to be beautiful, something like this. I thought, like, who cares. I didn't take anything, no birth control pills, nothing. Because I was just working, working, doing nothing but working. I felt like I didn't meet anyone, other than my customers, so I stopped taking hormones."

4.4.4.2 The logic behind kathoeis' medicine use

The one thing kathoeis want to know about a given medicine is whether it will be effective. Effectiveness in their view means increased beauty. What increased beauty means for each of them, however, depends on the context of their life.

1. Effectiveness

Beautiful, fast!

In addition to the effectiveness criterion that a medicine must make one more beautiful, an additional criterion is that this must happen fast. Orally taken hormones are expected to produce visible results by the second or third month of use; if results are not seen by this time, the product is considered ineffective. Injected medicines give faster results and are popular among kathoeis not only because they are faster but also because they are more convenient in eliminating the need to carry around pills and take them every day. Kathoeis expect that if they get one weekly injection of a hormonal product, an enhancement in their beauty should be evident within one month. For example, Nam Daeng and Som chose to have only injectable hormones because of their convenience. As for the injectable beauty drugs used in the injection parties, visible effects are generally expected by the third injection. When injectable medicines became available to the Dok Mai Studio crowd, none of them kept on taking vitamins orally, because getting weekly injections was more convenient and fun.

Beauty has to be evident

Medicines must enhance users' beauty in a visible way, and there must be more solid evidence than just the user's personal feelings to prove that a medicine really works. For example, if the expected result is smooth skin, powder must stick to it well. If a white, radiant skin is the goal, the skin must have a glow when lit with a neon tube. If elasticity of the skin is the desired result, the skin must bounce back immediately after pressed with a finger; another way of judging increased elasticity is that an injection needle will puncture the skin with difficulty. Or, in the case of MF 3, a brand name product claimed by its advertisements to contain high

levels of female hormones, Phi Jup declared to the crowd that the claim was true because she had taken the product and it had restarted her menstruation, which had stopped a long time ago. Yet another important criterion for a medicine's effectiveness is that others have to comment about the effects to the user, and the more people comment (*thak*) that the user has become more beautiful, the more that medicine's effectiveness can be trusted:

Ribbin: "It's really effective. People have commented about it to me, really. Yesterday I went to a cremation ceremony straight after coming back from abroad, and in this cremation, everyone said to me that I looked – I didn't know it myself but people were saying it to me – that my face was so clear. See, I did get results. So, I felt proud, so many people saying I had an aura, saying my skin was bright, this is what they said, that my skin was bright, had such an aura – everyone said it."

If you want to be beautiful, you've got to bear with a bit of a sting

"If you want to be beautiful, you've got to bear with a bit of a sting" was what Nam Daeng and Som frequently said in the injection parties. It refers to the stinging pain that vitamin C injections are known to cause in the vein it is injected to. The amount of pain caused depends on how much vitamin C is blended into each injection cocktail. So, if one wants to look beautiful, one has to bear with this stinging pain, because the more vitamin C is injected, the better the injection recipient's skin will look. So, everyone tried to blend in as much vitamin C as they could bear to have injected. Once, Tam added a large amount of vitamin C to her cocktail, and accordingly felt a lot of pain when she had it injected. The other kathoeis in the party supported her to bear with the pain so as to gain the beauty that awaited as soon as the pain would subside. In this sense, the stinging pain was one kind of transition to beauty, because the more pain one endured, the more beauty there was in store for the injectee:

Som: "Tam, today you hurt, but tomorrow you'll be pretty. Really, it stings but it's great. I already said, 'Don't be afraid of stinging pain, be afraid of not being beautiful.'"

The origins of a medicine reveal the kind of beauty it can produce

The origins of a medicine and its effectiveness were associated by kathoeis at Dok Mai Studio to an astounding extent. In particular, they often said that beauty drugs produced in Switzerland had high quality because many famous cosmetic brands were produced there. It was as if Switzerland acted as metaphor for beauty:

Phi Jup: “This is placenta from Switzerland. All these drugs come from Switzerland, because Switzerland produces, like, you must’ve seen, cosmetics, like Juvena, you know that one? Switzerland is famous for these, things to do with the skin, medicines, creams.”

A type of beauty associated with a certain country was also often associated with the kind of beauty that medicines produced in that country were expected to deliver. For example, NC24 is a Japanese collagen product; kathoeis at the studio thought that if they used this product, they would also become beautiful in the image of Japanese beauties. Likewise, they thought that by using hormones produced in India, they could expect to look beautiful in the Indian style. The concept of compatibility was also explained in terms of geographical proximity – NC24, for example, contains a smaller amount of collagen than its Swiss competitor, but many kathoeis said that NC24 gave better results because it was produced for an Asian customer base. And likewise, Indian hormones were thought to be more effective when used by Thai kathoeis than German hormones because of the geographical proximity.

2. Adverse effects

Sai: “I’ve made up my mind. If [using medicines for] the wrong objective and their side effects can make me beautiful, then I’ll choose the side effects. Because I’ve made up my mind, like they say, to walk along this path. And if hormones are one option, or the only option, that can make sao praphet song become as much like a woman as possible, or make us as happy as possible, then surely I’ll choose it. Because nothing in this world is made for kathoeis to begin with.”

Kathoeis are very likely to experience adverse effects from the use of beauty drugs when they mix and match them based on their context. Some experience more, some less. Even when kathoeis experience adverse effects from the use of a specific medicine, they are likely to keep on using it, because as Sai said, beauty drugs are their only option to become beautiful. If they do not use such medicines, they lose a part of their kathoeihood. Quitting the use of these medicines is thus at the bottom of the list of their options, and they will first try to negotiate the adverse effects they experience.

2.1 Practice-based negotiation

If you want to be beautiful, you have to bear with it

If the adverse effects experienced by a kathoei are on a level she thinks she can tolerate – not experienced too often and not interfering with her everyday life too much – such as weight gain, nausea, vomiting, dizziness, or headaches, she is likely to keep on taking the medicine despite the adverse effects. But if she feels that the adverse effects are unbearable or someone recommends to her that she should change her medicine, only then is she likely to start adjusting the dose or changing the medicine. Living with and tolerating adverse effects is considered an ordinary matter by kathoeis. Though the threshold of how much each can tolerate side effects varies from person to person, the goal in doing so is the same – beauty.

Changing or adjusting the regimen

If a kathoei is using a single medicine, like Diane or Preme, both birth control pills, the change to another kind is easy. But if she uses several medicines at the same time, she is more likely to adjust the dose or the way she takes the medicines. For example, when Sai experienced extreme effects from the Laotian birth control pills she was taking at one point, she tried to disperse the timing of intake to reduce the side effects. She took one tablet of both Preme and Premarin in the morning, one tablet of Preme in the evening, and finally one Laotian pill before going to sleep. This resulted in fewer side effects than taking all her medicines at the same time. She learnt this method through her experience of adjusting her drug

cocktail several times, and it did make the side effects tolerable enough to keep on taking the same medicines.

Changing the dose was another method that could make adverse effects tolerable. For example, Nam Daeng only stuck to her beauty drug regimen called 2-2-2 (consisting of two tablets of Preme in the morning, midday and evening) for a month, then lowered the dose to 1-1-1 to reduce the side effects, then cut the dose further to one tablet in the morning and evening, and finally only took one a day if she was still experiencing side effects. But when the side effects subsided, she began to increase her dose once more, thinking that only one a day could hardly keep her beautiful. She would increase the dose until she began to experience adverse effects again, and then lowered the dose once more as guided by her experience, always striving to take the highest possible dose she could tolerate, to maximize her beauty.

Choosing to use a medicine only now and then

There were two patterns of choosing to use a medicine only now and then. The first happened to kathoeis who tried to take their medicines continuously but could not tolerate the adverse effects. Som's experience exemplified this – in her case, the adverse effect was that she became so depressed that she was contemplated suicide. Although that was quite an extreme kind of adverse effect, she first tried to keep on taking the medicine to maintain her beauty. She fathomed that when continuous use caused such an adverse effect, she should only take the medicine now and then to reduce the adverse effect in question. When she took the medicine, she took as much as possible to compensate for her drug holiday and to maximize the beauty she would gain. But finally she came to the conclusion that whenever she was taking the medicine, depression revisited her to such an extent that her mind and body could not tolerate the mood swings she experienced. So, she had to stop taking hormones.

The second pattern of only taking a medicine now and then was not directly related to adverse effects but was based on the very common notion of “giving one's kidneys a break”. Both A and Ribbin used this kind of reasoning. Ribbin was taking two tablets of Premarin a day to maintain her level of

female hormones, but only for three to four months at a time, followed by a three-month break. A was getting regular injections of glutathione but also took breaks to “give her kidneys a break” or to “give her body a break”:

Ribbin: “I wanted to give myself a break. Like, I’d been taking it for a long time, so I wanted to take a break. I’ve been off it for three months now. These days, I’m not really taking it because I want to give my kidneys a break. If you take something every day, you’ll strain your kidneys, right? It says so right on the pack, like birth control pills or hormones, it states directly that it’s ‘dangerous to kidneys, liver.’”

If you really can’t take it, then at least take something else

For kathoeis who simply cannot cope with the side effects of the medicines they have tried to use, like Som, or those who have had to stop the medication due to health problems, like Nam Daeng, stopping to take care of their beauty is simply not an option. If they are not able to take the medicines they wanted to, a second best alternative might be found in nutritional supplements. For example, after quitting her hormones, Som started to take vitamin E, vitamin C and Bling (a food supplement that claims to whiten the user’s skin). Nam Daeng took herbal products like *kwao khrua* (a root high in phytoestrogens) in addition to vitamins. However, the twins both agreed that the effects of these alternatives paled in comparison to hormones, and did join in the injection parties. Injections of the beauty drugs given in these parties enabled them to look better without using hormones, so they stuck to this option.

2.2 Negotiation with reference to kathoeihood

Re-defining medicines: What do you mean, dangerous? These drugs are tonics!

Many ordinary people and especially medical personnel are inclined to view that many of the medicines kathoeis use are dangerous and should not be used for self-medication without medical supervision. But in the opinion of A, Nam Daeng and Som, the beauty drugs they used were not dangerous to begin with, just tonics to strengthen the body. They viewed that hormones and

collagen, for example, are substances naturally found in the human body, and they simply injected more of these substances to treat a deficiency of them in their bodies – so, how could they possibly be dangerous:

Nam Daeng: “It’s good stuff, it’s a tonic. Also, we’re not injecting them like two or three times a week. And if you’re really afraid then just have it once every two weeks. Because like what I myself did was to reduce the dose after ‘planting the seed’ in the beginning. After that I cut it down to like once or twice a week. I’m not pushing it that much. I’m not in a hurry.”

So why’s nobody dead yet?

Kathoeis have been using these beauty drugs for a long time. Celebrities use them to a great extent. Medical clinics provide injections of them and there has been no news of any dangers. So, if kathoeis inject them among themselves, how could that be dangerous when others seem to be using them without any problems? The bottom line is that kathoeis would be willing to take risks with these medicines even if they were dangerous, as long as they enhanced their beauty, because using beauty drugs was seen as the only option to look beautiful and to be able to dress as a woman:

Sai: “If you ask for my personal opinion, I think others might view them as dangerous. Others might think they’re dangerous or that we’re not using them correctly, like, hormones are only appropriate for women, or something like that. Might be so. But in the endgame, we just have to use them because we’ve seen that when others use them, they do become more beautiful, and we’ve never seen a friend take hormones and die, or even get a shock from the side effects and have to go to hospital. So, we don’t feel that they’re that dangerous, that scary. But if you ask outsiders, they might well think that way. The thought has entered my mind, too, but only for like a passing moment, a fleeting fear, a fear that there might be some danger, something like that. But then I think, never mind, in any case I must be beautiful, so never mind. When I started getting changes in my breasts, when they started growing, they hurt. Was I afraid? Not really, happy rather that they grew. So, I guess kathoeis aren’t afraid. It’s for beauty’s sake.”

Even if I have to die, let me die beautiful

For kathoeis, beauty is a basic necessity in terms of being able to be themselves. So, if the medicines they use are indeed dangerous and can indeed make one die, they will choose the beauty produced by the medicines in any case. Illness and death are uncertain things that could happen to them even if they did not use beauty drugs, and since everyone finally has to die, they would rather die beautiful:

A: "I'm not afraid. Even if I don't take them, one day I'll have to die anyway. I take them and today I'm beautiful. In the future I die because people do die. Everyone does. Suppose I don't take them, and tomorrow I die in a car crash. I don't think we only die of old age. I see that we can also die in a car crash. So, let me be beautiful before I die."

CHAPTER V

WITHDRAWING THE NEEDLE WHAT DID I SEE IN THE PHENOMENON?

The word “beautiful” (*suai*) might be just a short word referring to good looks of a feminine kind. However, the biomedical model has been very influential in changing our ways of thinking about the world, and the way we think about beauty is no exception. Following the empiricist view, “surface beauty” has become understood as a tangible representation of one’s identity. At the same time, abstract aspects of “inner beauty” that used to be valued in the past, such as one’s cleverness or the goodness of one’s heart or mind, are being ignored since they are not tangible or measurable. The body has become the central aspect of identity. It has become value-laden with symbolic meanings, produced by various discourses, about what makes it desirable. The mainstream gender frame is integral to beauty discourses. When thinking about women’s beauty, we tend to conceptualize it as the perfection of the female form, as measured by each woman’s figure, breasts, skin or hair. Even women’s vaginas are now expected to be attractive to their sexual partners. In our society, representations of feminine beauty are constantly being reproduced, for example through the images of celebrities, actresses and other famous women. These images act as role models in the construction of a beauty ideology that specifies what a desirable body must be like; women are coaxed to follow this ideology when they shape their bodies into a more desirable form. Shilling (1993: 1-18) has referred to the body as a project involving continuous development and improvement work.

For kathoeis who embrace the same standards of beauty as women, shaping their bodies in the image of women’s beauty is not easy, because they do not begin the endeavor with the kind of body capital that women begin with. All body parts expressing femininity must be constructed anew. Importantly, in the process, they must make themselves charming and attractive. With this in mind, we can see that kathoeis’ medicine use aimed at reconstructing their bodies is different from the

medicine use among other groups of people. It has a great deal of complexity. In the following, I share what I saw in the phenomenon when I had the opportunity to study it.

5.1 Seeing beauty as capital

In our time, beauty is not a private matter, but the public is intensely involved in managing the beauty of individuals. Our expressions of identity – expressions of who we are and how we differ from others – greatly influence our position in society. Following Pierre Bourdieu, who has expanded our understanding of the concept of capital, we can see that beauty is one kind of capital. Kathoeis who possess this kind of capital are also able to exchange it with other kinds of capital in their lives.

1. Beauty as capital to claim social space

When kathoeis control and manage their bodies to increase that one desirable aspect – beauty – the process results in the creation of one type of capital that they are able to use in exchange for various opportunities in society. To begin with, kathoeis are a marginalized group in Thai society – gazed at, oppressed and disparaged. They have to learn how to survive – how to resist and negotiate the pressures they face. One important form of negotiation is construction of their bodily beauty. It helps to build their sense of self and confidence in their interactions with others. It might not result in societal acceptance at a level equal with that enjoyed by mainstream genders, but it does help to prevent their situation getting worse. It also helps to change the gaze of onlookers from one that sees kathoeis as freaks to one full of admiration for their beauty. Here, it does not matter how difficult that beauty was to gain in the first place:

A: “Beauty – it might not be important in some people’s point of view, but in our time, it is important. For example, air hostesses – if you’re not beautiful, can you become one? Some occupations, like public relations people. They say that beauty – as soon as you’re beautiful, you’ve got more opportunities. Beautiful, good figure,

good looks – wherever you go, people will look at you, and opportunities come to you easily. So, who doesn't want to look good?"

Even among kathoeis themselves, beauty is used to claim social space. Kathoeis who are able to construct their beauty to the extent that they become idols of their group, will receive admiration. Kathoeis at Dok Mai Studio, for example, unanimously admired A for her beauty. If she divulged her beauty secrets – what to do, what medicines to take – others immediately tried out her methods.

2. Beauty as economic capital

One of the obstacles kathoeis face in Thai society concerns their employment opportunities. If we think about the kinds of work positions they are able to enter, we mostly see them employed as beauticians, make-up artists or cabaret performers – or as sex workers. Kathoeis view that the latter is the most lucrative of all possible occupations. However, earning money through sex work also requires beauty; in this economic sense, beauty is a kind of body capital that kathoeis can use in exchange for money:

Sai: "I've come to view it so that we kathoeis try to make ourselves beautiful to manage to earn some more money. How should I put it? Society is truly open to a very low extent. Therefore, if you want money, the fastest way to do so is selling your body. If you go abroad, you've got to be beautiful, you've got to have money for surgeries, and that beauty will make you rich. All kathoeis are headed on this path. Some think it's an investment. And when you've made an investment, you've got to get even. For example, Nong Ribbin's like, when I've done my nose, my breasts and got a cunt, I've got to earn that money back."

The level of beauty needed for other jobs kathoeis do is not equal. For example, some kathoeis might not be pretty enough for service work or work as cabaret artists, but they might still be pretty enough to work as makeup artists or in other lines of work where beauty is not quite as necessary. These other lines of work, however, tend to result in lower earnings.

3. Beauty as capital to choose a partner or be chosen as a partner

Among kathoeis, beauty tends to realize its value when successfully used for attracting a desirable partner. Managing to do so makes the lucky one feel proud and increases her status also among other kathoeis. This is very clear from A's experience. Given her plentiful body capital, she was able to manage her charms to choose a man she wanted:

A: "If you ask me if there are a lot of them, no, that's not the case. But there are no less than what other people have, either. That's because I choose. I've chosen since I was a kid – not handsome, I won't have them. But not even if they're super handsome. It's like I've got lots of nets in the water, and so lots of men come to flirt with me, but I'll have the handsome ones. I've only got men as my friends, not like [other] kathoeis. Men tend to be rough, violent as friends, right? But I've got close friends who are men – they're very welcoming. I'm the queen, the flower of my class. A junior student looked at me like he wanted to annoy me – and the other guys just swarmed to attack him. It's more like that. I'm the queen."

Besides being able to choose, being chosen can also be used as a measure of one's beauty. Or, put simply, if one is beautiful, one can get chosen. Thus, many kathoeis use being chosen as a verification of their beauty. A, for example, used the national kathoei beauty contest to measure the level of her beauty, whereas for those involved in sex work, like Nam Daeng and Som, being chosen by a customer is taken as a mark of beauty. Many kathoeis even sell sex not because of the money but because being chosen by a customer gives them status among other kathoeis:

Som: "These days, kathoeis who invest in selling their bodies, you know what they do it for? I think it's one kind of happiness – showing others that you stand there selling, and men choose you. Going to stand there, side by side with beautiful kathoeis and competing with them for being chosen by the men, to measure your beauty. It's, like, sarcasm – as if they were in a beauty contest. In those circles, kathoeis who sell mostly do have money, but they go sell in order to be chosen by men. Like, how can I say it, 'I'm more beautiful.' And when they get money they use it on beauty, like doing beauty surgeries, but it's not like that's the end of them selling."

4. The relationship between beauty and opportunities

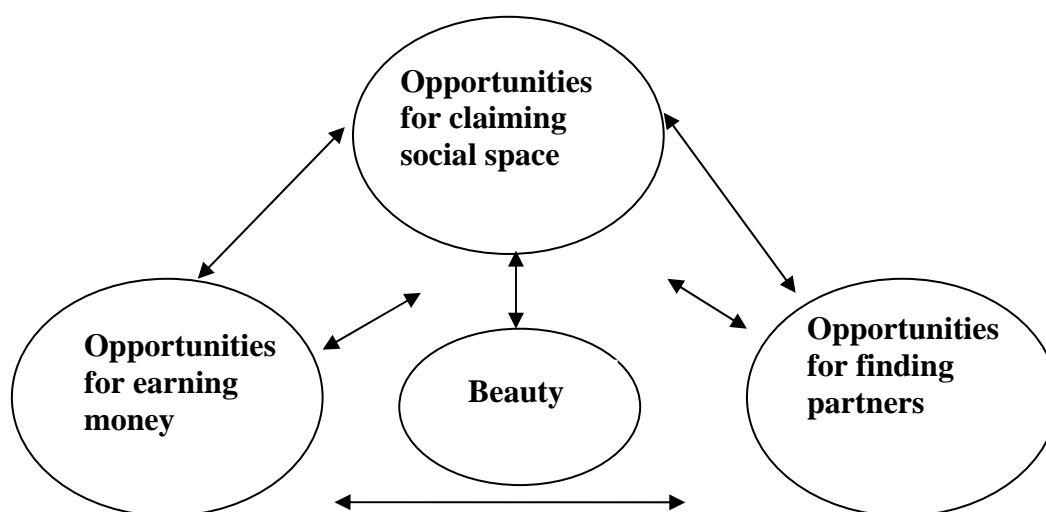


Figure 5.1 The relationship between beauty and opportunities

The relationship between beauty and opportunities is not fixed, and the possibilities of exchanging various kinds of capital vary from context to context. Money can be gained in exchange for body capital in the form of beauty, and can again be exchanged for beauty or expensive consumer items to increase one's social status. Money, beauty as body capital, capital in claiming social space, and capital in choosing or being chosen are all interchangeable, but the details depend on the life context of each individual, as well as their needs – what kinds of opportunities they are seeking.

5.2 Seeing power structures in kathoeis' injection parties

All injection parties could be considered interactions based on power – kathoeis in these rites could not be considered free to make their own choices, because there were powerful individuals determining what was to happen, as well as defining the dominant truths about medicines or beauty. However, these power interactions were circular given the shifting context. Resistance or negotiation could take place at any time.

1. Centers of power in the rite

Considering the power structure of the injection parties, the single most influential person in determining the process of the parties was without doubt Phi Jup, who administered the injections to the group members. Her power was expressed through her multiple roles and identities, as follows:

Phi Jup as a healthcare official. This identity made Phi Jup and her medicine choices credible to the group members; it was interpreted as a guarantee that the medicines she chose would be beneficial and not dangerous. Often, the party attendees called her a “physician” (*phaet*), which reflects their level of trust in her. However, her explanations about medicines or beauty were not always scientific, or they used scientific reasoning twisted to make her information look more credible.

Phi Jup as a senior and a civil servant. Phi Jup’s stable position in the civil service and her seniority made the party attendees deferential to her (*kreng chai*). Though there were often attendees who disagreed with her, they did not dare to express their opinions. Even I myself felt this way though I often disagreed with the medical information she was providing to the group members.

Phi Jup as a creditor and a benefactor. Phi Jup’s choice to allow the group members to pay the price of the medicines in installments when convenient for them also helped to consolidate her power. This made the party attendees defer to her even more and praise her with expressions like “Phi Jup is kind,” “Phi Jup is a good person,” “Phi Jup gives the injections for free and on top of that lets us pay her later,” “Phi Jup serves beauty on location” or “Phi Jup wants everyone to be beautiful.”

Phi Jup as a group member. Phi Jup did not just provide the injections to the kathoeis at the studio, but participated in all their activities, whether merit making, gambling, traveling, or shopping. This presence made the group members feel that she was like a senior relative who deserved their respect.

These roles ensured that Phi Jup was very well treated by all in the studio. Someone would always bring her to the studio and later back home by car. Phi Jup had to be present in each injection party, so her availability would always be asked about before setting a date for a following party. In this sense, Phi Jup was like the master of ceremonies in the injection party rite, determining what each attendee would do, what was good or bad, and what was appropriate or inappropriate. She was held in the

highest esteem by the attendees. Although the attendees knew that I was a trained pharmacist, a profession society believes has expertise about medicines, I did not have the power to define truths about medicines and beauty in the way Phi Jup did. The party attendees believed in her version.

Among the attendees, A and Ribbin were probably the most influential members. A's influence was based on her body capital – her beauty that would not have paled in comparison with famous actresses. A had been to a national kathoei beauty contest and had previous experience in using beauty medicines. A also had money, which was a further reason for admiration from the studio crowd. Her family was wealthy and she always came to the studio by her Mercedes Benz sports car. Thus, if one were to ask who was the “classiest” member of the crowd, A would easily have won the honorific. Given all her assets, the other attendees carefully observed what kinds of medicines she used and what kinds of results (if any) they produced. If A said something, it was considered highly credible.

Ribbin's influence, on the other hand, was based on her role as a major purchaser. Whatever product others praised, she would always have it. She was the only kathoei in the studio, who had tried every single injectable used in the parties – she always preferred to get the “full set.” This made her a major customer also for Phi Jup, who avoided imposing herself on Ribbin. Given Phi Jup's deference for her, Ribbin adopted the roles of a junior group manager and a debt collector. She reminded the group members of their due payments to Phi Jup and managed the group as if she were its one-person secretariat. She would ask the others what they were getting injected, and how much it cost. She herself, of course, always got the “full set” which set her above the others. Thus, the injectables she used not only served to enhance her beauty, but also bought her negotiation power toward Phi Jup and the other group members.

2. Resistance and negotiation with power by kathoeis in the injection parties

While the other party attendees might seem powerless in comparison, in fact they did not passively wait to be managed by the power of the more influential members of their group. Especially because they were all customers (not patients) of

Phi Jup, they did have the right to resist and negotiate with her; they also negotiated with A's beauty and Ribbin's attempts at managing them. Thus, power in the injection parties was not stable or permanent, but shifted with the context. Nobody could be said to be powerless.

2.1 Resistance and negotiation through experience-led medicine use

The truths each group member believed about medicines were individual and not necessarily the same. In their experience, the same medicine might have had different effects on each of them. Thus, as purchasers of medicine, their own experiences were the most powerful influence in determining which medicines they chose, more so than Phi Jup's advice or the role model provided by A. Taking glutathione for example – Phi Jup was trying to convince the group members that it would make their skin white when injected. She herself had used it, and so had A. Nevertheless, not all group members accepted this truth about glutathione. For example, Sai held to her own truth that though injections of the substance would make her skin fairer, her skin would eventually get darker because she could not avoid exposure to the sun; she thus chose not to use it. Nam Daeng, on the other hand, chose to use it, but did not believe it would make her skin white; in her experience, it was more useful in reducing wrinkles and scars:

Nam Daeng: "First I took gluta as well, because they said they had a friend who had marks from mosquito bites, and the next time they met her, 'Oh! The marks were all gone!' They said they were having it injected all the time, and if you'd go heavy with it, after ten times you'd know the difference. So, I tried it out. Did it some five times and looked at the results – wow, the marks did get less visible. Phi Meng, I wasn't thinking of getting white, just wanted to make the scars less visible. That friend's not white, either – but the marks are gone."

2.2 Resistance and negotiation through possession of powerful medicine

When using the services of a hospital or a clinic, even if the customer does so to access beauty medicine, he or she tends to end up in the role of a patient, who is then managed by medical personnel. Injection parties have one crucial difference from such contexts. The phenomenon takes place in the group members'

own building, and the medicines are merchandise that can be bought like any other. The value of the medicines bought also accrues power. Ribbin, for example, as an important customer of Phi Jup, could assume a prominent role in the group and negotiate her terms to a large extent, whereas small-scale customers like Phim and Pond had little money to spend on the medicines and consequently were rather silent in the group, or had a less prominent role. Or, to give a more extreme example – Nok and I began our injections with just four ampoules of vitamin C per session, which only cost 20 baht. During this time, we were constantly teased that we were in effect “20 baht beauties.” Another consideration was that in our case, the cost of the injection equipment was higher than the cost of the medicine injected; this put additional pressure on us to add more expensive injectables on our menu.

The buyer-seller relationship meant that the party attendees were able to negotiate their participation in all stages of the party. This negotiation began from choosing the medicines and the dose – especially with vitamin C, the attendees individually chose their own dose, based on how much stinging pain they could cope with in their vein when receiving the injection. Negotiation was also evident in the medicine preparation stage, whereby Nam Daeng and Som insisted on preparing their own without assistance from Phi Jup. During the administration of the injections, negotiation was manifested in the process of determining the injection queue, choosing the position in which the injectee would lie on the injection bed and the arm to receive the injection, and in the injection recipients’ requests that Phi Jup “do it softly,” pause for a while or even stop giving the injection if the pain they felt became intolerable. More influential group members like Ribbin and A were particularly able to negotiate their own terms in these matters. The more small-scale customers (especially the “vitamin C only” ones) felt deferential toward Phi Jup, thinking that given the minimal value of their injectables, Phi Jup was already doing them a favor by administering the injections, so they should “not make a fuss” but “bear with it if you want to be beautiful.”

2.3 Resistance and negotiation through being a beauty role model

While the uncontested beauty queen of the group was A, this did not mean that others could not also be beauty role models. A was not the only group member who held this kind of power. In each injection party, if any group member's beauty showed marked improvement, that member immediately became a role model. Others would flock to them and ask them what they had done to become so beautiful – but in the next party, the role model might already have changed. Whenever a group member became a beauty role model, they held the power to determine truths about medicines and beauty.

5.3 Seeing marketing processes incite heavier medicine use

Demand for beauty medicines was maintained in the parties by Phi Jup's persuasion as a vendor on one hand, and by the attendees' desire to be beautiful on the other. Both factors contributed to increasing doses and a broadening menu of different injectables, with newer, more expensive products always being introduced to the attendees. Marketing of the medicines in the parties happened through the following processes.

1. “Beauty” as a construction

Should one have counted the number of times the party attendees uttered the word *suai* (beautiful) in a single party, the count would surely have been in the thousands. This is no wonder, of course, because the purpose of the parties was the beautification of the attendees, and the medicines used were called beauty medicines (*ya suai*). The main topic of conversation, arguments, mutual exchange or learning among the attendees was always beauty and how to correct beauty imperfections to become ever more beautiful. This kind of atmosphere incited heavier medicine use because all the kathoeis wanted to be beautiful to begin with.

2. “This drug’s good – I use it myself”

All the medicines used in the parties had the potential to enhance their users’ beauty, but in different ways. Phi Jup, as the vendor, tended to cheer specific products by saying: “This one’s good – I use it myself.” This had the objective of convincing the attendees that the medicines she promoted were truly good and effective – after all, even Phi Jup used them! She presented her role as the vendor by explaining that she also wanted to give the attendees an opportunity to use these great products. She referred to individuals with high body capital to confirm that specific medicines she promoted were indeed effective. For example, she might say: “This glutathione is good – A uses it, too.” In some cases, she might refer to outsiders – models or celebrities – like “this placenta, even Am uses it – she brought it to Thailand.” This method of promoting medicines by referring to the visible results gained by various users was effective – nobody in the group was really interested if the stories were true, because they had already been presented by a credible group member with power to define reality. The party attendees often copied this pattern from Phi Jup – they also referred to others who had used a specific substance and found it effective. At the same time, the adverse effects of the medicines were not talked about. This one-sided conversation, laden with case examples for extra credibility, was an additional factor in inciting heavier use of beauty medicines.

3. Admiring others: “You look better now!”

Expressing admiration for others was yet another promotion method used by Phi Jup in her capacity as the vendor. When she met the attendees, she typically greeted them with expressions of admiration, like “you look better now,” “your skin is better now,” or “your wrinkles have disappeared.” She did this to increase the attendees’ confidence that they were indeed on the right path. This method fit in well with the group members’ idea that changes in one’s beauty might be imperceptible to oneself but proven by instances of others expressing admiration – the more numerous the better. However, not only Phi Jup expressed admiration to the group members – the attendees also expressed admiration for improvements in each other’s beauty. I myself experienced this when Phi Jup complimented me by noting that my wrinkles seemed less visible after having twice injected collagen. It did make me feel great!

4. Here the injectables are good and cheap

Prices of the injectables offered by Phi Jup were often compared with outside prices. They were indeed cheaper than in clinics, but the repetition of this truth well served to make the group members feel that getting their injections in the studio was the right thing to do while getting them elsewhere would not be so smart. What Phi Jup never addressed with the party attendees was her own profit margin – she would only say that if the attendees bought a lot there would be a discount. In fact, she never gave discounts. Once, Som told me that she had done some research on the prices of the beauty medicines online; she ascertained that indeed, they could be obtained cheaper from online sources, but since Phi Jup was offering an on-location, full-service package, she did not feel like buying the medicine directly. So, the truth that Phi Jup shared with the group members – that she offered cheaper prices than other sources – was a partial one but it did help to create user confidence in her services.

5. Full-set beauty / whole-pack beauty

Phi Jup insisted on the rule that she would not retail individual vials of any medicine. If members wanted to buy a certain medicine, they had to buy the whole pack. The group members could of course collectively buy a pack and then share the contents, but I observed that in practice, this was not an easy thing to do. Those interested would need to find others who wanted to have the same substance injected and could be trusted to an extent. Often, Phi Jup concluded that the group members should each buy their own pack, using her influence as the procurer of the medicines. The group members could not buy these medicines elsewhere, or if they could, they would not have dared to bring them for Phi Jup to inject, out of deference for her. Having the party attendees buy whole packs of each medicine had two benefits for Phi Jup. The first was that she could sell more, and the bigger lots she ordered through the Internet, the greater discounts she herself could get. These directly increased her profits, since she never shared the discounts with the group members. The second was keeping her existing customers – while they still had medicine left to inject, the chances that they would choose not to have it injected, or have it injected elsewhere, were slim.

6. Beautiful now – pay later

The most remarkable aspect of Phi Jup's injection service was her acceptance of payment in installments. Though she did insist on only selling full packs of each medicine, her terms were rather relaxed as she did not charge interest on the installments, did not write down who had bought what and did not remind the group members of their due payments; she let them decide by themselves the size of the installments and when they would pay. She was flexible to changes in the payment schedule resulting from the situation of each of her customers. This flexibility truly bought her the admiration of her customers, who sung her praises with expressions like "Phi Jup is so kind" or "Phi Jup is such a good person." Everyone in the studio paid for their medicines in installments, even A, who after all was rather wealthy and drove a Mercedes Benz. I myself paid in installments. For the junior members of the crowd, like Phim, Nok or Tam, it was all the more necessary. And as far as I could see, nobody ever failed to pay their dues to Phi Jup. The group members flocked to the studio on the party days, and all who had the money on the day hurried to give it to Phi Jup, whereas those who did not told her so. One reason for this might have been the charm of the parties, which were not easy to initiate. Had the members had their injections on clinics, the medicines would have been more expensive. The combination of the group members' desire for beauty and their need to maintain friendly terms with Phi Jup, being her debtors, kept them coming to the parties. Yet another strategy that Phi Jup used with the party attendees was *len share*.¹ This had a

¹ *Len share* is an unofficial lending scheme or game in which all members contribute an equal amount of money each round. The scheme has as many rounds as it has members. The money contributed by the members in a given round is known as the *share*. Each time the members meet, those who would like to get that session's *share* to use will write on a piece of paper how many per cent of interest they would be willing to pay, without letting others see what they write. The member who has proposed the highest interest will get the whole *share* but will also need to pay the interest they proposed in addition to their future contributions. Participating in *len share* requires trust as members who already got their *share* might stop paying their contributions in the future.

distinct advantage to Phi Jup, as many of her fellow members in the *share* paid their medicine fees to her when it was their turn to get money from the scheme. This was like a guarantee that in every party, Phi Jup would receive her dues from at least one attendee. So, under her guise of kindness and generosity lay her hidden marketing strategies aimed at increasing her medicine sales among young kathoeis who did not have that much money to invest in medicine on any single occasion. Her debtors proactively paid their debts back to her, feeling afraid they would not be able to join in the injection parties if they defaulted their debt. A creditor like Phi Jup thus did not have to worry she would not get her money back, or to even demand her debtors to pay her back.

7. New medicine comes – old medicine goes

In almost every injection party, new beauty medicines were introduced to the attendees to choose from. These new medicines might have the same active ingredients as the old ones, but a different brand name and producer. Or, they might have additional active ingredients. Medicines with altogether new active ingredients were also sometimes introduced. All these kinds of new medicines always entered the scene accompanied with explanations about how they were better than previously offered medicines. Glutathione was a case in point. Three different versions, each from a different company, were promoted at different times. The first to be presented contained only glutathione; the explanation went that it was good because it was an original product from a German pharmaceutical company. In two weeks' time, Phi Jup introduced a new version, this time containing glutathione and H-peridine. This time, she explained that the new product was better than the old one because it also contained the additional ingredient of H-peridine, which would help to increase the elasticity of the user's skin – so, this single product would bestow both whiteness and skin elasticity. In yet another two weeks' time, she introduced a third product called Crystal White. This product contained the ingredient called crystal white, collagen, and vitamin C. This product was explained to be superior because it would provide both whiteness and brightness of the skin, and the vitamin C would intensify the effects of the glutathione. Each new product was more expensive than that it replaced. When new products became available to the group, Nam Daeng and Som tended to be

the first ones to experiment with them, and if they said they gave good effects, others tended to follow suit. This made the value of the medicines bought by the group members grow constantly. Those who bought expensive medicines gained status in the group, whereas those who were using the cheaper products tried to find a way to switch to the more expensive ones. With this in mind, it is not surprising that when Phi Jup ordered medicines for the group, she did so in lots costing several hundred thousand baht each.

8. Subtle expansion of the customer network

Expanding her customer network was one further strategy that Phi Jup used, in a very subtle fashion in my opinion. She could not expand her network through public marketing because she would then have faced a significant risk of arrest and the subsequent loss of her business. She thus had to proceed very carefully and rely on the trust of the party attendees. She told the attendees that they could invite their trusted friends, and she herself would sell them the medicine for the same price as to the old attendees. Or, if the attendee wanted to make some profit from their friends in the process, that was up to them. All they needed to do was to bring the friend in question to the secret room and Phi Jup would administer their injections for free, just as to the other attendees. On the surface, this might seem like Phi Jup helpfully provided an opportunity to the attendees to make some profits from their friends. When Phi Jup suggested this to the attendees, they all loved the idea, but asked what was in it for Phi Jup. It seemed as if Phi Jup was making merit by administering injections for free, but more careful consideration reminds us that by expanding her network, she was also increasing the sales volume for the beauty medicines, and thereby her own profit, because her earning logic was based on profits from the medicines and not from injection fees. With her methods, Phi Jup earned not only the attendees' admiration but also nice profits. Nok was the first to bring a friend along, and in that friend's second injection party, she already bought a set of medicines for the considerable sum of 11,500 baht.

CHAPTER VI

OH, SO BEAUTIFUL! EPILOGUE

Many readers, upon reaching this point, might be wondering what was gained through conducting this research. My reply would be that doing this study helped me to gain a clearer understanding of the phenomenon – kathoeis' use of medicine to modify their bodies. For me, gaining a comprehensive understanding of the phenomenon was the whole point of the endeavor. The root cause of kathoeis' use of medicine is that beauty is no longer a private matter. Expressions of individual identity must fit in with an individual's social identity and reflect that individual's sense of self. Thus, social identities subtly force individuals to make disciplined efforts to modify their bodies in socially desirable ways. This kind of power operates through discourses and discursive practices. These produce, reproduce and distribute truths about beauty through social institutions. When kathoeis try to act according to these truths, not possessing the kind of body capital that women have from birth, they have to carefully and continuously produce it. The use of medicine – one kind of modern medical technology – provides kathoeis a fast way to construct their beauty and to give their bodies a new shape that is better suited for the pursuit of social space, economic opportunities and opportunities for choosing a partner (or being chosen as one); it is also fun and easy when done in the way described in this work. Truths about beauty and medicines are constantly being reinterpreted according to the context and kathoeis' individual experiences, often based on trial and error. Though medical knowledge is utilized in this process to an extent, it is used as a way to add credibility to individual explanations rather than to follow the principles behind it. Kathoeis' medicine use in many contexts, including that of injection parties, is intensified by the operations of capital that produce and reproduce beauty ideology while subtly making profits in the process by promoting various kinds of medicines. Kathoeis may fall victims of this process without realizing it.

This elucidation of the complexity of Thai kathoeis' medicine use phenomena issues a challenge to the general public, who tend to believe the

explanation provided by professional medical knowledge that those who use medicines not in accordance with medical knowledge engage in “irrational drug use” (Lupton, 1999: 108-111). The contradiction is that in the light of context-specific lay knowledge gained through the observation of individual experiences, the medicine use of Thai kathoeis to modify their bodies does seem rational. So, Thai society needs to pay attention to these issues and attempt to understand them better. It needs to acknowledge kathoeis’ existence and empower them through the provision of information on medicines and health in a truly accessible format that matches the complexity of their medicine use behaviors, yet is simple enough to understand. New communication channels need to be opened for the sharing of information, including the Internet, which will help to broaden the peer-to-peer learning taking place among kathoeis and to promote their health. These approaches will help to make kathoeis’ medicine use safer by reducing its risks and their commercial exploitation based on privileged access to medical information. In the long term, society will need to provide other, more diverse alternatives for kathoeis to develop their sense of self than narrow self-definitions circling around beauty. New social opportunities need to be opened for kathoeis to exist in society and realize their goals without being forced to use medicines in the process.

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Note on referencing customs used for Thai language sources

Following Thai academic custom, sources in Thai are cited by the name, not the surname of the author, and also listed in the reference list by the author's first name. Both name and surname are given in the text body and reference list for authors of Thai language sources, first in transcribed Roman script, followed by the Thai spelling in square brackets. Whenever known, the author's preferred transcription of their name has been used; whenever unknown, the Royal Thai General System of Transcription has been used to transcribe these names. For all Thai language books with English titles available, the alternate title stated in the source has been used here, or otherwise translated from Thai for the purposes of this reference list. Publication year is indicated in Buddhist Era years (543 years ahead of Common Era).

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APPENDIX



COA.No.2/11/09/1805

Documentary Proof of The Committee for Research Ethics (Social Sciences)

Title of Project: "For Me, It's a Magic": Knowledge and Reality Constructions of Medicines Used among Male Transgender
(Thesis for Ph.D.)

Principal Investigator: Mr. Panoopat Poompruek

Name of Institution: Faculty of Social Sciences and Humanities, Mahidol University


Approval Includes:


- 1) MU-SSIRB Submission form version received date 10 May 2011
- 2) Participant Information sheet for Informants version date 10 May 2011
- 3) Participant Information sheet for Key Informants version date 10 May 2011
- 4) Informed Consent form version date 10 May 2011
- 5) Interview Guideline version received date 3 December 2010
- 6) Observation Form version received date 3 December 2010

The Committee for Research Ethics (Social Sciences) is in full compliance with International Guidelines of Human Research Protection such as Declaration of Helsinki, The Belmont Report, CIOMS Guidelines and the International Conference on Harmonization in Good Clinical Practice (ICH-GCP)

Date of Approval: 18 May 2011

Date of Expiration: 17 May 2012

Signature of Chairman: 
(Emeritus Professor Santhai Sermsri)

Signature of Head of the Institute: 
(Assoc. Prof. Dr. Wariya Chinwanro)
Dean of Faculty of Social Sciences and Humanities

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