

〈論 文〉

The Core Element of Discrimination and Prejudice towards “Gender Identity Disorder” (MTF)

— Cambodia’s Current Situation —

「性同一性障害」者への差別と偏見の根拠

—カンボジアの現状—

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Abstract

According to *Men’s Magazine* (No.11), in 2009 the number of *Kteuy* (a term used in Mon-Khmer to mean “homosexual,” “third sex,” “Gender Identity Disorder”) in Cambodia has approximately reached 140,000. *Kteuy* has been used to apply to a wide range of meanings by the general population. Most of the “sexual minorities” such as so-called “Gender Identity Disorder” groups commonly face discrimination, bullying, prejudice and human rights violations.

In this paper, I will apply Michel Foucault and Judith Butler's theories, in order to clarify why most people in Cambodia consciously discriminate against “Gender Identity Disorder” (hereafter referred to as GID⁽¹⁾) groups, and examine the core elements of such discrimination.

As an analytical method, I have conducted interviews with ten Cambodian GIDs. The interviews were conducted from a narrative approach. This narrative approach uses a style of interview in which interviewees freely talk about their own stories and their own experiences and events. Narrative theory was additionally utilized for survey analysis in this study. I apply the narrative theory to understand the oral expressions of GIDs, and in particular to the meanings of expressions and the contents of their stories based on the real stories of each individual being interviewed. This research gives an emphasis to the perceptions of GIDs’ stories.

Out of the research conducted in Cambodia, I found that social norms (power) manages perceptions of sex; therefore, gender gaps between “female” and “male” were evident in many respects. Homosexuals and GIDs, who are presumably genetically unable to reproduce, were considered as “perverted” in their sexuality or as an “abnormal” by many people. Thus, we see how prejudice towards sexual minorities such as GIDs is generated; and it is clear that discrimination has become routine or results as discriminatory perceptions or stereotypes. Thus I utilize Michele Foucault's and Judith Butler's theories to shed some light on my analysis of Cambodian GIDs.

1 Here I use the term GID for convenience, with the understanding that it entails different meanings and nuances according to the perceptions of those using the term.

概要

カンボジアで出版された『メンズ雑誌』(11号)によれば、現在カンボジアでは「Kteuy」の数は約14万人に及んでいる。その「Kteuy」という言葉は広い範囲で使用され、「同性愛」、「第3の性」、「性同一性障害」という言葉を当てはめられてしまう。特に「性同一性障害」者は自分の性別に対する違和感、性役割に対しての不全感、社会への不適応感、身体的に対する不快感が激しいため、自分が間違っているという疑問を抱えながら、精神的苦痛を味わっている。それゆえに、当事者は非当事者また社会から差別、いじめ、偏見を受け、人権侵害の問題等の不利益を被ってしまう。

本研究では、カンボジアにおいて多くの人々が「性同一性障害」者を差別する原因は何なのか、その要因とはどのようなものなのかを明らかにするため、ミシェル・フーコーとジュディス・バトラーの理論を通して、カンボジア事象において分析し、考察した。

分析方法の一つとして、筆者は10人の「性同一性障害」者インタビューを行い、その調査結果を本論文に記載している。そしてそのインタビュー調査結果を分析するために、ナラティブ論を使用し、加えてこのナラティブ論が研究の中でどのような意味を持つのかについても言及した。そしてこれまで行ってきたインタビューを通じて、ミシェル・フーコーとジュディス・バトラーの理論を援用しながらカンボジアの事情を分析した結果、社会規範(権力)は性というものをうまく管理し、あらゆる面で「男性」／「女性」という性差を再生産している点を浮き彫りになった。そして「性同一性障害」者は「再生産」できない、すなわち「性的倒錯」した「異常」であると、社会が人々に認識させ、拡大させたため、「性的少数派」などの「性同一性障害」への偏見が生まれ、差別が日常化していることが明らかになったと言えるだろう。

Introduction

In general, sex is divided into two biological categories, “female” and “male.” However, since the beginning of the late 20th century, reproductive science research has shown that sex is diverse, so it is inappropriate to simply classify sex into “female” and “male” (Simon, translation by Arai, 2000; Tsutamori, 1993; Hashimoto et al., 2003). In daily life, we frequently observe that some people cannot be categorized into “female” or “male,” and such people are often categorized as “intersexual.” In this paper, I will use the term “Gender Identity Disorder,” or GID to denote “intersexual people,” that is, those who feel uncomfortable with their sex. Such GID issues have recently become the focus of academic research in many countries, since the latter part of the 20th century (Yamauchi et al., 2004), which has also resulted with some focus on this subject by the mass media.

The GID is defined as a condition characterized by a feeling of discomfort towards one's anatomical sex. In a number of cases, even though GIDs do “come out” to their family, relatives, friends at school, workplace and/or communities, most of them still face the risk of discrimination, bullying, prejudice, and human rights violations from society. As a result, their psychological or emotional distress is

immeasurable. Thus, GIDs often suffer feelings of guilt, confusion and loneliness due to their social isolation. In some extreme cases, they also commit suicide (Yamauchi, 2004).

According to *Men's Magazine* (No.11), in 2009 the number of *Kteuy* in Cambodia is approximately 140,000. In Cambodia, the term *Kteuy* (a term used in Mon-Khmer) is often used interchangeably with terms such as "homosexuals", "third sex", or even used to describe people who have a sense of uneasiness about their gender or sex. In Cambodian society, the term "Gender Identity Disorder" is yet to be well understood. GIDs have a sense of uneasiness about their sex, feel deficient in their gender roles, have maladaptive feelings towards society, as well as experiencing body unpleasantness. Many of them often wonder if they were born to the wrong body.

Most GIDs consider the term "Gender Identity Disorder" itself as terminology that denotes discrimination. They do not believe that they are "sick" or "abnormal". Consequently, they often wonder if people who do not know and cannot be classified into "female" or "male" groups should, in fact, be regarded as GIDs. Most GIDs and other sexual minorities want to be simply who they are and do not want to belong to any particular sex categories. However this is invariably difficult because the society they live in is governed by established norms and traditions. The society still pays very little attention to these issues; thus it is necessary to fill in some of the gaps left in the research in order to create a platform for more constructive discussion. It is noteworthy fact which we cannot ignore. The implications of this research could help people understand more about GIDs and thus enabling them to live in more equitable conditions.

There is much research on gender in Cambodia, but most of the research is about "females". For example, "*The Economic Activities and the Social Definition of Women: A Case Study of Woman Retail Traders in Cambodia*" (Kusakabe, 1999), "*The Roles of Kinship and Supporting Systems for Female-headed Households in a Rural Community: A Case Study of Tatok Village, Siemreap Province, Cambodia*" (Satoh, 2004), etc. As far as academic researches are concerned, my research project is the first to conduct research on "sexual minorities," such as GIDs, in Cambodia. Hopefully this research will provide an impetus for more research in this area in the future.

The structure of this paper is as follows. The first part defines the meaning of "Gender Identity Disorder", but also differentiates between "GID" and "homosexual", and then goes on to describe the current situation of GIDs in Cambodia.

The second part introduces the theories of Michel Foucault and Judith Butler. Foucault and Butler both "came out" in public, admitting their "homosexuality." Both conducted research on sex as well as pursuing theories in contemporary philosophy in relation to the issue of sex. The main issue of their theory is that "sex" was suppressed by social norms (power) in the west or western society. This research considers both theories of Michele Foucault, as expressed in *The History of Sexuality* (1974), and the thoughts found in Butler's *Gender Trouble: Feminism and the Subversion of Identity* (1990). This

paper attempts to examine whether their theories can be applied in the case of Cambodia, and whether if it is possible to apply these western theories elsewhere.

In the third part of this paper, interviews with ten Cambodian GIDs are used to examine Foucault's and Butler's theories. Simply put, these theories have been applied in order to clarify what is the core element of such discrimination in Cambodia. As one of the analytical methods, narrative theory will be utilized to analyze the results of the interviews. Based on the analyses, I will try to discern what is at the core of the discrimination by Cambodian people against GIDs and reassess the functionality of Michele Foucault's and Judith Butler's theories in the case of Cambodia.

I. Perceptions pertaining to “Gender Identity Disorder?”

1. The definition of “Gender Identity Disorder”

In medical terms, “Gender Identity Disorder” refers to conflict between a person's actual biological sex and the sex with which a person identifies herself/himself (Yamauchi et al., 2004). For example, someone who was born as a biological “male,” but considers himself as, and acts as, a “female,” often experiences GID. In some extreme cases, GIDs seek gender reassignment surgery. GID is evident in early childhood as well as adulthood. GIDs have been divided into two groups, “MTF” (Male to Female) and “FTM” (Female to Male). GID fulminates more often in “males” than in “females”. The major symptom of GID is related to transsexualism. It is also used to describe a “male” or “female” who feels discomfort with, or has inappropriate feelings about, their actual biological sex, because of their sense of identity with the opposite sex, and a desire to play the role of the opposite sex in their daily life.

According to Yamauchi (2004), “Gender Identity Disorder” is an “illness” which is psychologically related. If GIDs want to be recognized by a society, they should first be medically diagnosed as such. There are two kinds of international diagnostic criteria for Gender Identity Disorder. The first one is the International Classification of the Disease (ICD-10) which is a diagnostic coding system developed by the World Health Organization in 1990. ICD-10 contains a medical classification list for the coding for all types of “diseases,” “disorders,” conditions, signs, symptoms etc. ICD-10 is used in most countries in the world, with the exception of the United States of America. The second is the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV-TR) (2000, present version) published by the American Psychiatric Association. It covers and focuses mostly on describing symptoms needed to establish diagnoses in “mental health diseases” for both children and adults. The DSM-IV-TR is currently used in the United States of America but uses a code that generally corresponds with the ICD-10.

It is doubtful that all GIDs should, or need to, be diagnosed in a hospital or a clinic. Even though “Gender Identity Disorder” is medically regarded as a “disease” or a “disorder,” GIDs generally assume

that they don't have a "disease" or a "disorder." As a matter of fact, most GIDs experience discomfort or offence with the term "Gender Identity Disorder." Despite being what is termed a GID, they do not believe that they actually have a "disease" or have a "disorder." In this sense, it would be advisable to reconsider the ICD-10 and DSM-IV-TR in regard to their classifications for GIDs. Does it make sense to classify a person with a "Gender Identity Disorder" based on the ICD-10 and DSM-IV-TR when the person involved is experiencing something more like confusion rather than a disease? The doctors conducting the diagnosis on GIDs are not necessarily GIDs themselves, thus making it difficult for them to understand how GIDs might react to such categorization. By judging someone as having a "disease" or a "disorder" can be construed as discrimination and prejudice. Even the ICD-10 and DSM-IV-TR have their own histories and have become quite common in the medical world, but it is still doubtful as to whether both can be considered the defining authority on this matter. Most people have both traits in them and they develop the traits that bring out the characteristics of who they are. Society, on the other hand, has influenced people to hide their true self, which is reflected in the limitations found in ICD-10 and DSM-IV-TR.

The exact causes of "Gender Identity Disorder" are various and not yet well-understood but several theories exist. One of the often-suggested main causes is a biological problem during the fetal period (after the eighth week). It has been suggested that genetic abnormalities can occur due to problems when a spermatozoon fertilizes an ovum and the cell division begins. Correspondingly, many people think that the cause of GIDs is one's nature (Yamauchi, 2004). But, this assumption has yet to be verified. Etiologies of GID have been considered to have some posteriori causes.

To be a "female" or "male" is such a familiar part of everyday activities in society, few pay attention to the issue of how we define gender. In general, most people believe "females" and "males" are created by nature, and that they are also physically and mentally different. Thus, most people tend to adjust their behavior, for example their manner of talking, walking, dressing etc. to their gender role as generally defined by society. The nature of "female" and "male" is something which everybody frequently talks about, and yet is something that is difficult to define precisely. In fact, the sex category of "male" and "female" is very closely associated with gender, which is produced by the constructions of social norms. The constructions of social norms occasionally fail, and create "differences" as reflected in the issues concerning GIDs. Yet, more and more, modern society seems to ignore "difference." Society tends to want to control and manage people, especially those who oppose common sense and social traditions and, instead, try to assert their "difference." "Gender Identity Disorder" is created by society to manage sex by soft power. GID is thus created posteriori.

2. The Differences between "Gender Identity Disorder" and "Homosexual"

As already stated above, GID is a condition in which a person feels much discomfort with her/his

biological sex, thus leading them to feel they should actually assume/identify with the opposite sex. Those affected may also believe that she/he was born in the wrong sex. GID is a persistently physical feeling of discomfort with her/his sex.

There are many definitions pertaining to “homosexual,” but in general it is a condition relating to or having a sexual orientation to persons of the same sex (Ikeda et al., 2003). For instance, “gay” is used to denote “boys” or “men” who are sexually attracted to the “male sex”. In contrast, “lesbian” is used to denote “girls” or “women” who are attracted to the “female sex”. However, these terms tend to imply discrimination, which is why most “homosexuals” feel very uncomfortable when referred to in these terms (Nomiya, et al., 2003; Ishimaru, 2008).

It is a common misconception that GID and “homosexual” are the same. However, GID is not contingent upon sexual attraction or love interests. It is an individual's problem concerning the conflict the individual feels in relation to their actual biological sex and how they perceive their own sex. In contrast, “homosexual” is related to sexual and love interests. The parties do not feel discomfort with their own sex, and they feel sexually or romantically comfortable toward the same sex. For example, a man can feel very comfortable with his “male sex,” meaning that he feels and acts as a “man,” but he also feels romantic or sexual attraction to the same sex. A common misunderstanding is that “MTFs” feel attractive to only “males” for sexual and love interests. In fact, MTF's love interests are diverse. For example, there are MTF and MTF partners, MTF and “male” partners; likewise, there are FTM and FTM partners, etc. (Sakura, 2006, Nomiya, et al., 2003). As a consequence, the sexual diversity of GIDs is varied, ranging from “heterosexual,” “homosexual” and “bisexual.”

“Homosexuality” has also often been considered a “disease.” In the 19th century, “homosexuality” was considered as a “disease” by medical circles in Europe. But rather than a medical “disease” it was considered more of a type of personality disorder. Subsequently, many “homosexual groups” in Europe have since conducted citizens' campaigns to change the perception of “homosexuality”. As a result, in the early 1990s, ICD-10 of the World Health Organization and DSM-IV of American Psychiatric Association declared that “homosexuality” is not a “disease” so it is no longer found within the scope of medical treatment (Harima, 2003). But in today's society, some “homosexual people” always feel incompatible with, or maladjusted to social norms, and furthermore many face discrimination and prejudice from society. This can, of course, lead to stress and pain which can result in them becoming “mentally ill” in a worst-case scenarios.

The issue of “homosexuality” as a “disease” is not only limited to “homosexuality,” but also related to “Gender Identity Disorder.” Currently, GID is regarded as a “disease,” but it is expected that GID will be reexamined in the near future (Nakamura, 2005).

3. The Cambodian Context

In Cambodian society sex is categorized into “female” and “male” and then another sex termed *Kteuy*. The word *Kteuy* is a discriminatory term, but used widely. *Kteuy* has several meanings. Firstly, *Kteuy* is an indeterminate sex or intersex, referring to a person who cannot be divided into a category of either a person with “female” or “male” sex organs perhaps as the result of suffering a prenatal injury/accident of the sex organs. The term *Kteuy* is also associated with “homosexuals.” In Cambodia, the word “Gender Identity Disorder” is little known and mainly confined to the medical world. Thus, the term *Kteuy* has become a term that is used to denote all “sexual minorities”.

On October 12th, 2009, a large scale “Homosexual Conference” was held in Phnom Penh and was attended by some 300 “sexual minority” people (Shin et al., 2009). According to the conference, the number of “homosexuals” in Cambodia was about 140,000 in 2009. Nevertheless “sexual minorities” are still ignored by society. The key of discussed issues among the attendees focused on the rights of “sexual minorities” and discrimination or bullying faced by them (Shin, et al., 2009). In general, those from “sexual minorities” do not often have the chance to express their ideas and experience difficulties in public; thus the conference provided a significant forum for them.

The numbers of “sexual minorities” are not great, yet significant enough not to be ignored by society. Most “sexual minority groups” commonly face discrimination, bullying, prejudice, human rights violations, and so forth, from not only society in general, but also from their own family. Transparently, the underlying reasons are incongruity of Cambodian tradition (social norms) coupled with family progeny issues (Sok, 2009). Most Cambodian people believe that marriage should be made up just between “females” and “males” with the aim to have children (reproduction) and to build up a family. Cambodian people cannot accept same-sex marriage as they consider marriage without reproduction to be dishonorable (Sok, 2009). They believe that the “male” and should take responsibility as a “male”, and the “female” should act like “female” and reproduce, all of which is naturally supposed to be justified or correct.

In Cambodia, there is much discrimination against “sexual minorities”. For example, if “homosexuals” do not “come out” at school, the work place, or in the community, they will probably do not face discrimination. However, for GIDs who have a sense of uneasiness about their sex, inadequacy concerning their gender roles, maladaptive feelings towards society, as well as body unpleasantness, it is very difficult to find a job to support themselves because of discrimination. In some cases, their parents kick them out of the house, thus they are unable to continue their studies. Most of them work at bars or nightclubs as entertainers, hostesses, etc. However, some GIDs have been working as sex workers in order to survive. For the GIDs who can afford to run their own independent business, some manage businesses such as a hair salons, etc.

The explanations above are some cases which demonstrate discrimination against “sexual

minorities,” and this discrimination against individuals is sexual orientation discrimination. Sexual orientation discrimination can occur when someone, on the basis of another’s actual or perceived sexual orientation, takes action against that person. However, people in Cambodia consider this to be common sense. Cambodian people discriminate against “sexual minorities” such as “homosexuals,” and GIDs, not just as individuals but also as a society as a whole, and also within the family, kinship unit many are not accepted at all. Thus, this begs the question, why do people in Cambodia have a tendency to discriminate against GIDs, and what is the core element of such discrimination? In order to address this question in the next section I shall employ Michele Foucault’s and Judith Butler’s theories.

II. Theory

1. Michele Foucault’s *The History of Sexuality*

According to *The History of Sexuality* Foucault stated that sex was once free and easy, but due to the advent of modernization, sex became repressed by social norms (power). In the late 18th-19th century, in order to augment national welfare and economic growth, the government, especially in western countries, sought to secure labor by focusing on population growth. At the same time, reproductive behavior and sex came under the control of medical science. Thus, sexual behavior between members of the opposite sex and the ability to reproduce was principally regarded as “normal”.

In contrast, in both medical science and society, people who were unable to reproduce by genesis or by accidental injuries, became known as sterile people. These people along with “sexual minorities,” “homosexuals,” GIDs, etc, were then not simply classified as being “abnormal” but instead were relegated to such classifications as “diseased”, or suffering from a “disorder.” Consequently, “homosexuals,” GIDs and other “sexual minorities” were discriminated against by ordinary people as being “abnormal” but with the nuance of also suffering from a “medical disorder.” During that period, penalties were imposed on “homosexuals” by the authorities. Foucault found that since such times sex actually suggests the power of reproduction.

2. Judith Butler’s *Gender Trouble: Feminism and the Subversion of Identity*

Butler indicated that sexuality (the differences between “female” and “male”) was not constructed by nature, but by role as well as other social and cultural factors. In 1869, medical science declared that “female” and “male” are two sorts of distinct sexes, which was already a distinction realized by ordinary people. Simultaneously, “homosexual” was a medical term, and “heterosexual” was subsequently created afterward; with the implication that “homosexual” contained the nuance of being a “disease.” As a result, “homosexual” was seen as relative term to contrast with the term “abnormal,” while “heterosexual” was emphasized as “normal” by social norms; and gender existed academically in the

world (Butler, translated by Takemura, 1999).

Overall, sex means the variation of natural anatomical sex, whereas gender is defined as the differences between the role of “female” and “male” in culture and society. Nowadays, “femininity” and “masculinity” are also commonly recognized concepts in society. However, Butler criticized that both sexuality and gender were produced by social structure for the national interest. So, “intersex,” “homosexual,” “Gender Identity Disorder,” or infertility, which are all considered not to function positively in the national interest, became “abnormal,” resulting in discrimination and prejudice.

III Analysis of the Interviews

1. Objective of Research

There is a range of research on gender issues in Cambodia, but most is centered on the “female.” Therefore, it is difficult to find references on “sexual minorities” in Cambodia. So interviews with Cambodian GIDs were conducted to validate whether or not Michele Foucault’s and Judith Butler’s theories are relevant or practical/applicable in the Cambodian context.

2. Methodology

In order to reach the objective of this study, interviewing GIDs was undertaken in 2010, followed by analysis of the data using a narrative method. In Cambodia, it is very hard to seek out GIDs because they don’t like to expose their identity due to discrimination. Hence, in order to ease the interviewing process, it was required that the author build friendships with them in advance. “MTFs” outnumber “FTMs” in Cambodia (Shin et al., 2009). “MTF’s and FTM’s situations” are completely different from each other, which is the reason why only “MTFs” were chosen as interviewees. Accordingly, ten Cambodian “MTFs” were interviewed, and the data necessary for the analysis selected and utilized in this study. The interviews began with the interviewee talking about things that happened in their childhood and continued through to the present with questions asked to facilitate the conversation.

The narrative theory was additionally utilized for survey analysis in this study. The reason why narrative theory was applied was to focus on how the interviewees expressed themselves. The meanings of expressions used, and the contents of the stories, that are based on their own truth, were analyzed (Shojima, 2008). The main feature in this research is to emphasize the perceptions of each individual GIDs’ issues, which are relevant to the research theme. From the interview data, it was found that the perception of “homosexuals,” GIDs and other “sexual minorities” being unable to reproduce is strongly associated with being “abnormal”. This follows the theories put forward by Foucault and Butler as causes for discrimination and prejudice against such people. Thus, these theories were explored carefully within the current situation in Cambodia.

3. The results of the analyses of the interviews

This paper focused, in particular, on two points. According to Foucault's and Butler's theories, the social norms (power) do manage sex; therefore, gender gaps between "female" and "male" were reproduced in many respects. "Homosexuals" and GIDs, who are presumably genetically unable to reproduce, were considered as "abnormal" by ordinary people (heterosexuals) in society. Due to the above reasons, prejudice towards "sexual minorities" such as GIDs is generated. Thus, in Cambodia, the perception of "sexual minorities" is strongly associated with the perception that such "minorities" are "abnormal" and "unable to reproduce."

"Abnormal"

Foucault and Butler argued that "sexual minorities" such as "homosexuals" and GIDs were considered to have a "disease" and were also considered "abnormal." As a result, people (sexual minorities) who don't respect or reproduce the social norms were excluded and regarded as "abnormal." Thus prejudice and discrimination from society and people in general towards such parties escalated to extremes (Butler, Takemura translation, 1999, Foucault, translation by Wantanabe, 1986). In society, ordinary people are categorized as either "feminine" or "masculine," thus actions or behavior that do not coincide with the social norms, are considered to be "abnormal". The interviews below show perceptions of "abnormal" as constructed by society.

(A) "...For me, the difficulties in my daily life are behaviors. I don't intend to act as a woman, but it comes naturally. When I speak or do something, my family and the people around me always pay attention to me."

(C) "I am a man, but I consider myself a woman. But people around me never understand my situation..."

...I think because I am different from men, in general, I always get bullied by my classmates and I decided to leave school when I was in junior high school. I thought that I was different from others and that was why they bullied me. At that time, I was asked: you are a boy, why do you want to become a girl? Your behavior is so terrible. I could not cope with these problems at school, so I decided to drop out."

(D) "My parents always wanted me to be strong as a man. But I had a female feeling inside, and my family always blamed me even for a minor matter..."

...I think I am different from others and that is why they discriminate against me in even a minor problem. I have been asked: you were born as a man why do you want to become a woman. Are you a man or a woman? In extreme cases, I have been looked down on by from ordinary people and that is why I have suffered mentally. I want to tell them that, as a human being, I am not different from others, why don't you understand me?"

(E) “...I have been asked by people around me to be masculine; *Kteuy* is a stranger. In the worst cases, I was violent abused by my family, especially by my father. Even at school, when my classmates saw me, they suddenly criticized me, saying that *Kteuy* was abnormal, and that I had to go to hospital to have medical treatments.”

(F) “...I do not understand why we have to choose a sex as either as a male or female. When we do not choose it, we have to face many problems. I tried to explain to many people about my problems, but all of my efforts came to nothing.”

(G) “...When I entered junior high school, my daily life was changed. My close friends in elementary school transferred to other schools and I started my lonely life. I have been bullied by my classmates. I remember the worst thing that happened in the past was when I was in the first year of junior high school. During an exam, my teacher said to me that he could not understand the third sex. And ordinary people always asked me whether I was a man or woman?”

(H) “When I was a child, I wondered if I was a girl and why I have the external genitals of a boy. I have a body of a man, but I have woman’s heart. However, I treat myself as a woman; my family has not forgiven me and gave me sermons every day.”

(J) “My family blamed me every day; you are a man so you have to be masculine, if you become *Kteuy*, it would destroy our family honor and I will never forgive you. However I cannot become a man, I want to be a woman and that is why there is much stress.”

Nine respondents always have been considered as *Kteuy* because they show different behavioral patterns. The society clearly divides “females” and “males”. In other words most of the people believe that being a “male” means that we have to be “masculine” or being a “female” means that we have to be “feminine”, which is defined by “Gender-role theory.” The theory indicated that “males” are powerful, aggressive, rational, dominant, efficient, competent, etc. In contrast, “females” are intuitive, passive, submissive, emotional, creative, good communicators, etc. However, there are dissenting opinions concerning the “Gender-role theory,” because humans are varied and have many differences in behavior and personality characteristics, so it is difficult to classify being “male” as having to be “masculine” or being “female” as having to be “feminine.” Thus, “Gender-role theory” has limitations. In society, what happens when “males” don’t act “masculine” and “females” don’t act “feminine”? Society has influenced people’s thinking, because of its faulty stereotyping which attempts to get everyone to imitate the ideals society has set up. In fact, society controls people to make them follow the social norm, so when patterns differ from the social norm, it is judged to be “abnormal.” According to the answers in the interviews, the behavior of nine GIDs differs from generally accepted norms. As a result, a gap between “normal” and “abnormal” has appeared. With respect to the above reasons, the prejudice against sexual minorities such as GIDs is generated; and discrimination has become routine. Thus, Michele Foucault and Judith Butler's methods are applicable in the context of Cambodia.

“Unable to Reproduce”

Michel Foucault's and Judith Butler's theories clarify that “sexual minorities” are: presumably genetically unable to reproduce and are infertile; reduce national interest; and are considered to have a perverted sexuality or be “abnormal” in the eyes of society. Thus, the prejudice and discrimination against sexual minorities such as GIDs occurs (Butler, translated by Takemura, 1999; Foucault, translated by Wantanabe 1986; Komatsu, 2006). According to the interviews, these theories can be applied to the Cambodian situation. The results of the analysis are as follows:

(A) “...Even if I underwent a sex reassignment surgery, I cannot get pregnant so I don't know if I can become a woman.”

(D) “I was born as a man, but I feel that I am a woman. And even though I feel like that, it does not mean that I want to undergo my sex reassignment surgery and hormone treatment. Even if I do these, I cannot have children.”

(F) “Now I get hormone treatment before undergoing my sex reassignment surgery. I don't have a womb even if I undergo a surgery; I cannot have babies.”

(G) “...If I were born as a female, I would have babies and hope that I can build a happy family. However it is just my dream, in fact I am very disappointed for not being able to have children.”

(J) “...Even though I underwent a sex reassignment surgery, I cannot get pregnant. It is very hard because I need to fight illness every day.”

Five out of ten GIDs discuss that even though they underwent sex reassignment surgery, they still cannot give birth to baby so it is impossible to fulfill their expected duty as a “female.” However, this assumes that a women's worth depends on her ability to bear children. We cannot deny a women's value even if they are unable to give birth. Cambodian society drives people to define sexuality by fertility. The people who will not/cannot take part in sexual reproduction are excluded by society (Foucault, translated by Watanabe, 1986). Cambodia is a country where tradition is valued, especially where marriage is concerned. Most people believe that marriage is only possibly between a “female” and a “male” with the purpose to have children (reproduce) and to build up a family (Shin et al., 2009). Considering “inability to reproduce” as a criterion for deciding whether we are “female” or “male” is the abstract problem. Even though there were only five answers from the ten interviewees on this issue, we can say that there is the possibility for Michele Foucault and Judith Butler's theories to be applicable in Cambodia's context.

Conclusion

In this study, Foucault's and Butler's theories have been applied to clarify what is the core element of discrimination and prejudice against “Gender Identity Disorder” in Cambodia. Ten Cambodian GIDs were interviewed and the narrative theory was applied in this study. The result of the research suggests

that, in Cambodia, society does control sex (the differences between “male” and “female”) in every possible way. Furthermore “sexual minorities” such as GIDs, who are presumably “unable to reproduce,” are judged as “abnormal” by society in general. Furthermore, in worst-case scenarios they face violence from their family due to the perception that *Kteuy* destroy family honor, the value of tradition and culture of Cambodia. The prejudice and discrimination towards GIDs exist in Cambodian society, thus GIDs can be analyzed by using Michele Foucault and Judith Butler's theories.

“Gender Identity Disorder” was medically considered a type of “disease” or “disorder.” However, according to Foucault's and Butler's theories, GID is a reproduction failure, by which “males” and “females” are judged under social norms. The words “female”/“male” are recognized in “heterosexual” relationships by ordinary people, and it is used because modern society needs to maintain control and manage people. Thus, “normal” and “abnormal” are associated with the reproduction process. Today, GID is regarded as a “disease” or “disorder” by medical science, but in the near future it is likely that GID will no longer be considered a “disease” or “disorder”, but rather it may be considered more a matter of individuality. Modern society has influenced people to hide their true self. But for a diversity of lifestyles to achieve true satisfaction in society, greater diversity, and an understanding of that diversity, becomes very important.

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Table 1 : Basic information on interviewees (February 2010, 1st interview)

Name	(A)	(B)	(C)
Age	22	24	25
Occupation	student	student	unemployed
Place of birth	Phnom Penh	Phnom Penh	Phnom Penh
Educational attainment	university	university	junior high school
Actual biological sex	"male"	"male"	"male"
Gender identity	don't know	don't know	"female"
Sexual orientation	"male"	"male"/"female"	"male"
Interview date	February 4 th , 2010	February 12 th , 2010	February 17 th , 2010

Table 2 : Basic information on interviewees (February 2010, 1st interview)

Name	(D)
Age	26
Occupation	domestic help
Place of birth	Phnom Penh
Educational attainment	high school
Actual biological sex	"male"
Gender identity	"female"
Sexual orientation	"male"
Interview date	February 18 th , 2010

Table 3 : Basic information on interviewees (August 2010, 2nd interview)

Name	(E)	(F)	(G)
Age	24	22	20
Occupation	unemployed	hostess	hostess
Place of birth	Kompong Som	Phnom Penh	Phnom Penh
Educational attainment	high school	junior high school	high school
Actual biological sex	“male”	“male”	“male”
Gender identity	“male”/“female	“female”	“female”
Sexual orientation	“male”	“male”	“male”
Interview date	August 9 th , 2010	August 15 th , 2010	August 17 th , 2010

Table 4 : Basic information of interviewees (August 2010, 2nd interview)

Name	(H)	(I)	(J)
Age	20	24	26
Occupation	hostess	hostess	hairdresser
Place of birth	Phnom Penh	Phnom Penh	Phnom Penh
Educational attainment	junior high school	elementary school	university
Actual biological sex	“male”	“male”	“male”
Gender identity	“female	“female”	“female”
Sexual orientation	“male”	“male”	“male”
Interview date	August 20 th , 2010	August 25 th , 2010	August 30 th , 2010