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Thailand and the Global Intimate:
Transnational Marriages, Health Tourism
and Retirement Migration¹



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Abstract

This paper analyzes the positioning of Thailand in the global intimate economy and the ways in which the projection of Thailand as a destination for bodily, sensual and spiritual fulfillment has shaped the kinds of mobility to and from the country. Drawing on existing research on Thailand's booming health and beauty tourism, the retirement industry, and transnational marriages between Thai women and foreign men, this paper conceptualizes Thailand's place in the global outsourcing of commodified care and bodily services. The Thai state in close collaboration with the private sector has marketed spicy dishes, spas, surgery, sun, sand and spirituality to attract short term travelers as well as would be residents from increasingly diverse destinations. While sex is not on the official Thai tourism campaign, it has, for four decades, entered the popular knowledge of international visitors and constituted one of the Thai attractions. As a provider in the global service economy, the Thai state and its corporate partners have capitalized on feminized Thai cultural traits such as warmth, hospitality, and servility, as well as bodily and emotional labor performed mostly by Thai women, to compete in the market.

Author

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Introduction

Recently, the intimate has received new academic attention particularly from feminist scholars who have been concerned about emotions, feelings, the body, the mundane and everyday life and the ways in which banal personal affairs are projections of larger structural forces and inequalities. The feminist statement that ‘the personal is the political’ runs through writings of scholars who explore global interactions rooted in fields of power. Writing about the 19th century Dutch colonial power in Indonesia, Stoler (2010) points out that it is in the realm of private and personal life that imperial power is ascribed in the process of controlling, naming, and shaming bodily practices and physical closeness between racially and gender categorized subjects. Along the same vein, Povinelli (2006) suggests that the body and intimate feelings of love are the fields in which “late liberal” state power operates, imposing meanings on bodily interactions. Pratt and Rosner (2012) and the contributors in their edited volume are among those feminist scholars who seek to link the intimate to the global. Feminist scholars of globalization have criticized dominant globalization discourse for its emphasis on the abstraction of flows and mobility detached from embodied and embedded day to day experiences (for example Nagar et al. 2002, Eschle 2004, Pratt & Yeoh 2003). They call attention to invisible sweat, tears, and rough hands that feed, bathe, and clean rooms in the effort to maintain bodily existence and fulfill human emotional necessities as the global market and communication technology create time-space compression and the condition of postmodernity (Mountz & Hyndman 2006). A dimension of globalization most highlighted by feminist scholars is how gender, race, class, and spatial inequalities form diverged global experiences for differentially located individuals.

This paper aims to explore the delicate interconnection between the global and the intimate by taking Thailand’s economy and national policy on tourism as a case study. Thailand is a good case to explore the global intimate because of the particular ways it positions itself and has been perceived internationally. The service sector, especially the tourism industry, constitutes a major source of Thailand’s foreign income. The Thai state, as well as the private sector, has played an active role in promoting the commercialization of Thai cultures and landscapes. Sex tourism, a legacy of the Cold War, dominates the perception of Thailand in the global arena and has become a source of shame for upper-class Thais and the government. By the beginning of the

1 A version of this paper was presented at the Asian Migration and the Global Asian Diasporas Conference, City University of Hong Kong, September 6-7, 2013.

21st century, the Thai service industry had developed to a new level of sophistication with an even more global outlook. This happens at a time when the commodification of care and intimacy has become a dominant global trend. The Thai state, in close collaboration with the private sector, has marketed spicy dishes, spas, surgery, sun, sand and spirituality to attract short term travelers as well as would-be residents from increasingly diverse destinations. The projection of Thailand as a destination for bodily, sensual and spiritual fulfillment has shaped the kinds of mobility to and from the country. Drawing on existing research on booming Thai health and beauty tourism, the retirement industry, and transnational marriages between Thai women and foreign men, I investigate Thailand's role in the global intimate economy and its implications.

The global outsourcing of commercialized intimacy

The commercialization of human's intimate relations has been noted by sociologist Arlie Hochschild in the context of the market driven American society. Hochschild (2003, 2013) points out that in light of the growing labor force and the lack of welfare provision by the state, more people have turned to the market for the fulfillment of human emotional and bodily needs; it is becoming common to seek paid expert services when looking for life partners, in maintaining marital relationships, in caring for aging loved ones and children, and in receiving reproduction assistance. Describing the global care chain and global division of labor, Ehrenreich & Hochschild (2004) and Parrenas (2005), contend that the commercialization of intimate life has a global aspect to it. Much of the world's reproductive, bodily, and emotional labor has been outsourced to developing states or migrants from those states, the majority of whom are women. The global division of labor is reflected in the work done by Filipino nurses and domestic workers in the US; Sri Lankan domestic workers in the Middle East; Indian-based call-center staff who serve customers in the US; Korean manicurists in New York; tourist-oriented sex workers in Thailand and the Caribbean; local staff in the Thai, Filipino, and Malaysian retirement industries catering to Japanese pensioners; and paid surrogate mothers in India. This line of work is described as intimate labor (Boris and Parrenas 2010), body work (McDowell 2009, Twigg 2011), bodily labor (Kang 2010) and emotional labor (Hochschild 2003) because of the physical and emotional management it requires. These categories of

work and labor often overlap. Working with the body (of patients in health care institutions or customers in beauty salons) requires emotional as well as physical labor. Sometimes, emotional closeness is formed without bodily encounters such as in the communication between call-center staff and their customers (Vora 2010).

The global outsourcing of commodified care and body work reflects the persistence of the social expectation that care and reproductive work are women's duties. Traditionally performed in the home without pay, commodified affective and bodily labor is regarded lowly if not stigmatized (as in sex work) and multiple sets of inequalities -gender, race, class, and nations – are at play when certain groups are channeled into this work while other groups enjoy the product of it. The global division of labor highlights inequality among women; some can afford to pay to opt out of housework and enter well-paid professional careers, while others accept modest compensation to fill the void as paid domestic helpers.

At the consumer's end, indulging in body pampering services for beautification and relaxation constitutes a kind of modern day consumption. Women carry more weight in keeping up their physical appearance and are the main patrons of hair salons, nail salons, and aesthetic spas. More recently, men have started to invest more time and resources on their physical upkeep as well. The consumption of aesthetic body services helps the customer boost his/her self-esteem and meet the organizational expectations at certain workplaces (Kang 2012, McDowell 2009). In addition, body pampering services serve as a status marker at a time when lifestyle and cultural consumption, rather than conventional industrial class divisions, indicate one's social standing (Aguilar, J.V 2011). Increasingly, where health and beauty meet, paying attention to the mind and the body represents an urbanite and metropolitan orientation. Yoga, meditation, traditional Thai Massage, natural herbal foods and medicine, and alternative healings are sought after by urban metropolitan consumers who are concerned about the damage to the mind and body caused by modern life.

Thai women's intimate labor and tourism: From exotic to erotic and then to health

Tourism has been Thailand's key industry and a leading foreign income-earner. Kogiso (2012) notes the evolution of the image of Thai tourism in the eyes of foreign visitors, and identifies three transitional periods of Thai tourism. Before the time of

the tourism industry, Thailand was seen as an exotic destination. In 1961, with the establishment of the Tourism Organization of Thailand (TOT), the Thai government officially promoted the tourism industry as part of the national economic development plan. The launch of the Thai tourism industry was closely linked to the Rest and Recreation (R & R) agreement with the US military during the Vietnam War, which resulted in the flourishing of the entertainment industry, and particularly of sexual venues in Thailand (Troung 1983). The early days of the Thai tourism industry were therefore marked by an emphasis on the exotic and erotic (or exotically erotic); this has continued to dominate the perception of Thailand among foreign visitors until the present day. Since the 1990s, however, the Thai government has attempted to shift the image of Thailand away from that of the world's sexual playground by diversifying Thai tourism. Thai health and beauty tourism, along with campaigns highlighting the "Kitchen of the World", "Bangkok Fashion City" and the "Amazing Thailand", are part of the Thai tourism authority's new branding strategy to counter the negative perception of Thailand as a destination for sex tourism (Nuttavuthisit 2006). Official tourism campaigns have shifted to target families, women and children, to alter the disproportionately high representation of male tourists who travel alone, a proxy indication of male sex tourists.

The Thai tourism industry, moving from the exotic, to erotic, and now to health, has always been a state-led enterprise and part of the development discourse that national and local administrations have embraced. From the national to the provincial and local community level, state agents and local entrepreneurs are enthusiastic in exploring the economic potential of tangible and intangible resources in the locality for tourism development. As commentators have pointed out, tourism represents to Thailand more than economic gain and foreign income, it is also a source of national pride and cultural nationalism that inflates the nationalistic appreciation of institutionally constructed 'Thai-ness' among the Thais (Del Casino 2000, Reynolds 1998, Sunanta 2005).

The more recent trend in Thai tourism and its focus on health is not a complete break from earlier Thai tourism waves. Health and well-being tourism markets Thai alternative physical and spiritual healings as rooted in exotic Thai and Buddhist traditions. All Thai tourism trends rely on the intimate labor of women and the representation of Thai people as naturally hospitable and willing to please. To many, Thai massage carries ambiguous meanings, being sometimes understood as an erotic act or the so called "massage with a happy ending." This ambivalence has implications on the experiences of Thai traditional masseuses and spa therapists, whose

family members, boyfriends and partners found their career's respectability dubious (personal communication with a former spa therapist in Bangkok). The government, particularly the Ministry of Public Health, has gone to great lengths to disassociate Thai health tourism from sex tourism. This includes endeavors to regulate and standardize the spa and massage industry. The Ministry of Public Health issued a code of conduct that prohibits spa therapists from sexually seducing customers or engaging in sexual acts with customers. In performing body work, spa therapists thus have to touch appropriately so that their work is not confused with prostitution, another line of body work Thailand has been known for.

The rich literature on Thai tourism has not yet grappled with the body and sensory politics of the global service industry. I propose this approach to emphasize shared aspects rather than divisions between the erotic and health, prostitution and therapy, and embarrassing and commendable tourism policies for Thailand. As will be illustrated in the following section, these categories of tourism are overlapping and interlinked, and shape the trend of mobility to and from the country. In the following, I will look at three trends of transnational mobilities of people to and from Thailand: transnational marriage of Thai women, health and medical tourism and the retirement industry. I argue that the global division of labor and the body politics are central to all three interrelated migration trajectories.

Thai women as transnational wives

Thailand's role in the global intimate is probably most visible in the international marriage trend between Thai women and Western men. Since the 2000s, there has been a noted phenomenon of increasing Thai women marriage migrants in Western countries, particularly in Western Europe, Scandinavia, Australia, and the US. The first cases of Thai wives migrating to the West via interracial marriage with western men started in the 1970s but the trend has expanded and reached new visibility in the past 10 to 15 years. Statistical data from Sweden in 2002 and 2008 indicate that Thai women have replaced Finnish women as the most popular choice of foreign partners for Swedish men (Haandrikman 2013). In Iceland, the first Thai immigrant arrived in 1978 as the bride of an Icelandic man; by 2009, 1,070 of Iceland's foreign-born population were from Thailand, the majority of which are now working age women (Bissat 2013). In the UK, 55-75% of the group of Thai nationals granted settlement

in the UK are wives of UK nationals (Charsley 2012: 874); the 2001 national census shows that 72 % of the 16, 256 Thai people in the UK were women (Sims 2008: 2). Marriage migration of Thai women has had an effect on the overall make-up of the Thai population in certain destination countries.

The Thai wife phenomenon in the Western world is a legacy of Cold War militarism and the popularity of Thailand as an exotic/erotic tourist destination since the 1960s. Most often, men met their Thai wives while visiting Thailand, but more recently women who have already settled as wives have arranged for their friends and relatives in Thailand to marry other local men and join them in Western destination countries. In Thailand, the interracial marriage trend is most prominent in the Isan region, the most economically disadvantaged region whose population is made up of ethnic Lao groups. Isan women predominately represent service workers in tourist-oriented night entertainment venues in Thailand's tourist destinations. A 2003 survey shows that over 15, 000 women in the Isan region are either dating or married to foreigners (NESDB 2003). Isan women with white Western male partners, are colloquially and sometimes derogatively known in Thailand as *mia farang* (white Westerner's wife). Intimate encounters between Isan women and Western men are shaped by national and global inequalities and are articulated in gendered and racialized ways; women's personal decision to become transnational wives represents their gendered and classed engagement with the global (Angeles & Sunanta 2009, Sunanta & Angeles 2012, Suksomboon 2008, Tosakul 2010, Plambech 2008, Jongwilaiwan 2013, Lapanun 2010). Isan *mia farang*'s aspirations for a better life through marriage with Western men invoke conflicting opinions among Thais. While their filial responsibility and economic contribution to their natal families, villages and region are admired by their rural folks, *mia farang* are objects of contempt in the middle-class dominated urban context (Angeles and Sunanta 2009, Sunanta 2013), exemplifying the contestation over Thai cultural citizenship in the highly class-conscious country that is divided along rural/urban lines (Mills 2012).

From *mia farang* to Thai massage entrepreneur

The story of Tavi², a 52 year-old woman from Sakon Nakhon province in Thailand's Isan region, exemplifies how Thailand's tourism policies shape migration trajectories.

2 This is not her real name.

Tavi has lived in Germany since 2005. She and her German husband own a Thai traditional massage business in a German town in the north of the country. With a population of about 130,000, the town has seen an expansion of Thai massage businesses in the past 6-7 years. There are currently 7 Thai massage establishments in town that are owned and run by Thai migrant women, all of whom are wives of German men. Tavi and her husband set up the first Thai traditional massage parlor in their home town in 2006. Several other Thai woman migrants followed her example and new Thai massage shops opened one after another. Tavi employs 6 Thai masseuses, all of whom are residents of the town and wives of local men. Thai massage has gained popularity in Germany and become a niche occupation for Thai migrant women. A Thai temple in a nearby town where the Thai community gathers offers Thai traditional massage courses to Thai migrant women to help them find jobs in Germany. For Thai migrant women, job opportunities in Germany are very limited and the Thai traditional massage business seems to be the only niche that fits their racial and gender profile. The channeling of immigrant women into bodily service work has been evident in prior examples of the concentration of Korean and Vietnamese migrant women in nail salons in the US, and of Russian women migrants in beauty salons (Kang 2012). Thai women, such as Tavi, migrate as wives and remain in the intimate world of touch providing body services in their new home.

The migration of Thai women to Germany is not a new phenomenon. Thai wives disproportionately represent the Thai community in Germany. Many Thai women left Thailand to work in red light districts in Germany and consequently married German men while others met their German husbands during their travels to Thailand. German men comprise one of the largest groups of sex tourists to Thailand. They also topped the list of foreign partners of Thai women from the Isan region in a 2003 survey conducted by the National Economic and Social Development Board (NESBD). Recently, more Thai women have arrived through networks with Thai wives who have already settled in Germany. Tavi belongs to this category. She came to Germany in 2005 with the intention of finding a German man to marry after she split from her Thai husband of 20 years, who was also the father of her three children. She joined her Thai female friend who was married to a German man and living in Germany. The couple helped Tavi post personal ads in local newspapers and screen potential dates during her three-month visit on a tourist visa. Tavi met her husband through a personal ad in a newspaper.

She is now settled in Germany with a business of her own, but has also maintained transnational ties with Thailand. She and her husband visit Thailand once or twice a year and for one to two months each time. The couple's future plans are to spend more time in their 'second home' in Thailand when they are older and to escape the German winter and enjoy Thailand's beaches. The transnational mobilities of Tavi and her husband embody all the trends in Thai tourism from the exotic to erotic and then to health, encompassing transnational marriage, health tourism, and retirement migration.

The marriage migration route is not just a one-way route, and Thailand has thus also received Western male migrant husbands. The statistics of migrants in Thailand are not readily available but Howard (2009) offers an estimate of 100,000 white western migrants in the Kingdom. In an online survey of 1,003 western residents in Thailand, Howard (2009) found that this population is predominantly male and half of them have Thai partners. The profile of Thailand as a destination for exotic culture, erotic encounters, and affordable healthcare, motivates the migration of citizens from more economically advanced countries. Commonly reported motives for moving to Thailand are: a preference for Thai lifestyle and culture, attractive partners and warm climate (Howard 2009, 213). Similarly, the possibility of finding younger female partners is part of the attraction for Japanese retirees to move to Thailand (Toyota 2006).

Medical and health tourism

Medical tourism is generally understood as the travel, of often long distances, to overseas countries to obtain medical, dental and surgical care while simultaneously enjoying a holiday in the conventional sense (Connell 2006: 1094). Transnational travel for medical related-reasons seems to be expanding and has become a transnational industry. Thailand is among leading Asian nations competing in the global medical tourism business along with India, Malaysia and Singapore. In 2003, the central government established a working board and committee to develop a National Wellness Strategy with the vision of turning Thailand into Asia's health and wellness center within the course of a five-year plan. Three visions are attached to this concept: Thailand as an excellent medical hub of Asia, Thailand as a wellness capital of Asia, and Thailand as the origin of precious herbs for superior health

(Apivantanaporn & Walsh 2012: 247). According to the Tourism Investment Promotion Division, in 2007 there were 1.42 million foreign customers using medical care services in Thailand particularly at private hospitals. This business is able to generate revenues of about 37,300 million Baht in total. Of these foreign customers, 814, 591 (57.23 %) are expatriates and 608, 827 (42.77 %) are tourists traveling to Thailand. It is estimated that 456, 620 tourists (75 %) intended to use the medical care services in Thailand, while the other 25 % or around 152, 207 tourists use medical care services due to immediate illness or accidents during their travel. Investment in the medical tourism industry is concentrated in the major tourist destinations such as Pattaya, Chonburi and Hua Hin (Tourism Authority of Thailand (TAT) 2013).

Thai medical tourism grew out of the privatization of medical care in Thailand, which was heavily affected by the Asian financial crisis in 1997. The shrinkage of the local market drove private hospitals to look outside of Thailand to save their businesses. Main attractions of Thai medical tourism are timely professional services at a lower price in hotel-like private hospitals. Critics of medical tourism have raised ethical issues with neoliberal approach to medical care, where medical services are placed on the market to be purchased by those who can afford them (Smith 2012). They have warned of growing inequality and the adversary effects that medical tourism could have on the poor in destination countries. For example, it is likely that medical tourism will draw attention and resources away from basic preventative treatments for locals, in favor of high-tech investments for international medical tourists. The low prices that make the third world medical tourism industry competitive in the global market, are in fact shouldered by the public in destination countries, especially where effective redistribution mechanisms to ensure that benefits are returned to improve public medical infrastructure are not in place (Connell 2011, Smith 2012, Wilson 2010).

Apart from medical services in Thai private hospitals, alternative healings spanning traditional medicine, herbal and natural treatments, particularly spa and Thai massage, have grown rapidly. In 2004, the value of the Thai spa business was as high as 243 million US dollars, a growth of 80 % as compared to the previous year. Thai spa and massage businesses have expanded beyond national borders and ventured into the European and North American markets. Medical and health tourism represent the commodification and globalization of care and are closely related to the long-stay tourism and the retirement industries.

Long-stay tourism and the retirement industry

To develop a new market for Thai tourism, the TAT initiated a Long-stay Tourism Program for aged tourists (55 and above) in 1998. According to a TAT website, long-stay tourists are mainly overseas visitors who come to Thailand to spend their leisure time in the country for one to six months in a year (the period of stay should not exceed one year). The objective of this program is to attract ageing tourists with funding resources to stay in the country for an extended period of time. TAT targets Japanese pensioners and is also investigating the EU market. A retirement visa category is available for those who are 50 years and older with at least 800,000 baht in a Thai bank account. TAT promotional campaigns invite prospective long-stay tourists to enjoy “Long-stay in Thailand: The trip of the lifetime. With the year-round warm weather, the friendly people, the affordability, convenient domestic travel, world-class spas and medical care, delicious and healthy food... and the list goes on” (TAT 2013).

A new step in Thailand’s tourism diversification seeks to take advantage of the growing ageing population in the developed world, and to bring home lifestyle migrants who move in search of a more desirable way of life (Benson & O’Reilly 2009). Lifestyle migration often refers to European retirees who spend time in Spanish coastal towns to enjoy the beach and warm weather; the move has now been expanded further due to globalization and relatively affordable international travels. Scandinavian Village, a retirement resort on Thailand’s Bangsaen Beach, is equipped with a swimming pool, a gym, a golf course, and personal health care services. Their website invites Scandinavians to seek a second home in Thailand and enjoy exotic meals, year-round beautiful weather and excellent lifestyle at an affordable price. It is common for Japanese citizens to spend their senior years in Southeast Asian countries, particularly the Philippines, Malaysia and Thailand (Toyota 2006, 2012). The Retiring Migration Industry (RMI) and the so-called second home phenomenon signify a global reconfiguration of care, ageing, family and household.

Neoliberalism, state-private cooperation and the global outsourcing of care and body work

Developing states see economic opportunity in the globalization of care and service work and are enthusiastic in taking advantage of their relatively low (re-)production

costs. The Thai entrepreneurial state has actively sought to increase the economic value of the nation's physical and cultural resources and market them to the world. International marketing of Thai food and restaurant businesses, medical and wellness services, and the long stay/retirement industry is part of Thai national policies aiming to expand sources of foreign income beyond manufacturing and agricultural exports. The government provides tax-based and other incentives for foreign corporate investments in targeted service industries and encourages the Thai private sector to internationalize.

Close linkages and collaborations between the state and the private sector are an acceptable, even commendable norm in Thailand. Thai state agencies – the national airline, the tourism authority, trade offices overseas, consulates and embassies, public universities and research institutes – collaborate closely with the private sector in developing and marketing Thai products and services to the world. For example, state-private collaborations have been initiated to internationally market Thai private medical centers (Wilson 2010), retirement and nursing home facilities (Toyota 2012), food, fruit and restaurants (Sunanta 2005), and Thai massage and spas (Kogiso 2012).

A neoliberal outlook in state policies aiming to commercialize Thai cultures and services in the global market, even in the ethically-charged domain of medical tourism, is hardly questioned at the policy making level. A global entrepreneur discourse and new policies to promote the knowledge-based creative economy represent progressive and patriotic initiatives to mobilize the Thai national economy. The Thai knowledge-based economy concentrates on the service and tourism industries rather than computer programming and software. The promotion of Thai traditional massage and spas as a new highlight of Thai tourism reveals that it is the *high-touch*, rather than high-tech, innovations that the Thai creative economy is focusing on. I use Linda McDowell's term *high-touch* here to refer to the type of work that relies heavily on commoditizing the working body, normally interactive service work and highly embodied work such as those performed by care-givers, domestic helpers, sex workers, and beauty service workers. In the case of Thai massage and spas, the kind of knowledge deployed to create value-added tourism is Thai traditional knowledge in medicine and healing.

Self-oriental representations have been used by the tourism authority throughout what Kogiso (2012) identifies as three transitional phases of Thai tourism from exotic to erotic and then to health. Thai health and well-being tourism capitalizes on Thai culture, local wisdom and age-old Thai traditions to appeal to a health

conscious middle-class global clientele. Thai traditional massage claims Buddhist origins and ancient knowledge of the use of touch as therapy, reinforcing the Western association of touch with the mysterious East (Iida 2010: 150-151). Iida (2010) and Kogiso (2012) point out that, despite claims to a centuries-old tradition, internationally popular Thai traditional massage is in fact a product of recent policies and tourism marketing plans. The Thai massage and spa industry has grown after the revival of traditional medicine in Thailand in the 1980s. Serving urban and foreign customers, Thai massage has undergone modification and standardization, for example, dangerous elements and magic are excluded and practitioners are required to meet safety regulations set by the board of biomedicine (Iida 2010). Along with Yoga, Asian martial arts and meditation, Thai massage falls in the range of traditional Asian arts of body-mind connection. Contrary to a popular view that takes for granted universal spiritual values of traditional Asian body practices, Peter van der Veer (2009, 2010) argues that Yoga and Qi Gong as we know them today are modern inventions developed in the political context of India and China nation building and the encounter with the West. The re-invention of Thai traditional medicine by the Thai tourism industry responds to the Western obsession with ancient Eastern spiritual wisdom. Marketed as alternative, natural-oriented health care, Thai traditional medicine has re-emerged as a new lifestyle choice. The conflation of Thailand with exotic femininity in Thai tourism campaigns since the 1960s has had an impact on present day medical tourism. According to Aizura (2009), Western male-to-female sexual reassignment surgery patients seek the service in Thailand partly because of a Western desire for oriental femininity promoted by the Thai tourism industry.

In an effort to specialize in the global service economy, the Thai tourism industry asserts the qualities of Thais, especially women, as naturally warm, servile and hospitable, and as such essentially ideal service providers. The following description of Thai Airways' flight attendants attests to the construction of Thais as naturally and culturally service-oriented. The ad boasts female flight attendants as having international technical knowledge and the natural friendliness, courtesy, and willingness to please of Thais.

What could she learn in Sweden? Every one of Thai International's hostesses is taught the trade in Sweden. That means getting to grips with the technical details involved in serving over 100 people in the confines of today's big jets. It's a complicated business and they go to the best air hostess training centre in the world to learn it. Their side of the business you see is a different matter. To a Thai girl friendliness, courtesy and willingness-to-please are second nature. It's something they are born to have. Other airlines talk about girls

trained to be friendly and helpful. To our girls any other way of doing things would be unthinkable (Papineau, 1977, cited in Del Casino and Hanna 2000).

The Thai medical tourism industry continues to market a desirable mix of international quality standards together with a ‘Thai way’ of superior world-class services. Outstanding services and great food are in fact the highlight that distinguishes Thailand’s medical tourism from its competitors. Commenting on the slogan announcing Thailand as the medical hub of Asia, Mrs. Yearayong Chairut, Assistant Executive Director of the Production Promotion Department of the Tourism Authority of Thailand (TAT) expressed her confidence that Thailand is more than ready to claim the title, saying,

Health concern is now a world trend. Medical tourism and spa are among the country’s major attractions being offered by TAT to the world because of their high standard and quality. That’s why our *health services with Thai way* have been increasingly popular in the world market. (Tourism-review.com: July-August 2007, emphasis added).

Gendered representations of Thailand and Thai culture, and a reliance on the bodily and emotional labor of Thai women, have been central to the development of the Thai tourism industry. In real world business, the lines between the three phases of Thai tourism are often thin and blurry, one building upon and slipping into the other.

In exposing the gendered nature of the Thai economic development agenda, I do not intend to ignore Thai women’s agency. The economic power that Thai women have gained from their participation in paid labor, even in subordinate segments of the labor market, gives them more power to make their own choices. In a study of rural to urban migration of Isan women in the 1990s, Mary Beth Mills (1999) found that young Isan village women who left home to work in urban factories found more freedom in being away from the watchful eyes of their family. Some women refused to marry a man chosen for them by their parents and a few women have become active in labor organizations later in their lives (Mills 2005). Working class Thai women’s experiences with globalization may have been shaped by their relatively disadvantaged social position, but the women are by no means passive receivers of their situation. Village women who work in tourist-oriented sexual venues, choose to do so, most of the time after their marriages or relationships with Thai men had failed (Askew 2002). In a previous study (Sunanta 2013), I illustrate that Isan women seek marriage with foreign partners as a way to refuse to submit to unsatisfactory or failed relationships/marriages with Thai men. The roads that the women take to negotiate their circumstances, however, are channeled by their class, nationality, and gender.

Conclusion

Global industrialization of care and body services and the transnational marriage trend of Thai women demonstrate that embodiment, physical touch, personal feelings and emotional attachment constitute an important dimension to global interconnections. This paper is a review of the trend whereby Thailand is constructing its profile as a global service provider through diversified forms of tourism and the *high-touch* creative economy. Thailand provides a package of all rounded tourism, from physical to spiritual, from food to health and, covertly, to sexual pleasure. The Thai state has taken steps to develop the country's service industry employing active marketing strategies to permeate the global intimate economy. Although Thailand tries to distant itself from the early stage of tourism that hinged on the erotic, Thai national policy today seeks to promote *kan khai borikan* (selling services), a euphemism in Thai for prostitution, to develop the national economy.

Global inequality designates who the service providers and receivers are in light of increasing commodification of care and bodily services. Relatively low costs boost the competitiveness of Thai goods and services. However, commentators have pointed out the costs of providing 'first world services at a third world price,' particularly those shouldered by the local population. In this paper, I address the reliance on the orientalist representation of Thai culture and the intensification of intimate labor provided mostly by Thai women. The positioning of Thailand as a leader in the global service economy shapes migration trajectories and the experiences of individuals. Thai women migrate as wives and are circumscribed in the relatively low paid, low status service sector both in Thailand and overseas. Retiring citizens, dominantly male, from more advanced economy countries, are drawn to Thailand partly by a fantasy of attractive, younger sexual partners. Lifestyle migrants and health conscious consumers seek the experience of Thai traditional mind and body healings available at an affordable price.

This emerging trend opens up new sets of questions for further studies. What happens when care and intimate relations are industrialized and commodified at a global scale? How are race, class, nationality and gender implicated in encounters between service providers and receivers? I am particularly interested in the new labor force produced to support Thailand's service industry such as female frontline nurses in private hospitals, spa therapists and Thai traditional masseuses. The body politics in their line of work needs to be examined. Multi-layer social and cultural codes about touching, nakedness, private and public are reworked in the course of their

services. Spa therapists' positive identities as self-reliant wage earners, professional healthcare service providers and cosmopolitan women who are in contact with the world are often contested by the negative association of their work with sex work and the stigma attached to the affective and intimate labor. More studies are needed to understand the global reconfiguration of care and body work and to address inequalities that the global service economy relies on and reproduces.

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