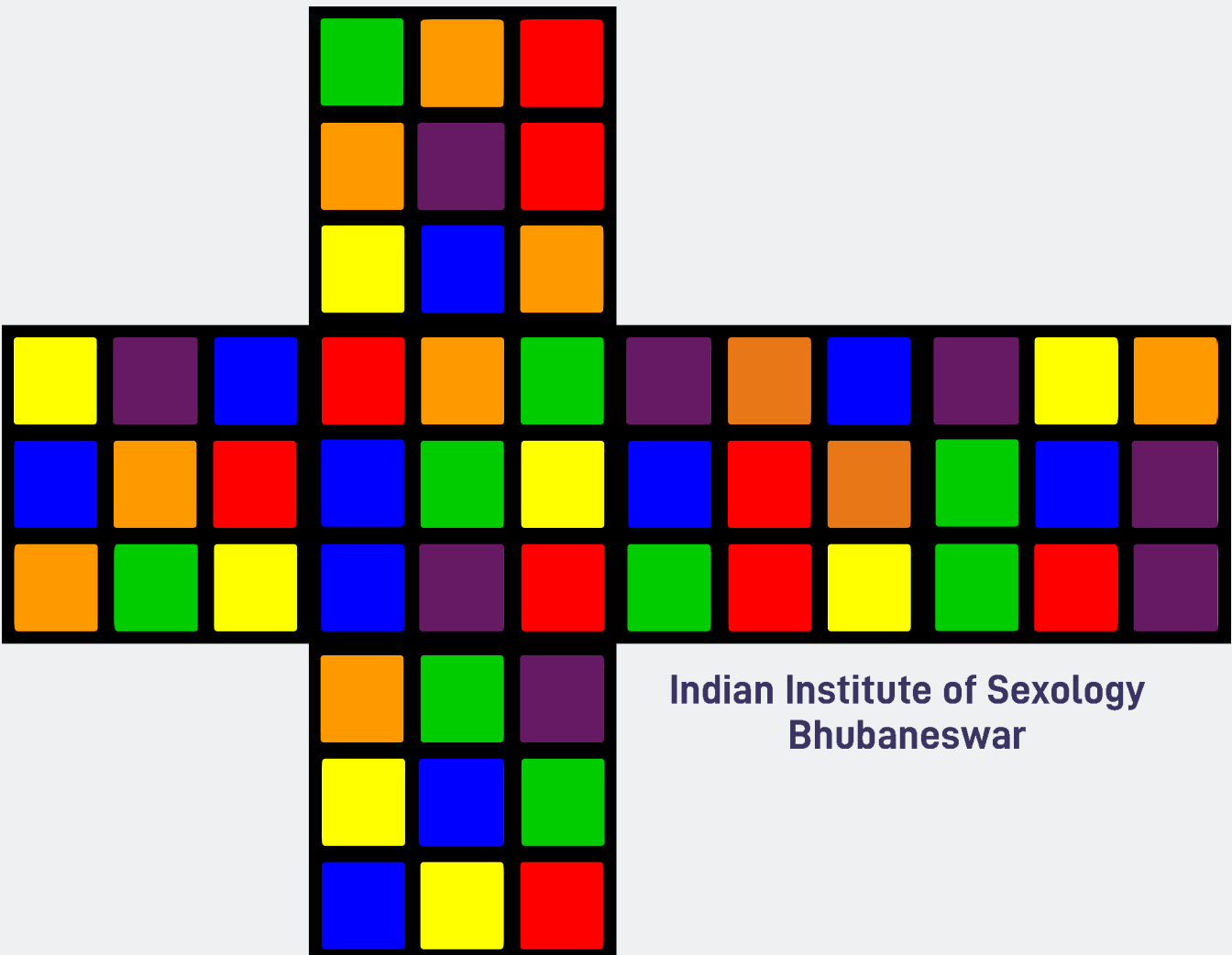




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Alternative Sexual Identities, Expressions & Lives *- A Global Dialogue*



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Editorial.....

The Struggle is not over! Beyond 'Situating the Invisibles'- Acceptance is the Key

As we immerse ourselves in materially rich and lofty aspirations in mid-2019, what I would attribute to a superfine summer in London and while we envision 2020, our engagements in Queer Lives have certainly got quite diverse. We are engaged with the 50th-year Celebration of Stonewall raids, and 50th-year Celebration of decriminalisation in the United Kingdom. In the past two months, we witnessed a range of activities and significant corporate interest and displayed commitment. It was indeed unprecedented, and certainly gives us a lot of hope in the dark times we continue to live, although our lives are floundered with the economic slowdown, policy paralysis, and a complete breakdown of a moral fabric which was known to have dominated our social lives over past 50 years! As we witness 50 years of PRIDE being published, publicised and glorified, it offers us opportunities to take a pause, look back, and see where did we start, and how far have we come with our effort at creating societies which value co-existence, amity and true cosmopolitan principles of equality in true sense of the term.

LGBT Marches have sure turned into Pride parades, and Homosexuals have certainly been dubbed as 'queers', but, lives of Gender-diverse and Sexual Minorities [GDSM] remain stuck in the same murky sphere of uncertainties. There are substantial observation and alarming evidence which suggests to the preposterous Criminalization of Behaviors, Character, Desires, Expressions and Identities, which riddles the realisation of lives in different contexts. And, wherever criminalisation does not exist in a formalised structure, a presence of shame, guilt and lack of social approbation makes it acutely clear that it's getting suffocatingly difficult for the queer lives to survive, and thrive in regimes which not only have denied, but have systematically deprived human rights in the name of budget-cuts alluding it to austerity, cost-effective analysis and winning public faith with rhetorics such as 'Nation first' and 'Nation great'.

I feel the problem of putting an abstract notion of the Nation First [mythical nationalism] has indeed obscured the focus of the Governments and have distracted them from finer nuances rendered to social policy based on individualities. Unfortunately, this often comes at the cost of compromising the social ideals of 'leaving no one behind', although euphemistically alluded to UN-SDG Agenda 2030. This effort at neglecting the inherent nature of various social sections are reflected in a pattern of invisibilization [deliberate or indeliberate], what we call a 'Compounded Invisibility'. Its a socio-structurally-induced form of invisibility consciously and unconsciously imposed/inflicted upon a group and section of the Society

due to their inherent nature and characteristics by the social institutions, and people in Power, which escalates their chances of being invisible, and compounds their marginalising experiences through this invisibilization.

Queer Sites and Geographies

As we imagine of 2020, a critical year in the history of Humankind especially with so many shifting geopolitical realities such as dark-spells of Post-Brexit and ascendance of larger fascist regimes around the world including in the USA, an examination of Queer Sites and geographies is pertinent. It's particularly interesting that historically relevant queer sites are dissolving into thin air, while they are being replaced by what we witness as gay-friendly spaces. This has indeed corroded away memories and significant memorabilia. This aspect of reality as depicted in Queer Urban geography seem to contrast with lived yet unregistered social memories in socially conservative societies which are slowly waking up to accept 'queer lives' as existent realities, only with a reluctance which they would happily compromise with.

Media and Queer Lives

In different parts of the World, Media has tried to portray queer lives in a different light, some quite pathetic, and some others in a somewhat positive tone, overshadowing the undercurrents. Some media houses in countries like India have been very strategic in getting TV shows dedicated to queer lives while trying to woo the public sympathies, and thereby gain substantial TRPs, and business while few others have been able to use queer lives as a sign of their social commitment. This media outcry and euphoria both were quite exorbitantly high following September 2018 in which Stills of Section-377 appeared on Sony Max - a mainstream TV Channel. Increasingly, new forms of Media based in cyberspace, e.g. Amazon Prime have tried to capture gay experiences surreptitiously while attempting to depict the hypocrisy in our social lives, and still, only make a compromised effort at portraying how despicable queer lives are.

Continued Atrocities on the Queers

Being 'gay' may be fallaciously interpreted as a happy state of affairs especially given the fact that so much information and effort at visualisation has got escalated over past few years, data and observations indicate that queer lives seem to be affected by atrocities at the hands of guileful mainstream society. It is represented in diverse forms of Discrimination [at the workplace and everyday life] and non-acceptance and in extreme cases religion/social sanctions, censorship, ridicule, bullying, and hate crimes including death punishments in many countries, e.g. Chechnya Purging situation in Russia to Capital punishments in the middle-east region. For example, as per the most recent HRW Report, gay men in Chechnya have been illegally detained, beaten and humiliated by police in a renewed anti-gay crackdown, according to a new report.

The recent listing of countries which award a death punishment merely based on one's sexual orientation and gender identity are Afghanistan, Brunei, Iran, Mauritania, Nigeria, Qatar, Saudi Arabia, Somalia, Sudan, UAE and Yemen. Also, several others criminalize and punish as per their laws [often critiqued as colonial remain]. Also, countries like Russia have used its 2013 federal law prohibiting 'propaganda of non-traditional sexual relationships' to split a male same-sex couple from their legally adopted 12- and 14-year-old sons. A similar trend to deprive Transgender people of their rights have been observed in the far east. In January 2019, the supreme court of Japan has upheld a law which forces transgender people to get sterilised before they can legally change their gender, reeking an elitist attitude to systemically deprive certain sections of their basic rights.

Also, recent observations have revealed a painful increase in hate crimes against the queer community and consequent suicidal attempts and ideation around the world. Mental Health and Well being of the Queer Community sadly remain a largely neglected affair, and not much advance has been made apart from bio-medically focused public health action plans which don't recognize concepts such as 'minority stress'. This may be sadly attributed to what 'straight' folks perceive as a problem of 'heightened visibility', making this analogy painstakingly challenging to understand what the mainstream wishes to do with queer lives. This narrative aligns well with 'blame the victim', and 'victim being the source of the criminality of perpetrator', and makes it clear on why social cognitive errors loudly premeditate and thereby predominate criminalising tendencies.

All these [and the persecutory fear] have resulted in a spiralling trend of inferiorizing of queer lives, their identities, their desires although a socially desirable effort at 'love is love' has been publicised in the recent discourses in some parts of the world. There are several charities that help LGBTQ people living in countries with discriminatory laws, including All Out, Amnesty International, Human Rights Campaign, Human Rights Watch, Rainbow Riots and Stonewall.

What merits our attention particularly is the fact that how duplicitous the efforts have been in terms of restoring dignity, and sanctity of the very values which stand to uphold the right of life, health and what I would dub 'right to love'. It's no secret that these rights have been violated in broad daylight on the streets of ours be it in London, New York, or in Chennai, let alone small towns or rural areas [which were believed not to have gays!]. It is surprising that although Governments around the world earn a significant degree of social desirability score by praising LGBT Rights in different speeches, their efforts at ensuring and protecting rights of queer communities have fallen short, and show very little actual commitment. This lack of a political will has got stronger under some intolerant conservative regimes, which very much remain apathetic to the realities of

lives, and certainly, do not lay enough emphasis on human rights and ideologies of social justice.

What will it take to be accepted?

There is no denial that acceptance is the key and it's no rocket science. But, why have we remained remotely closer to this objective in spite of several strides being made to achieve social equality? Why could not societies and its members accept queer lives fully yet?

"There is no secret to acceptance, tolerance, or happiness. You just have to find the right partner to take the step with. Let the truth of your love speak for itself. Love, Amit & Adi", say the recently married Hindu gay couple in the USA who have earned a lot of limelight. This has indeed made many eyes dreamy, and teary, while shattering and battering many lives and their aspirations as they continue to be exasperated by harder realities. In September 2018, Indian Supreme Court read down [to be interpreted not the same as decriminalised gay sex], i.e. made amendments in the law which now allows two consenting adults to pursue their passion, desire and pleasure in a private space. Although this has created a lot of glorified version of what we know as Queer liberation in the Indian context, the reality suggests that Indian society as many other parts of the world would suffer from problems of unacceptance of the queer lives by the family, friends and the community.

Recent efforts at solidifying values of social equality has been well reflected in a euphoric West which celebrates Queer Lives and their existence and puts on record their contributions to society, e.g. a flamboyant Canadian Prime Minister Justin Trudeau visits a gay bar, and Queen Elizabeth II welcomes Commonwealth Queer Activists to celebrate their lives and contributions to making the world a bit fairer, and just, if I may say. But, the same has been rejected by other societies which have chosen to act regressive, and they have been matched well by other conservative societies in various countries in Asia and Africa.

In this context, several questions pop up in our minds as to what are we proud of? Do we truly believe in social equality, and allowing [enabling] persons of all sections of the society to achieve their true best? And, what will take us to make a more socially accepting society?

Few of these questions are answered in this issue. Our Journal is indeed well-positioned to ignite and illuminate the space for a sensitive and evidence-informed discourse in SRHR, Identity and Emotions Research focused around Genders and Sexualities in the world in general and South Asia in particular. This thematic issue reflective of our Journal's strong commitment to gender equality, an ideal which we had humbly tried to shape with our very first issue on Homosexuality in 2017. The previous issue had focused on the health and Human Rights of the LGBT

Community, whereas in this issue we have made significant advances in both the nature of discourses as well as the degree of engagements we have created with policymakers, academics, and civil society alongside the community members and activists. This issue titled 'Alternative Sexual Identities, Expressions & Lives- A Global Dialogue started with a stated objective of curating an issue which acts as a strong and dominant voice on the concurrent Gender and Sexuality Discourses in the world. We aimed at collecting excellent pieces highlighting advances in scientific research, and updates and experiences and opinions on LGBTQIA Lives in India in particular, and from all over the world.

This issue truly comes as a beacon of voice to many lives, and collectively echoes sentiments, lived realities and experiences of gender-diverse communities around the world, and thereby promises to be a strong document posing significant policy implications.

In this issue, we have received excellent submissions from 4 different continents, experts, scholars and professionals ranging from Johns Hopkins to UNAIDS, UBC to UCL to Utkal, Queer Fictionist to Hollywood, Americas to Asia, Young Scholars aged 22 to Stalwarts up to age 80, Young Students with fresh UGs to people having multiple degrees and accolades. Each story and each piece is appealing in its own unique and highly original way. In addition, every effort is made to ensure the highest quality standard as can be expected in a truly global and multi and trans-disciplinary scientific Journal. We sincerely hope that this issue adds some meaning and value to the current literature on the Gender Diverse Sexual Minority Population and their Lives, and not only visibilizes their concerns, but also sensitises the mainstream society, and thereby creates a pressing need for policy and practice changes around the world.

We also expect that this issue will act as an excellent repository of knowledge for readers of any stage of their life interested in Queer Lives. We humbly believe that it has made concrete efforts at synthesising concurrent realities as expositied in few of the excellent opinion/experiential pieces and expert commentaries, cutting-edge science and advances in evidence and thereby promise that this knowledge is not only relevant but also informative for policy formulations at different levels.

Sincerely Yours
Maheswar Satpathy
Deputy Editor-in-Chief &
Special Issue Editor
University College London
30th June 2019

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Invited Expert Commentary

Queer Depictions in American Cinema: Assumed Identities

Martin B. Beaudet

FauxMeme Productions, Damascus, OR, USA

Abstract

Like most aspects of homosexuality, depictions of gay 'lifestyles' and identities were rare in any public forum in the United States, including cinema, prior to the Stonewall Uprising on June 28, 1969. The subject was treated in most social and academic circles as too vulgar for discussion, let alone depiction, and there was a genuine fear that the very discussion of homosexual behavior would encourage it among those who had never before considered it. In this environment, those who sensed in themselves an attraction to members of the same sex, or any other anomalous gender identity leanings, had only rumor and scandal to inform their sense of identity. For many queer individuals the derogatory descriptions and condemnation that such stories perpetrated resulted in them assuming negatives identities, often leading to self-hatred and sometimes-attempted suicide. This essay will look at the effect of emergent queer cinema and depictions of non-heterosexuals in mainstream cinema on the self-image and psychological well-being of those who identify as queer.

Keywords: Homosexuality, Queer, USA, American Cinema, Assumed Identities

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Prevailing Views on Queer Identities in America

There can be no doubt that a turning point in American attitudes toward homosexuality (and related gender identity issues) was reached when, as a U.S. presidential candidate in 1992, Bill Clinton voiced support for LGBT rights.^[1] A predictable, though often ignored,

result of the ensuing liberalization of American attitudes toward their queer compatriots has been the assimilation of the latter into mainstream culture. There is no better place to observe large-scale social change than in television and cinema, two realms where creative minds strive diligently to reflect back to us the lives we are living.

There is however, ongoing debate within the American queer community as to whether such assimilation is a positive^[2] or negative^[3] development for queer culture. For those individuals who do not knowingly have any queer friends or family, the media^[4] is often the only source of information on what it means to be queer. Cinema in particular can have a profound effect on society's shifting attitudes,^[5] for better or worse.

Cinema Before Stonewall

In the years prior to the Stonewall Uprising, a night upon which gay men-many in drag-resisted what had become habitual police harassment of patrons at a neighborhood pub in New York's Greenwich Village,^[6] queer individuals had rarely, if ever, seen people like themselves on television. Likewise, any depiction on the Silver Screen until that point, had been allusive at best, never spoken or named, and almost without exception negative.^[7] Gay men dominated these depictions, one assumes, perhaps because such were seen as more salacious and threatening to the almost exclusively male writers, directors, and producers of the day. Lesbians-or what heterosexual men thought of as lesbians-if they were shown at all, were often merely sex objects and fantasies of straight men. They were rarely seen as existing apart from the men who desired them, and the relationship was often inferred.^[8] The loneliness, desperation, and unlikability of such characters also informed the

identities of many real-life queer individuals.

Allusive Depictions

The years following World War II saw many films in which cross dressing men played drag for comedy. Cary Grant in 'I Was A Male War Bride' (1949),^[9] Tony Curtis and Jack Lemon in 'Some Like It Hot' (1959),^[10] and a slew of Jerry Lewis films from 1950-1956 are the most notable examples.^[11]

Non-Comedic Queer Characters.

Alfred Hitchcock, one of the most respected and prolific directors of his time, hinted at a gay male relationship^[12] in the psychological thriller 'Rope' (1948)^[13] is a dramatic imagining of the murder of a 14-year-old boy by real-life roommates Nathan Leopold and Richard Loeb.^[14] While a homosexual relationship is never specified, the sub text is clearly there, the message overwhelmingly negative to those who found it: gay men are dangerous psychopaths preying on innocent boys.

This stereotype is teased out to its most gruesome conclusion in Sudden, 'Last Summer' (1959),^[15] wherein Sebastian (portrayed by the bisexual-but-closeted Montgomery Clift)^[16] uses his beautiful cousin Catherine to lure young boys for sex during an island holiday. The plot centers on Catherine's recovery from the trauma she experiences after witnessing the boys mob, kill, and eat Sebastian. The unmistakable message: the homosexual got what he deserved.

Sympathetic Depictions

Sympathetic depictions of gay men prior to Stonewall were rare and, again, mostly allusive.^[17] The most notable film that avoids judgement of male-male love is 'Lawrence of Arabia' (1962).^[18] Lawrence, of course, is a classic: the dramatic re-enactment of T. E. Lawrence's involvement in the 1916 Arab Revolt on behalf of the British Crown. Co-written by Lawrence himself, the film avoids any explicit homosexual engagement (just as Lawrence himself denied any such activity in his own life), but the film makers didn't shy away from male-male intimacy and love between Lawrence and his beloved friend Sherif Ali. In fact, Director David Lean later said, "Throughout, Lawrence was very, if not entirely, homosexual. We thought we were being very daring at the time...."^[19]

Cinema After Stonewall

The news depictions that emerged from the Stonewall Inn of drag queens resisting uniformed police officers and subsequently being manhandled into waiting paddy wagons, electrified a largely closeted American gay population. For many in the audience, particularly teens and adolescents, it was the first acknowledgement that there were others like themselves in the world, actually gathering together in public places to socialize. It was also the first time anyone in America had seen queer-identified individuals fight back against an authority that demonized them.^[20] It gave LGBTQ Americans a new paradigm and led to the adoption of new proactive identities.

In 1970, just a year after Stonewall, *The Boys in the Band*^[21] became the first Hollywood film to address gay (men's) lives head on. It remains a watershed moment for the queer community.^{[22][23]} While it was, by today's standards, rife with stereotypes and bitchy, miserable gay characters, it opened the door to film makers who wished to depict non-heterosexual lives without sub text and inuendo. Queer people no longer had to be pathetic, villainous, or ridiculous; they could be seen as average, flawed individuals, like anyone else.

Unveiled But Unsympathetic

Capitalizing on the nascent 'gay liberation' movement that arose from Stonewall, film makers in the 1970s no longer felt the need to hide the queer identities of their characters. But homosexuality was still illegal in many states throughout the decade. As a result, film makers felt the need to tread carefully in their depictions of queer characters so as not to offend industry censors or, more importantly, the paying mainstream movie goer. While queer Americans were finally seeing themselves on the big screen, the characters they saw were often not fully realized and still not allowed happy endings.

Twisted and Tragic

Transgender visibility hit cinema in a big way in 1970 with the release of *The Christine Jorgensen Story*,^[24] a dramatized biography of a male-to-female woman, documenting the transition from her point of view. While the film was profoundly

educational and ground breaking in its honesty, producers felt it necessary to titillate mainstream audiences with tabloid-headline-emulating promotional art that screamed “Did the surgeon's knife make me a woman or a freak?”^[25]

Transgender issues were also played for comedy in 1971's *Myra Breckinridge*.^[26] One could argue that the saving grace of this film was that it was panned as “one of the worst films ever made”^[27] and, as such, didn't gain a wide audience.

‘*Cruising*’ (1980),^[28] starring Al Pacino, marked a low point in depictions of gay men, featuring a serial killer in the leather community. Gay men were again seen as victims, getting what they deserved at the hands of one of their own, simply for having the audacity to engage in sex.

I remember celebrating when, just two years later, ‘*Making Love*’^[29] became the first mainstream film to portray two men in love (rather than just lust or infatuation),^[30] and actually showed them in bed together. Scenes were post-coital, of course, as sex between men was still too much for straight audiences to contemplate. But even in this film, the focus was on the betrayed wife and the selfish behavior of her cheating husband.

By the end of the 80s, a queer identity was still not seen as mainstream or normal: LGBTQ people, according to Hollywood depictions, did not shop, do

laundry, raise kids, and work nine-to-five office jobs. Queers were still anomalies and outsiders.

Cinema Verité: HIV/AIDS

As tragic as it was, the HIV/AIDS pandemic was a watershed moment for queer cinema.^[31] It also marked a turning point, albeit a gradual one, in the depiction of gay men in mainstream cinema. Hollywood was still portraying gay men as victims, often pathetic, and where AIDS was concerned-implied that their suffering was a natural result of their own choices. The difference however, in films such as the made-for-TV *An Early Frost* (1985),^[32] was the empathy that depictions of bedridden, dying men elicited in straight audiences. Even if you believed that gay sex was sinful, it was hard not to shed a few tears as a sympathetic gay character slipped away. Straight people could relate to the loss, and the queer community began to feel their empathy.

Queer film makers seized upon the AIDS crisis to tell their side of the story, often with more nuance and honesty than was allowed in mainstream cinema. Just a year after *An Early Frost*, the queer-made *Parting Glances*^[33] painted a much more realistic picture of urban gay life, including a character with AIDS who faced his own death without the suburban-family love offered in *Frost*. It failed to gain much of a mainstream audience however.

Hollywood wasted no time in capitalizing on mainstream empathy-a

full decade into the AIDS pandemic -with the release of *Longtime Companion* (1989),^[34] a cinematic diary of the demise of a man with AIDS, from diagnosis to death. With numerous household names among the cast, it finally laid bare for queer and mainstream audiences alike, with unflinching honesty, the tragic nature of the disease.

Post-AIDS Cinema

Once AZT and other drug “cocktails” began to transform AIDS into a manageable disease rather than a death sentence,^[35] depictions of queer life in cinema began to change as well. The newly found voices of queer film makers that the AIDS pandemic brought to the fore during the 80s led to the depiction of other facets of queer life-predominantly that of gay men-during the early 90s. Many early queer stories were coming-of-age dramas about coming out. But the subject matter soon became much more diverse.

New Queer Cinema

As queer film makers broadened the scope of their stories and the quality of their film making entered the professional realm, the term *New Queer Cinema*^[36] was used to describe the phenomenon.

One of the first in this new category was Todd Haynes's *Poison* (1991),^[37] a sci-fi horror anthology loosely based on the novels of Jean Genet. Here, the stories departed from the heretofore chronicling of gay experiences, telling larger tales into which gay characters were seamlessly woven. It marked the “normalization” of the queer

individual as just another character in the story.

The Lost Language of Cranes (1991),^[38] a British family drama, is one of the only queer films-before or since-to deal with cross-generational queer identities in one household: a bisexual father and a gay son, both struggling with the challenges of their identities and their relationship to each other.

The documentary ‘*Paris is Burning*’ (1991)^[39] chronicled for the first time on film the “ball culture” of actual drag queens (as opposed to Hollywood caricatures) and, more importantly, revealed to both queer and straight audiences, the diversity of queer culture. The film featured numerous Black, Latino, and transgender individuals. In 2016, the film was selected for preservation in the United States National Film Registry by the Library of Congress as being “culturally, historically, or aesthetically significant.”^[40] Queer identities were here revealed in all their diversity.

Post-Pandemic Hollywood

Hollywood, always ready to capitalize on social trends, was quick to jump on the bandwagon with its own films about queer lives. Still cautious, aware of the sensibilities of straight audiences, film makers started offering gay characters and subplots that were no longer accusatory or incendiary. Queer observers were finally to see themselves in a broader range of more ordinary identities.

Modern Depictions

In the 25 years since New Queer Cinema broadened the range of queer characters depicted in American cinema, they have evolved from Hollywood's anomalous freaks and quirky sidekicks to fully realized individuals appearing in all facets of life. American cinema, whether mainstream, indie, or queer, now offers us a wide diversity of stories featuring queer protagonists and supporting roles.

Just two years ago, *Moonlight*,^[41] a coming of age story about a gay Black man, won the Oscar for Best Picture, as well as two others. This would have been unthinkable just 20 years earlier. Indeed, it was stunning even in 2017. A year later, *Call Me By Your Name*,^[42] a story about a gay adult-teen summer romance, won the Oscar for Best Adapted Screenplay. In previous decades such a story would have been called obscene and would never have made it into theaters, let alone receive Hollywood's highest honor.

Conclusion

In a 2016 essay,^[43] political scholar Catherine McClaren points out, "Stereotypical images have a particularly powerful effect on adolescents who seek representation of themselves in media and develop their own personalities based on the expectations they see on the screen."

As a queer youth in the 1960s, my perceptions—like those of many in my generation—of what it meant to

be gay were shaped not by experience (for we were too young to have much) but by what we saw on the Silver Screen. (Television censorship prevented that medium from contributing queer images for consideration). And what we saw was not positive. As Sky Gilbert, Professor of English and Theatre Studies at the University of Guelph, Ontario, tells us, "It is in media representations of gay men that... 'stealth homophobia' most clearly shows its face."^[44]

Yet, as stereotypes have given way to more diverse and more accurate portrayals of queer lives in American cinema, it has altered not only the attitudes of mainstream audiences, it has also changed the way we see ourselves in the queer community. As McClaren says, "film [has a] dual role as reflector and influencer of society."^[43]

Art imitates life, life imitates art. It's hard to tell in which direction this maxim is most evident. In the case of queer identities, both happen simultaneously. A film maker, queer or straight, depicts the queer experience onscreen. Thousands of LGBTQ individuals perceive this depiction as representative of themselves, internalizing either permissive or prohibitive mores, aligning their behaviors and identities with those depicted. With each succeeding generation, these depictions, and the mores they engender, become more diverse and inclusive. There is no longer a single queer identity in film and television. Of course, there never was in real

life. Moviegoers are finally able to see that.

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Invited Expert Commentary

The Second Golden Age of Queer Speculative Fiction

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Abstract

I've been a part of the queer writing fiction community for more than thirty years, starting with a queer writing group on AOL that I took over in the early nineties and continuing up to the present. I founded and ran the Queer Sci-Fi site and Facebook Group, and have had the chance to see the growth of Queer speculative fiction first-hand. The roots of queer speculative fiction reach way back. Samuel Delaney, Joanna Russ, and Elizabeth A. Lynn, among others, were all writing it in the sixties and seventies, and writers like Anne McCaffrey flirted with it (see *Dragons, Green*) as well. But, we're unquestioningly in a golden age of queer speculative fiction, as readers clamour for characters in which they can recognise themselves, and writers push the existing boundaries of the market place.

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Prelude

There are a few past trends and tropes to be aware of that brought us to where we are today:

The Gay Best Friend: Look back ways, and you'll see some of the early inclusion of queer characters in fiction (esp. mass market fiction like TV shows and movies) was the gay best friend. Usually cute, sexless, never in a visible relationship, the GBF was a safe alternative for the mass market.

AIDS/HIV: For a while in the eighties and nineties, queer fiction became consumed by the virus – we

had so many emotions and stories that needed telling, and we often told them through the lens of fiction and speculative fiction.

Coming Out: One thing that the AIDS crisis forced us into was coming out. Gay men were outed by the disease, and many in the lesbian community stepped up to help them in their time of need. Slowly over the next two decades, the bi community and the trans community would also step out of the shadows. For a few years, coming out stories were rampant. And while they will always have a place in the community, they are

now much rarer than they once were, as we have gained visibility.

There's a Gay!: Shortly after the Coming Out phase, we began to see limited gay inclusion in more mainstream shows, usually announced with a lot of fanfare about how progressive the show was to include one of us. While welcomed at the time, this has worn a bit thin over time, especially with some franchises (Marvel Films, we're looking at you) that still have not managed to include a major gay character, much less anyone from the rest of the rainbow spectrum.

Kill Your Gays: Later expanded to Kill Your Queers, this meme came from the fact that many TV shows and films, after finally getting a queer character, would kill them off, usually in some dark or brutal manner. A community already devastated by the twin scourges of homophobia and AIDS did not look kindly on this trend.

Marriage Equality: The fight for marriage equality was deeply divisive, even within the queer community. Many people felt that it wasn't possible, not without decades of work. Others felt it distracted from the other fights we faced – health care issues, financial security, and the like – and catered too much to the rights of the L and G parts of our community, and not enough to the B, T, and A. In the end, the fight was joined, and won in only seven years from the passage of Prop 8 in California. It legitimised the community in the eyes of the general public and set the stage for where we are now.

The First Queer Spec Fic Golden Age

I've contended for a few years that we're in the midst of a golden age of queer speculative fiction. I came to it through the back door – although I had been an avid reader of sci-fi and fantasy my entire life (I read the Lord of the Rings in third grade), I had my first publication at a gay romance publisher called Dreamspinner Press.

It made sense at the time – my husband Mark was an avid reader of MM (male-male) romance, and he was well connected into the community, so when I decided to take the leap and submit my first story, it was to an MM publisher.

I started the Queer Sci-Fi (QSF) group at about the same time, and quickly found that many of the writers of queer romance were also big speculative fiction fans, and that a lot of the “romance” fiction around me was also pretty well-written speculative fiction which thrust gay characters into the heart of an epic fantasy arc or a space opera plot.

A lot of this energy came from fan fiction – folks “shipping (putting into an imaginary relationship) characters from existing shows and films. Instead of Luke and Leia, we had Luke and Lee, and instead of Frodo and Sam... well, let's just say their relationship got a little more intense.

Many of these fan fiction writers started creating worlds of their own, and the renaissance began. But for years, the lion's share of queer

speculative fiction in this arena was gay cis men, with a smaller (but fierce) following for lesbian fiction.

In the last few years, that's started to change. Readers who demanded representation for their communities – asexual, intersex, bi, transgender, non-binary, gender fluid, and more – took it into their own hands to start writing their stories. And others followed, writing characters for the whole LGBTQ+ rainbow. Sometimes these attempts were flawed, but even so, they moved the needle forward.

Not to say, there aren't still road-bumps to inclusion. A couple of years back, a group of mostly white, straight men called the Sad Puppies mounted an insurrection and managed to crowd out many more diverse works of speculative fiction from the Hugo Awards. The reaction was swift, and the Sci-Fi Writer's Association took action to prevent a repeat the next year. They also worked hard to bring more diversity into World Con, the semi-annual sci-fi gathering.

Incidences of racism have also sprouted up here and there, including one in the queer romance community last year that nearly shut down a prominent publisher.

Still, the road to progress seemed secure, until Brexit and the US 2016 election (along with the rise of the populist movement across the world) made some fear it would all come to a screeching halt.

The Trump Years

The current US administration has been no friend to the queer

community. We have taken a few steps back, particularly the trans community, as their most recent rights gains have been rolled back one by one.

And yet... things still progress. We're seeing more and more queer inclusion in popular culture—especially in film and TV. Supergirl features a trans superhero; Black Lightning and the upcoming Batwoman both feature lesbians. We're moving beyond the “There's a Gay!” phase, and seeing other parts of our community enter the limelight. Even Marvel plans to introduce a major gay character to their film universe soon. They're a few years behind, but at least there's progress.

The Second Golden Age

So here's where I think we are going next.

A couple of years ago, I ran across the word “liminal” in church. It means to be at the edge of something, and I think it perfectly suits this moment for speculative fiction and the queer community. We are on the edge of a vast expansion of our presence in the specific world, an expansion that will see both a continued normalisation of queer characters and some true breakthroughs that will change the way the world looks at us.

We as a society and as a world are in a moment of particular longing for normality after two-and-a-half years of anything but, and the queer community is no exception. Time

and time again, I hear a longing for queer characters who are just people. Who wears their queer identity the same way they wear their hair colour and favourite pair of shoes. We've moved beyond the coming out narrative, beyond the whole idea that our queer identity has to be our only one, and as society catches up, the portrayals of us have moved beyond it too to show us as people just like everyone else.

But we also have an opportunity for greatness.

In the United States, for the first time, a gay man has a realistic shot at becoming president. Gay people are finding success as athletes, preachers, singers and actors. In some ways, it feels like we've moved thirty years in the last ten. And even though the inevitable backlash, queer rights are gaining ground. Just this year, Taiwan – Taiwan!!! – accepted marriage equality.

What does this mean for speculative fiction?

It means our canvass is bigger than ever before. We can project this moment forward – as good sci-fi does – or reflect it with fantasy, paranormal or horror. Writers will soon come of age who have only known marriage equality, have never been closeted and will tell

tales my peers and I never dreamed of.

I am also seeing several writers move out of queer romance to focus more on the speculative fiction side of their works, writing stories that are radically inclusive of our community.

And the world never stops moving. For every bright light – equal rights, integration, acceptance – there is a darkness. Authoritarianism creeps up our steps, climate change already begins to wreak havoc on the world, and migrations are only likely to increase in the coming years.

All of which is fodder for our fiction, which is why I genuinely think we are entering a second Golden Age for queer speculative fiction.

I often think of that old Chinese curse – “May you live in interesting times.” It certainly applies today, and all of these trends will shape the speculative fiction of the future.

I fear for what the world will become, but I also relish the chance to try to inform it, in some small way, with my words.

In the end, we have been given a chance – we queer writers – to shape that future. And I believe we're ready to take it.



Invited Expert Commentary

Happiness in LGBTI People as a Key Milestone for the Global HIV Response

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Introduction

Worldwide, lesbian, gay, bisexual, transgender and intersex (LGBTI) people contend with exceptionally high risks for HIV infection, stigma and discrimination, and exclusion from HIV and other health services (1, 2). The global prevalence of HIV among gay men and other men, who have sex with men (MSM), is 19 times higher than in general population, and prevalence among transgender (TG) is 48 times higher (3-5). MSM and TG are at high risk because HIV transmission is five times more likely to occur during unprotected anal intercourse (UAI) than during vaginal sex (6). UNAIDS estimates suggest that globally, the risk of acquiring HIV is 27 times higher among MSM, and 13 times higher for TG women (7).

Punitive laws and socio-structural factors can contribute to the higher transmission of HIV and other infections in sexual minorities, dissuade them from seeking treatment, and fuel the epidemic of mental health issues and suicide (8). Stigma towards persons of different sexual orientations and gender identities operates at multiple levels, including institutional, social, and intrapersonal (9). Homophobic events and enacted sexual stigma were found associated with increased odds of engaging in UAI (10, 11), lower HIV testing rates (12), and lower adherence to antiretroviral treatment (13, 14). Sexual minorities, who live in communities with high levels of

anti-gay prejudice experience a higher hazard of mortality than those living in low-prejudice communities, with a shorter life expectancy of approximately 12 years for sexual minorities living in high-prejudice communities (15).

Sexual minorities in India report the need for support and acceptance with the constant pressure to hide one's sexual orientation, which creates stress. This excessive stress and distress make sexual minorities in India susceptible to various mental health consequences and hamper well-being and happiness (16, 17). It has economic consequences, with an estimated cost of homophobia in India, accounting for USD 5.2 [2.6 – 7.9] billion a year (18).

While European and American cultures define happiness as a personal achievement, Asian culture defines happiness as “a realisation of social harmony” (19). In India, happiness has a particular and profound meaning, as suggested in the *Hitopadseša*, an ancient Indian manuscript, which Wiese denoted as “teaching of happiness”(20). Longitudinal studies indicate that people who are happier tend to live longer, providing support for happiness as a stand-alone indicator of well-being that should be used more widely in social science and health research (21). Such studies in LGBTI people across countries remain scarce.

In low- and middle-income countries, LGBT data collection has been limited where the HIV epidemics are deemed to be more

generalised. Again, pervasive stigma and criminalisation of same-sex practices have made such data collection challenging or absent. (22).

Intervention

To evaluate happiness, sex and quality of life for LGBTI people, the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the LGBT+ Foundation launched an online survey developed in collaboration with researchers at Aix-Marseille University, and the University of Minnesota (23).

The survey is a Multi-Lingual cross-sectional assessment. To probe respondents' mental wellness, the survey canvasses variables including 'outness', family support, sexual satisfaction, physical health, happiness, self-esteem, and the internalisation of homophobia. The survey aims to explore a likely relationship between happiness and safe behaviour in the greater context of health. Assessing these constructs often simultaneously helps researchers test and find links between wellbeing and related variables (24).

An internet sampling method is used to conduct this survey globally, recruiting consenting adult LGBTI participants, including participants in India. This approach is responsive to increasing research interest in technology-enhanced methods for research in hard-to-reach populations, that may enhance engagement of potential participants living in marginalised contexts. Importantly, the diversity of literacy, technology use, and

overall socio-economic situations highlights the need to leverage technology to permit flexible, adaptive methodology (25).

We strongly encourage country-specific promotion by concerned national HIV and LGBTI NGOs and partners sharing a unique URL to the survey's landing page at suitable country-specific websites and networks (<https://www.research.net/r/LGBTHappinessResearch>). The survey is open for participation until 31 July 2019 and takes on average 12 minutes to complete.

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Original Research Article

Evolutionary Social Contract of Homosexuals in India

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Abstract

Homosexuality is predominantly prevalent since the ancient era and has continued to prevail until now. The study of an evolutionary social contract of homosexuals focuses on the vicious circle of atrocities, roadblocks and interpersonal relationships between the community member and the other institutions in society. It tries to analyse the acceptability and adaptability of the public toward sminuscule minorities of homosexuals with the changing legal scenario. This study provides a comparative analysis of the public, ranging in the age structures of 35+ years and less than 35 years over the concept of homosexuality and verifies the evolving social contract.

Keywords: Homosexuality, Homosexuals, Social Contract, Section 377, Supreme Court Judgement, India

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Introduction

A human being is a sexual being, and the sexual existence of people has numerous features. From the day of birth onwards, a child is available to a wide range of social boost, regardless of whether lifeless or vitality, and as an individual develops, different occasions and natural elements affect that person. On our planet today, heterosexual intercourse is simply the favoured mode of intercourse for most adults.

However, numerous individuals participate in different types of sexual conduct, for example, suggestive appreciation for an individual from the same sex. Such people who routinely experience solid sentiments of this sort are often referred to as homosexuals (Devi. S, 1997).

Developmentally speaking, Individuals are conceived with no mark or generalisations. It is with the beginning of a development

that an individual begins to investigate its actual personality and as an individual develops; different occasions and ecological elements affect the person in question. The term 'gay' is gotten from the Greek word 'homo', signifying 'the equivalent' as opposed to from the Latin root 'homo', meaning the 'man' and it has different equivalents, both vernacular and specialised. The prospect of close physical contact with an individual with one's very own sex appals the vast majority. Significant findings uncover that extraordinarily a considerable number men have a gay involvement with some point or other in their lifetime. An individual can have a gay encounter without being dominantly gay, and such an encounter may go from an idea or a fantasy to real sexual contact. These encounters, in any case, might be or may not be identified with an individual's general sexual inclinations (Varma P., 1979). Homosexuality till 2018 was a criminal offence under Section 377 of the Indian Penal Code, but to the average individual in India, homosexuality is 'unnatural', an unyielding bad habit and 'moral corruption'.

Problem Statement

The study makes a minuscule effort at highlighting the vulnerability of the minorities of Homosexuals within society. It tries to analyse the parameters for 'Homosexuals being a Repressed Subculture' throughout history. It collects accounts in the form of

responses from individuals that have a positive or negative outlook on the concept of homosexuality.

Review of Literature

Homosexuality has existed ever since written history began. The ancient Indian moral code may seem, by all accounts, to be unpleasant to current sexologists as the old Indian Penal Code was extremely severe on 'unreasonable' sexual conduct. Still, human instinct being what it is, homosexuality and lesbian conduct were not by any stretch of the imagination missing in antiquated India. Indeed, even today, Indian citizens think that it is hard to imagine the general thought of homosexuality. Although homosexuality is the subject of widely well-known folklore, amazingly little is thought about it logically or truthfully. In history, genuine investigations on homosexuality have, in general, ignored, for the most part, to shield youngsters from too develop soon a consciousness of what is viewed as the most 'undesirable side of life' (Altman, 1971).

The Indian Penal Code, 1860 portrays segment 377-Unnatural Offenses-"whoever willfully has fleshly intercourse against the request of nature with any man, ladies or creature, will be rebuffed with detainment forever, or with detainment of either depiction for a term which may reach out to ten years, and will likewise be at risk to fine" (Bhatia P.,1992). The above area was tested with various claims documented over decriminalisation,

testing the article 14, 15 and 21 of the Indian Constitution. *Naz Foundation v. Govt. of NCT of Delhi* (WP(C) No. 7455/2001) was a milestone Indian case chosen by the two-judge seat of the Delhi High Court, which held that treating consensual gay sex between grown-ups as wrong doing is an infringement of fundamental rights secured by Indian Constitution. The decision brought about the decriminalisation of gay acts including consenting 'grown-ups', in the locale of the Delhi High court. This was later tested in the Supreme Court of India. Segment 377 of the Indian Penal Code, presented amid British guideline of India, condemns 'lewd intercourse against the request of nature'. This expression was deciphered to mean all structures of sexual movement other than hetero penile-vaginal intercourse.

Indian Supreme Court Judgments [2013-2018]

The court expressed that the judgment would hold until Parliament changes the law. Some uncommon leave petitions were documented in the Supreme Court mentioning a between time remain of the judgment, pending an intrigue. Be that as it may, the Supreme Court dismissed those solicitations. A group of offers were recorded with Supreme Court, testing the Delhi High Court judgment. On 27 March 2012, the Supreme Court saved decision on these. After restricting the judgment, the Attorney General G.E Vahanvati chose not to document any intrigue against the Delhi High Court's decision

expressing, "in so far as [Section 377 of the Indian Penal Code] was forced upon Indian culture because of good perspectives on British rulers". On December 11, 2013, the Supreme Court's two-part seat toppled the choice of High court. It is said that the 2009 request of the high court is "naturally unsustainable as only Parliament can change a law, not courts. The most recent Supreme Court judgment in 2018 has decriminalised consensual homosexuals' intimacy, with an amendment in the section, and is therefore treated as one of the landmark judgments in LGBT rights.

Theoretical Frameworks

1. Social Contract

As shown by the earlier studies, individuals at first lived in a 'trademark' condition with no managerial rules and laws. In the state of nature, individuals were faultlessly typical and free. These ordinary individuals simply had customary characteristics, characteristics are given to them basically, and these regular qualities, by then, must be the reason of making a prudent government (Akers, & Sellers, 2004). As demonstrated by the modern-day social contract, individuals in the state of nature are reasonable, independent and self-fascinated. They are ordinary in wording that they can appreciate their unique reality and control their destiny. They need

not waste time with the obedience and convenience of certainty. They are autonomous, as they have no typical social commitments (Siegal, 2000). They are typically free, as sensible individuals to do whatever they wish to do, with no hallowed, traditional responsibilities. A human as an individual devises their behaviour, which with subsequent interactions are associated with various groups, institutions, belief, etc. It led to the origin of continuous 'evolutionary social contract' over time.

2. Social Control

Social control involves managing systems with norms about how people should and should not continue and a game plan of formal and easy-going instruments used to control deviation from, and to raise acclimation to, these standards. Formal means of social control fuses law and the criminal value structure, in which the rules are definitively proclaimed and executed by and truly endorsed experts. Easy-going social control exists in the family, partnership get-togethers, and spots of love, neighbourhoods, and other distinctive get-togethers in the system. Social control depends on a broad measure on the socialisation, which is the path toward teaching and learning regards, principles and customs through a point of reference and the use of positive and negative social consents. Whereas no easy-going or formal social control depends totally on inside control (Ried, 2006).

The convergence of Theories

The association of criminological theories concerning the theme of the 'evolutionary social contract' of homosexuality can be well understood when we put some light over the criminality associated with the homosexuals in the Indian context. The theories, as mentioned above, explain the isolation, suppression, and exclusion of a minority that is segregated from society. The theories emphasise the issues and obstacles faced by a section of individuals due to the non-conference of the moral rules and regulations as set by the various agencies. The evolving legal scenario also puts doubt in the minds of the homosexuals in deriving the true social contract.

Method

Aim

The objective of the study is to analyse the factors that tend to reflect homosexuals as a repressed subculture considering the evolutionary social contract over the various legal course of action.

Instruments

Questionnaires were designed in both print and online mode to interview the LGBT community and to interview the public, respectively. The LGBT questionnaire was designed to address the issues of realisation, openness, support, adaptability, resistance and legal recourse in context with the public. The survey questionnaire constituted of 24-items relating to and

matching the criteria as mentioned above; and, the general public 16-item questionnaire was aimed at understanding the adaptability and acceptability of homosexuals in the society.

Sample

A sample of 300 research participants involved 100 from the LGBT community, 100 were from the general public under 35 years, and 100 were general public over 35 years in the year 2017-18.

The sample size of the survey concerning the community members were 100 individuals varying in their Sexual Orientation [SO] from Gay (20), Lesbian (5), Bisexual (25). Also, for studying 'Gender Identity' [GI], we recruited Transgender (50) respectively. The below mentioned Table 1 and Table 2 would depict the various responses for the parameters described in the methodology.

Table 1

The responses of the individual orientations are taken in two extremes, i.e. positive and negative; the neutral responses are excluded for now.

Factors\Orientation	Gay		Lesbian		Transgender		Bisexual	
	Positive	Negative	Positive	Negative	Positive	Negative	Positive	Negative
Realization	60	30	55	25	80	10	30	60
Openness	30	60	25	55	55	15	30	45
Support	28	62	18	74	62	24	32	58
Adaptability	42	38	32	48	22	62	52	26
Resistance	58	21	60	25	56	24	72	24
Legal Recourse	64	14	78	12	48	34	68	22

*figures in percentage

Table 2

The responses given through the questionnaire of the LGBT community are highlighted under six categories over three extremes, i.e. positive, negative and neutral responses.

Factors\Parameters*	Positive	Neutral	Negative
Realization	56.25	12.5	31.25
Openness	35	21.25	43.75
Support	35	10.5	54.5
Adaptability	37	19.5	43.5
Resistance	61.5	15	23.5
Legal Recourse	64.5	15	20.5

*figures in percentage

Table 3

The responses given through the questionnaire of the public are highlighted under six categories over three extremes, i.e. positive, negative and neutral responses. The below-mentioned table depicts the response of individuals ‘Below 35 years’ with a 55:45 ratio of the Male & Female.

Factors\Parameters*	Positive	Neutral	Negative
Awareness	76	21	3
Openness	42	45	13
Response	82	15	3
Acceptability	62	34	4
Legal Course	58	32	10

*figures in percentage

Table 4

The responses given through the questionnaire of the public are highlighted under six categories over three extremes, i.e. positive, negative and neutral responses. The below-mentioned table depicts the response of individuals ‘Above 35 years’ with a 70:30 ratio of the Male & Female.

Factors\Parameters*	Positive	Neutral	Negative
Awareness	32	28	40
Openness	24	32	44
Response	18	32	50
Acceptability	12	23	65
Legal Course	24	37	39

Result and Discussion

The study is focused on analysing the factors that suggest ‘Homosexuals as the Repressed Sub-Culture’. The factors were envisioned from the responses gathered through the cluster of individual's admissions as responses. The ‘Positive’ or ‘Negative’ response towards the parameter described in the methodology depicts the tendency

to conclude the subject as a repressed subculture within the society.

Analysis

The responses were judged by various parameters that analysed their attitude towards the topic of homosexuality. The analysis of the data gathered can be explained with the help of Table 1.

A. Factors depicted by the LGBT community as highlighted through their responses

Concerning the realization of the orientation and Identity by the community members, Transgender and Gays accumulate the most positive responses ranging from 60 to 80 percent, respectively. The parameter of openness is relatively low in each orientation, but it accounts for more than 50% within Transgender. The criteria of support from the family and friends can be witnessed the highest within the Gender Identity of Transgender accounting to more than 60%. The adaptability quotient stays highest with the Bisexual orientation accumulating in 52 %. The factors relating to resistance from the society and the legal recourse from the criminal justice system inclines on a positive note towards Bisexual with close to 70% in both the heads, respectively.

The cumulative analysis of the LGBT community accounts for the parameters as 56.25 % of the community members was aware of their orientation during an early age and was realised by themselves. Also, 43.75% of the members have shown a negative response towards being public about their orientation, and 54.5% of the members lacked public support over their sexual orientation. The Adaptability clause within the community members from the 'general public' has shown a negative trend accounting to close to 44%. Close to around 65% of community members feel resistance from the

'general public' in day to day routine over their orientation, and an approximately same percentage of community members have encountered a cordial response from the criminal justice system over their sexual orientation over issues related to it.

This provides an overview of the perspective towards the LGBT community that needs a varied outlook concerning the evolutionary culture of various age groups.

B. Comparison to responses from Individual below and above 35 years

The cumulative analysis of the responses from the general public ranging from individuals above 35 years of age and individuals below 35 years of age accounts concerning the parameters as 3/4th of the individual below 35 years are well aware of the topic of homosexuality as compared to 1/3 of the individuals above 35 years. 43% of the members below 35 years have shown a positive response towards being open about homosexuality within the family and friends as compared to 24% of the later age category. More than 80% of the individual below 35 years show support over the orientation as compared to only 18% with the later age category. The Adaptability clause with the community members from the 'general public' above 35 years has shown a negative trend accounting to close to 65% as compared to 80% positive trend with the age bracket less than 35 years. Also, 65% of the individuals

less than 35 years have acknowledged a cordial response of criminal justice system towards the LGBT community as compared to a 70% of negative rating including no response by the individuals above 35 years.

C. Comparison to responses from Individual below 35 years and the LGBT community

The cumulative analysis of the responses from the 'general public' ranging from individuals below 35 years of age and members of the LGBT community shows a positive relationship over the parameters. It indicates that 3/4th of the individual below 35 years are aware of the concept of homosexuality. 43% of the members below 35 years have shown a positive response towards being open about homosexuality within the family and friends as compared. More than 80% of the individual below 35 years show support to an individual's orientation. The adaptability clause with the community members from the general public less than 35 years has shown 80% positive trend. Similarly, 65% of the individual less than 35 years have acknowledged a cordial response of the criminal justice system towards the orientation of the LGBT community.

D. Comparison to responses from the LGBT community and individual above 35 years

The cumulative analysis of the responses from the 'general public' ranging from individuals below 35

years of age and members of the LGBT community shows a negative relationship over the parameters. It shows that the rest are reluctant to acknowledge the issue. 24% of the members above-35 years have shown a positive response towards being open about homosexuality within the family and friends. Close to 18% of the individual below- 35 years show support over the orientation of an individual. The Adaptability clause with the community members from the 'general public' above-35 years has shown a negative trend accounting to close to 65%. The individual above-35 years has acknowledged a neutral response of the criminal justice system towards the LGBT community.

Discussion

The above analysis shows the various parameters and their subsequent response by the members of both the community and the 'general public'. The trend shows that even if the community members have realised their sexual orientation and gender identity, but a minority proportion is open and is being supported by the 'general public'. The acceptability and resistance factor are not on a positive note for the community members due to the widespread moral norms. It reflects an exclusion from the society of the community members from the desired social contract.

Concerning the comparative study of the 'general public' above 35 years and below, it can be highlighted that the response from

the individuals below the age of 35 years has accounted on a positive note as compared to the individual above 35 years. The conservative or stereotypical ideology holds itself as a major setback to the individuals above 35 years to portray a negative image of homosexuality. The individual below 35 years can primarily be referred to as youth have accessibility to the latest technology and are aware of the current affair through social media holds a cordial and individualistic approach over the issue of homosexuality. It's expected that the recent Supreme Court judgment may invoke a change in the evolutionary social contract amongst different age groups.

The findings resonate the theoretical framework providing the LGBT community as a subculture with have a distinct social contract with individuals below 35 years of age and above, respectively. The evolving legal course of action by criminal justice machinery through various judgments revolutionised the perspective in the different age groups as reflective in the finding of the study. This study provides an outline towards the stark difference in the outlook of the diverse subcultures of the society with their social contract

perceptions towards the LGBT community.

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Original Research Article

A Phenomenological Analysis of a Consumer's Lived Experience of Pornography and Homoeroticism

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Abstract

A is- what is not A. A is – what is not-not A. In not being is, all that is. The being is not aware that it is, is. So, how will it know that whatever it is all that, it is or it also what it is not? This paper aims to interpret the gaze of a consumer of pornography and arrive at the phenomena, the essence of it. Alternatively, to investigate whether there is any essence behind the gaze of consumption, and if there is, then how is it made into it? Why is it there? The methodology used is hermeneutic phenomenology about about about about the method of a minor ethnographic study of a video parlour airing pornography. I have interlinked the technique and the research and investigated both of them carefully. I have first formulated phenomenological questions, without any assumptions around the context of my research. Then I have identified and collected experiential material and lastly, reflected on the totality of the meanings in all its relations. The ethnographic research was conducted between January 2016 to May 2016. The conclusion will leave the reader with questions on assumptions and perceptions about the ship – meanings lived experiences and the visual gaze. It is purely a phenomenological account of everyday lived experience.

Keywords: perception, hermeneutics, phenomenology, visual gaze, homo-eroticism, ethnography

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Prologue

I. The moment I say 'I', I become aware of the questions that start formulating about the perception of my location as a person and certain assumptions related to it. That it is 'a set of infinite tasks' (Moran, D. 2000: 2) in identifying the essence of these inter-sectional locations that the I assumes or perceives itself in, is similar as pointed out by Husserl in his account of phenomenology and finding its connections. I started attending the social research methodology and visual culture classes at the University with no aim in sight. My gaze was structured to learn whatever I could. Numberless walks and hanging-out on tapri joints, sitting down on foot-paths and roads, wherever I could, alone and contemplative, I observed. I used to look at people performing roles, take in the sight and smell of areas I lingered into. I always wanted to go deeper into the underlying reasons for social relationships. To see how they were formed and where did they originate. To become the observer and also observed from a subject-object point of view (Krishnamurti, J. 1978). The point was, how? The stint at the Sociology Department is proving to be one of the ways through which I can find answers to these questions.

I was 17 when I first stumbled into a video parlour airing pornography videos. We were two friends, lured into an alleyway by an old man selling tickets. "do ghante ka blue filmam" he said. For 15 rupees, that

seemed a good deal to my friend. And so, I tagged along. To quench my thirst for something new, something that I could observe and for something that my mind could contemplate on. Walking through alleyways, we reached at the end of it only to be welcomed by another person who was standing at the entrance. We were ushered into the hall after climbing a steep flight of stairs. I wasn't prepared for the scene that lay ahead of me. A group of men huddled together in front of 5 Television screens showing porn. When I signed up for the visual culture course, the six-year-old memories came back to me.

I had always been intrigued by the Men that came there, those who consumed the films shown. The different layers that their actions were involved in, had to be analyzed. With the social research methodology course, I started asking questions about the method that I was employed to study the video parlour space. Wasn't it value-laden? Wasn't I bringing my assumptions to the research? My rationale

Edmund Husserl pioneered the beginning of phenomenology in the introduction of Logical Investigations (1900-1901) where he discussed the need of a wide-ranging theory of knowledge.

value-laden? Wasn't I bringing my assumptions to the research? My rationale behind choosing to do this study was to arrive at the totality of meanings about the meanings that the consumers of porn attach, to the

films and space and also very importantly, to each other. I wanted to investigate and elucidate the lived experience and reveal meanings through hermeneutics.

Introduction

This study is a minor ethnographic study of a video parlour located in Tilak Nagar, an eastern suburb of Mumbai. It is densely populated, with old buildings being bull-dozed for new upcoming 'towers' in its place. The site where this study is located is struggling to accept the re-development changes taking place. It lies adjacent to the Eastern Express highway with its local hotels, bars and restaurants running full-house. The video parlour is located within a maze of alleyways, and it takes around 5 minutes actually to reach the parlour centre. It is a densely populated chawl area, with a famous Ayyappa temple located nearby. The parlour is run by a group of men, often related to familial relations to each other. All of them identify themselves as Tamil-speaking persons. I conducted ten rounds of visits to the parlour at different times, mapping both day and night time-zones. I was interested in studying the meanings that the consumers give to their surroundings, to the people and to the films that they watch. The interviews were semi-structured mostly. There was a one-on-one interaction with the viewer, often while watching the pornography itself. I was non-directive with my questions and asked questions and

initiated discussions through conversations. I couldn't tape-record or click any pictures due to the risk factor involved. Mobile phones or cameras were requested to be switched off while inside the hall. I was particularly interested in raising to phenomenological questions by entering into a dialogue of sorts and thus revealing meanings through interpretation. Therefore, the hermeneutic phenomenological methodology was adopted while conducting the study.

I was able to interact with four persons who identified themselves with a heterosexual orientation, but 3 of them indulged in homo-erotic activities ranging from mutual masturbation to oral sex in the parlour itself. This study also identifies the ideas or meanings as-relatable to homo-eroticism by the viewers who either indulged in it or themselves wanted to watch bi-curious pornography. The act of dialogue (Gadamer, H. 2006) made the process more open-ended for the responding viewer. I was trying to touch the root, between the relation of what the viewer saw and what the viewer already knew (Berger, J. 1973) by using the metaphors of understanding (Gadamer, H. 2006). The viewer became aware that he was a part of the visible world (Berger, J. 1973) since soon after he saw, he became aware that he was also seen. Thus, did his social relations and actions change in that scenario? And how did he adjust and relate to it? This

was also a part of the process of this investigation. The persons coming to the parlour were mostly workers from nearby areas. Working in the small-unit manufacturing plants, restaurants, rickshaw-drivers and vegetable vendors.

As a rule, Men who were clad with 'elite' kind of clothes were not allowed to come. They were refused tickets at the table itself. I was denied a ticket too, but Sri (altered name), my informer saved me the trip back home. I had met Sri some six years earlier as a teenager when I used to frequent the place. He recognised me instantly when I went back for this study after a gap of 5 years. He agreed to divulge with information about the inner-happenings of the parlour on goodwill. He stated that he remembered me because I was not the 'pervert' kind. These parlours are spaces where homo-erotic actions are quite common. Since I do identify myself as gay, these were an added encouragement for me to visit the parlour in my teens. I never indulged in openly doing anything sexual inside the parlour, and maybe this is what led Sri to label me as a non-pervert. The video parlour owner is his uncle, and Sri has been working or looking after the hall-room since he turned 13. My friendship with Sri couldn't cut through the informality between us. I was still a stranger to his social interactions except that I was allowed to take a peek and to know about some happenings inside the parlour.

The parlour works like a small theatre. It starts business at 11am which goes on till one at night. People usually start coming in the afternoon around 2pm. There are 2-hour slots for each customer which can be bought after paying 30 rupees. If a viewer wants to watch more, he needs to go back to the small table kept at the entrance of the alley and buy the ticket. The ticket is printed and the amount paid is written by hand. There are two tables kept for the ticket distribution. One at the entrance of the main alleyway to the video parlour, and the other at the opening of the parlour itself. A small parlour is located in the area opposite to the main road which airs C-grade Tollywood and Bollywood movies apart from airing pornography. Inside a maze of alleyways, I took a flight of stairs to the first floor where the rooms were located — two rooms with small windows which were blocked. The roof was covered with tin-sheets. The first room was large enough to accommodate approximately 60 persons. The second room was more modest and could accommodate around 25 men. A little spot at the corner was reserved for the Laxmi and Ganpati idols. Nobody is allowed to sit near the space. The sacred is distinctly made visible and controlled from the rest of the occupied area, which is believed to

My respondents worked in these places and were of the view that most men also worked in similar working spaces.

made visible and controlled from the

rest of the occupied area, which is believed to be non-sacred. The rooms were looked up for couples in a residential area by a group of youngsters who are related to the owner. They work in nearby hotels and sleep in the bedrooms available late at night. Most of them come from the same village as the owner.

The gender roles performed between men were taken-for granted as cis-gendered performances. These spaces were only inhabited and accessible to the men. Women are not allowed at all though kothis are allowed in. It is not surprising since space is a patriarchal organisation where male-to-male sex is quite common at the back end of the room. The families that live in and around the parlour know what goes inside. The existence, as understood by the men in these spaces, more like the experience of being-in-the-world or Dasein (Heidegger, M. 1996), is already taken for granted by them. The unravelling of this 'taken-for granted-ness' came through the dialogues I had with them.

There is a small escape route in the second room to enable the viewers to escape in the situation of raids. Raids have been conducted a year back in a video parlour located in Kurla (P. (Ed.) Times of India. 2015). Not far from the Tilak Nagar parlour. Sri still remembers the repercussions of the raid on his parlour. They had to keep the parlor shut for a week and go into hiding. The legality of such spaces confront the masses that frequent these spaces but

sadly, fails in uncovering the social realities involved. These parlours are illegal spaces, standing in the line between the inter-sectionalized version of public morality, class and homo-erotic desires.

Turning to the Indian legal framework, sec.67 of the Information Technology Act makes cyber pornography a crime. Under its ambit, it includes material like DVDs, mobile phones, video files, audio files etc. which may consist of any image considered to be 'obscene' under the act. The transmission can happen in any form. In our case study, it is through spaces where the owners hoard DVDs of porn clips and share or 'transmit' it to others.

It should be noted that viewing cyber pornography is legal. Also, downloading or storing pornography for personal viewing is not illegal too. However, the transmission of it is illegal and punishable. This law disadvantages and creates a rift between who gets to 'store' pornography and personally view it and who 'doesn't'. The persons coming to the video parlour in Tilak Nagar form the chunk of viewers

A man identifies himself as a kothi when he takes female gender role in same sex relationships, often with a desire to be the penetrated member in sexual intercourse. It is a commonly used term within the Queer circles in India. They differ from hijras in the sense that they don't live together as a community

who cannot afford a space or means to download pornography and view it. Contrasting this situation to the one in the USA, there are adult film arcades which show pornographic films and hire out spaces to people who are interested in indulging in sexual activity. Though our parlours cannot be aligned to theirs, the consumption of pornographic material happens at both the places, with similar sexual activities in tow. Sri could not believe that such spaces exist where it is 'normal' to masturbate or perform sexual activity while watching porn. He thought the people who do it in his video parlour are big hue (corrupt).

'Paise banane hain, baaki jo bhi piche chalta hai, chalne deta hu. Yahan par bigde hue log aate hain jo hilla ke (masturbation) chale jaate hain'. (I want to make money, other than that, I allow the things to happen at the back. Corrupt people come here who masturbate and leave).

These are his parting words as I leave the parlor while he hurriedly sets out on his duty to watch the entrance.

Phenomenological questions

The viewing of pornography in a video parlour can be taken as a social phenomenon for the customers and the people who live in and around the site. The question that is raised here is the shared perceptions of the viewers of pornography and the owner of the parlour. What is the structure of this perception? What

is the assumed part? The essences of sharing the same space and watching porn together will be analysed and confronted. The phenomenon that is most normatively perceived and experienced is questioned and deliberated to reveal the underlying essence that unifies the entire perception or the assumption of the viewers.

Consuming desire

The idea of approaching the visual (Berger, J. 1973) mediates itself through various power relations between the visual and the person perceiving it. I conducted informal dialogue sessions with the viewers watching, or applying Berger's term, gazing at the pornography films. The assumption here was that they were aware that they were becoming a part of something that was 'hidden'. Some of them did not know that it was illegal to be an audience there. All of them affirmed to desire, is the motivating force that led them to be there. Desire in visualising or perceiving sexual activities and desire to vent out sexual energies too. The group of viewers also could control what they wanted to see and what was given to them. There were 5 LCD T.V. screens in the first room while the second room had 4 Samsung T.V. screens. The viewers desire to watch a kind of pornography was almost always met with fulfilment. The most popular genre was European or American porn. White-bodied porn actors performing while the viewers consume the whiteness and the roughness of the act. The most favoured porn was heterosexual

porn. A slight deviation from the norm was allowed for lesbian pornography, but the same was not given to male-to-male pornography. Only one T.V. screen aired indigenously produced Indian pornography which was not very sought after by the viewers. Their consumption lingered into the 'otherness' that met their gaze. White-bodied performers epitomised the sexual adventures that they imagined themselves to enjoy. The brown-skinned or black-skinned pornography was not relevant to them, nor were they interested in consuming any other kind of racial performer's body. Also, the emphasis was more on the intercourse rather than the other parts to sexual activity. It brings us to the subjective points of departure and contact, as perceived by the viewer. The viewer cuts himself off from the location and the language of the images; thus transmitted becomes an illusion (Berger, J. 1973). It only transforms the memory of the white-bodied porn performer into something that should be desirable but also something that should be expected.

Ranbeer is a 25-year-old, daily wage earner. He earns his living through selling vegetable as and when he can get a dayjob. I met him on my trip to the smaller video parlour that is technically a competitor to the bigger video parlour I am studying. Upon finding him alone at 11am, I went and sat beside him. He was masturbating and deeply engrossed

in pornography. Upon seeing me, he thought I could give him a hand-job. It was too early for anyone to come in at this time.

He said, "*Koi is Waqt Nahi aata. 2 baje tak khaali rahegi jagah. Hillaoge kya?*" (Nobody comes here at this time. The place will be empty till 2pm. Will you masturbate?)

I said, "*Nahi. Sirf dekhunga.*" (No. I will just watch).

My gaze here was a mix of lust and interest.

"Yeh ganda kaam hai. gandi aadat pad chuki hai. yahan pe achhi jagah milti hai. Subah aata hu kyunki log nahi rehte." (This is bad work. It's a bad habit. I get a good place here. I come in the mornings because nobody is around)

Ranbeer acknowledges that privacy was something he lacked and the parlor fulfilled the space crunch that denied him the act of masturbation. Uncovering the gaze is important. A daily wage-earner mediates spaces to come to a particular location and perform certain activities while becoming a consumer to things that he assumes to be 'bad'. Another viewer assumed the same 'bad' element in the mutual masturbation activity being performed while a group of men were busy watching porn on 4 T.V. screens simultaneously.

Azeem is 45 and bald. He works at the nearby manufacturing unit and

comes to the video parlor at night. He says, "*raat ko waqt achha hota hai. Maza bhi aata hai.*" (The time is nice at night. There is enjoyment too)

"*Gori ladkiya achhi lagti hain. Aajkal nayi filmein nahi laga raha hai. Wahi purana roz dekhna padta hai.*" (I like white girls. These days the owner does not put new films. Have to make do with the old ones)

Azeem comes here every day after work. His favorite time is after 10pm. He does get mutually masturbated at times but terms it 'bad' and a taboo and tries hiding it. Our perception here is moving in a circle of detail and the whole (Gadamer, H. 2006). The hermeneutic understanding moves from Azeem's opinion of pornography films as desirable, which show white-bodied actors and his homo-erotic activity as bad. The interpretative knowledge achieved here is that he trades the desirability of gazing at an image with the homo-erotic activity that he indulges in but again, gazes at it in a socially normative way, which is of repulsion.

Chintan at 18 took the phenomena to a different level. He wants to identify himself as gay someday but is scared to come out. He primarily comes here to indulge in homo-erotic activities ranging from foreplay to oral sex. He says, 'I come here to have fun. There are so many easily available men here'. 'I am not attracted so much to the porn, as much as I am to the men here'.

'I don't like the way they dress up or carry themselves. But my fantasies come true here'.

He states his location as 'upper middle class'. He owns an android mobile phone and comes here not for the porn but sex. The legal provisions concerning pornography rip off and starkly reminds us of the distance between the people who have access to porn and those who don't. Chintan has access but chooses to come here because of his inter-sectional identity of a gay male does not give him many choices to look for and have sex in the hetero-normatively structured society. The lived experience of Chintan is unique to him and yet is a key to understand and interpret the whole through its part.

Babul, 30-year-old daily wage earning worker remains unperturbed at the thought of what goes on at the back of the video parlour room. He sits in the front rows. Says, "*aage ki seats achhi hoti hain. Koi pareshaan Nahi Karta yahan. Jisko haath lagwana hota hai, who piche baithta hai*". (The front seats are good. Nobody troubles me here. Whoever wants to be touched, goes and sits at the back).

On further prodding, he asserts that he does not like being touched. Says, "*aage baithne se film bhi sahi dikhti hai*". (I can watch the films clearly if I sit ahead). On the topic of his favourite films, he says "*Hindi mai maza nahi aata. Goro mai aata hai.*" (There is no fun in Hindi. There is fun in watching the whites).

Sartre identifies that there is no essence in the object but rather in the meaning of the essence of an object (Sartre, J. 1956: 45). The principle of meanings that it holds takes the object-essence making it into the part of the totality of the whole (Sartre, J. 1956). For Babul, the meaning he derives in choosing to sit at the front, about the activities that happen at the back is the essence of the object. He perceives white-bodies as the meaning to the essence of the pornographic film that it is acting in or embodies itself with.

Illumination

The meanings of what my respondents expressed can be gauged by their lived experiences. The experiences of all them led us to a shared essence of the acceptance of and tolerance to the homo-erotic activities taking place inside the video parlour. Also, the essence of being a male and thus availing the space to watch pornography is also not lost to the viewer. The perception of pornographic material as appeared and surveyed by the male gaze also introduces us to the consuming culture of pornography (Berger, J. 1973). The language of the image creates assumptions and perceptions of and for the desire, which is repeatable, and the viewer keeps coming back for more. The visual imagery of pornography embodying white-bodied porn performers feeds on the real perception and makes the viewer into an expectant gazer in his day-to-day interactions.

What struck me was the coming together of desire and accessibility to a certain kind of 'desirable' homo-erotic sexual experience coupled with the consuming gaze for pornographic material.

The questions keep rolling, and further investigation can commence on the beingness of the consumer itself. Can the consumer of pornography in a collective space, is only a consumer or does it become into something else?

A is - what is not A. The viewer is whatever is not the viewer.

A is – what is not-not A. The viewer is – whatever is not-not the viewer.

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Original Research Article

Portrayals of Transgender in University Textbooks at the Beginning of the Millennium

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Abstract

The authors present a discourse analysis of textbooks in the fields of gender studies and human sexuality with an eye to transgender portrayals in those textbooks. Textbooks comprise a body of knowledge that is seen as authoritative and, consequently, may heavily influence how transgender issues and transgender people are viewed. This analysis examines definitions of transgender, the myth of a “true transsexual”, the complexity of sexual orientation applied to transgender individuals, and the “medicalisation” of transgender. Common problems found in textbooks include the perpetuation of myths, inaccuracies, and over-simplifications. Some textbooks offer valuable insight into transgender and suggest possible solutions to the problems found in other textbooks. Suggestions are made to promote fair and inclusive treatment of transgender issues in textbooks addressing gender and human sexuality.

Keywords: Transgender, Sexual Orientation, Textbooks, Human Sexuality, Discourse Analysis

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Portrayals of Transgender in University Textbooks

The very first thing that was ever said about you was, very likely, “it's a girl/boy”. This initial identification has been with you ever since and has shaped, in many ways, your entire life. Most people quickly adapt to their assigned gender and gender role and learn readily to be a boy or a girl. Some, however, never make this adjustment. Being transgender presents a complex array of challenges in a world where gender identity is expected to be firm and unchanging. Historically, there is little awareness regarding transgender issues: In the popular media, for example, transgender people have often ignored or were the subject of ridicule (cf. M*A*S*H; also see Capuzza & Spencer, 2017). Negative attitudes toward transgender people are pervasive in our gender-specific culture (Grant et al., 2011).

Negative attitudes may be reinforced by inaccurate, cursory, and prejudicial portrayals of transgender in textbooks; textbooks are perceived to be an authoritative source of information and are often taken as “the truth” by those who read them. Not only a source of information, but textbooks also influence attitudes toward people who are transgender by painting an implicit picture of these individuals. Textbooks, then, should strive to give an accurate, value-free representation of the information they convey. To the extent that this goal is achieved, textbooks may be an important source of information and can communicate a sense of social justice.

Complimentary textbooks are provided by competitive academic publishing companies to university professors to convince the instructors to adopt the publisher's book for their courses. Consequently, books provided to professors in an interdisciplinary family studies department teaching specialised courses in gender and human sexuality, up to the beginning of the millennium, were analysed; our examination suggests that these textbooks often failed to present accurate, non-prejudicial transgender portrayals. In particular, transgender issues could be organised into four central issues based on what information was included or excluded from existing textbooks (see Appendix for a list of the textbooks we reviewed).

Our four central concepts include 1) definitions of “transgender”, 2) the “true transsexual”, 3) sexual orientation and transgender, and 4) “normal biology”.

Definitions of Transgender

Within the transgender community and academic and medical circles, transgender defines individuals who do not, for some reason, fit within the rigidly defined boundaries of conventional gender. Many textbooks, however, largely ignore transgender or provide confusing definitions. In particular, the terms “transsexual” and “transvestite” are often (incorrectly and inappropriately) used interchangeably as synonyms of “transgender”. Such a presentation misleads readers as to the nature of transgenderism and potentially

ignores or denigrates many transgender individuals.

The ‘True Transsexual’

The conflation of the terms “transgender” and “transsexual” often leads to a second, related problem: Many textbooks portray and, therefore, implicitly promote the concept of a “true transsexual”. That is, transgender people are categorised to the extent that they undergo hormonal therapy and sex reassignment surgery. The “true transsexual”, or the person who opts to undergo complete sex reassignment surgery (also called sex realignment surgery), is then presented as the only “legitimate” form of a transgender person. This portrayal again denigrates or ignores the many transgender people who do not opt for sex reassignment surgery, or who choose limited reassignment procedures, and pressures them to pursue full sex reassignment surgery, even when they would prefer other alternatives. Further, this emphasis on genital surgery serves to reinforce the pervasive view of the duality of gender based on biological sex; in this sense, the presentation of complete sex reassignment surgery as the only “true transsexual” alternative denies the legitimacy of variations of transgender persons.

Sexual Orientation and Transgender

Sexual orientation is a complex and multi-faceted concept, especially when applied to transgender individuals. Defining sexual orientation in the context of people

who are transgender is itself difficult because the very concept of sexual orientation assumes a clear, binary distinction of gender. Perhaps, as a result, textbooks frequently ignore sexual orientation or, when it is discussed, are inconsistent in their treatment. Some texts, for example, emphasise the biological sex at birth as the determinant of sexual orientation: For example, a male-to-female trans person who is attracted to Men would be considered 'homosexual'. Note that this approach focuses entirely on natal genital sex and completely ignores the person's self-identification. Other texts use post-operative identity as the determinant; a female-to-male trans person who is attracted to women would be considered heterosexual. A few texts are less presumptive, stating that transgender individuals can be heterosexual, homosexual, bisexual, or asexual; that is, they constitute the same range of sexual orientations as cisgendered persons. The biggest problem, however, may be that the entire abstraction of sexual orientation necessarily imposes a dichotomous view of gender and, in itself, does not allow for the diversity of possibilities that transgender may entail. Rather, it reduces sexual orientation identity to a matter of two biological sexes.

The ‘Normal Biology’

A deterministic or essentialist view of gender holds that gender is determined by genetics and other biological sources. While there are many variations of essentialism presented in textbooks, we found

only one textbook that specifically questioned this formulation of gender. An essentialist viewpoint is often implicitly presented through the use of terms like “normal”, implying that there is one “proper” path to gender identity. All other conceptions, then, are abnormal or deviant. The word “normal” does have a scientific and unbiased meaning: That which is average or most common. But the general public may not interpret the word scientifically unless the terms are clearly defined; that is, “normal” may be seen as “good”. The implied deviance of transgender can be seen clearly in cases where references to a person's chosen identity are placed in quotation marks when it does not match physical identity, or when people are described as having “...*the proper complement of XX or XY chromosomes.....*” (Crooks & Baur, 1999, p. 57) or when heterosexual relationships are discussed as being normal.

An outgrowth of biological determinism is the medicalisation of transgender: Gender Identity Disorder (GID) is classified as a psychological disorder by the widely-cited Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000). While the DSM-IV-TR recognises all disorders as the abnormal extreme of a continuum of normal-to-abnormal behaviour, the medical classification may encourage stigmatisation. Released in 2013, the DSM-5 changed the diagnosis to gender dysphoria in an attempt to reduce the stigma associated with

the disorder as well as align with the distress associated with the incongruence of biological sex and psychological identity (American Psychiatric Association, 2013). The ICD has moved transgender out of the mental disorders section and retained gender incongruence as a sexual health diagnosis (World Health Organization, 2018). Regardless of these more recent changes, gender dysphoria or gender incongruence as medical diagnoses are likely to be communicated by textbooks that present a deterministic, essentialist view of transgender origins.

These social science human sexuality/gender-related textbooks have been conflating the experience of gender dysphoria with being transgender; transgender is a normal variation within gender whereas gender dysphoria is a state of psychological distress at the perceived incongruence between gender and biological sex. Textbooks have typically portrayed transgender as a disorder, or a diagnosis leads to the common presentation of sex-reassignment surgery as the best viable “treatment.”

Few of the textbooks reviewed suggested hormones alone or limited surgery as options; when hormonal treatment was discussed, it was often presented only as a precursor to genital surgery. In most texts, other alternatives –such as adopting garb consistent with the psychological identity solely– were ignored or presented in a stigmatised fashion (e.g., often described as a

cross-dressing fetish). This type of presentation, again, reinforces the myth of the “true transsexual” – it suggests that gender is biologically determined, dysphoria must be treated, and everyone must conform to the gender dichotomy.

Transgender individuals may then seek sex-reassignment surgery not because it is what they want, but because they see it as the only alternative. Or, non-trans readers may view those who do not seek medical intervention or surgery as not “complete” in their transition. This depiction is a narrow, one-sided view of transgender that can cause a great deal of unnecessary pain for trans people and potential confusion for cisgender readers.

Discussion

Fortunately, many textbooks do not focus on any one theoretical explanation to the exclusion of others; rather, transgender is presented as arising from a variety of causes or forces. For example, social learning theory, psychodynamic (Freudian) theory, and social constructivist theories (including post-modern feminism) are frequently used to explain transgender and gender dysphoria. In particular, most textbooks acknowledge that no one theoretical account can reasonably explain the complexities of transgender. However, presenting alternate viewpoints while privileging an essentialist perspective may not be enough. A fair presentation of transgender may require a general re-conceptualisation of gender. While such a re-

conceptualisation is emerging in the academic literature, this is not necessarily reflected in textbooks. It is important to consider textbook presentations as these writings help form the knowledge base of future health care professionals, social service workers, policy makers, etc. The texts reviewed herein probably influenced many of the professionals who make important decisions today.

The academic literature on transgender is far from reaching consensus on how to portray transgender issues fairly, and there is evidence of this disagreement in the treatment of transgender in textbooks about gender and human sexuality. However, textbooks often present this information in a narrow, one-dimensional format. The richness of the academic debate, in itself, could do much to engender a more trans-positive atmosphere. Rather than presenting the complexities surrounding transgender, however, many textbooks omit transgender topics, discuss it obscurely or judgmentally, or lump it in with paraphilic or otherwise abnormal (or deviant) behaviour. Readers of the textbooks, however, are likely to view what they have read as accurate, comprehensive, and value-free information. In this way, many textbooks may serve only to reinforce the general social stigma associated with being a transgender person and with promoting a rigid and dichotomised view of gender.

If they are constructed with care, textbooks can provide an avenue for

education and attitude change. In particular, the complexities of transgender could be integrated with information about gender and sexuality throughout the text. At the same time, care should be taken to be respectful of transgender persons. Perhaps the simplest way to accomplish this goal is to respect individual self-identification: Refer to male-to-female using she and her; refer to female-to-male as he and his; Or, use gender-neutral pronouns such as hir or they. When in doubt, ask the person what pronoun they prefer. It should be remembered that not all transgender persons have rigid gender identities and may prefer to remain fluid or to choose to live some point between feminine and masculine. Similarly, sexual orientation may be complex and not confined to the biological sex of the persons a transgender person finds attractive.

Conclusion

Since there is little agreement in the research literature, textbook writers should encourage readers to be open-minded and critical of the material. Given the complicated nature of gender and sexuality among transgender individuals, general discussions of gender and sexuality should not be focused tightly on a dichotomy of gender but should respect the variety of possibilities that include all people.

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Case Series

Anti-Indian Bias and Homophobia: A Psychotherapy Case Study

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Abstract

Anti-Indian bias can influence clients seeking psychotherapy. It is further complicated when this bias is experienced from a parental figure. It can lead to an internalised anti-Indian bias that may affect the individual for many years. It may be further complicated by having one or more intersecting minority identities. This article will review psychotherapeutic case-study with a self-identified gayclient, who experiences anti-Indian bias within his family of origin. The article will present an integrated relational framework that can be utilised to assist clients with similar difficulties.

Keywords: Indian, Gay, Psychotherapy, Intersectionality

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Introduction:

This article explores a psychotherapy case study utilising an integrated relational framework. The case focuses on the intersections of sexual orientation, internalised anti-Indian bias, and their impact on identity. Throughout this article, the client will be referred to as Scott. This pseudo name was chosen to protect the client's identity but also to capture the essence of his name. This may be important to appreciate the central identity issue that will be discussed. This article will review the case progress and how an integrated treatment utilising aspects of relational, gay affirmative,

and multicultural therapies have been utilised to facilitate treatment.

Identifying Data

Scott is a gay-identified male in his late 30's. At the beginning of treatment, he identified as white. However, five months into treatment, Scott was asked to complete the Quickview Social History (QVW, Giannetti, 1993) to obtain psychosocial history that may have been omitted during the treatment. While completing the QVW, he identified his race as 'other'. This discrepancy will be discussed later in this article in the upcoming sections. He currently does not identify with any specific

religious affiliation. His history with religion will be further discussed later in this article. He lives with his husband in a major metropolitan city in the United States.

Mental Status

Scott presents as a relatively stable person. He denies any history of suicidal or homicidal ideation. He also denies any history of delusions or hallucinations. He does, however, have a history of depressive symptoms, including sleep disturbance, isolation, and changes in appetite. Additionally, he displays current symptoms of anxiety and panic attacks. Specifically, he endorses repetitive thought, sleep disturbance, and feeling overwhelmed in social situations.

Medical Status

Scott obtains requisite medical treatment in a timely manner. Recently, he reports an increase in appetite, nocturia, concerns with sexual ability, arousal, and performance. He also reports drinking alcohol several times per week with increased tolerance. There is no other significant substance use.

Developmental History

Scott grew up with his biological parents and two siblings. He is the middle child. Scott reported a history of difficulty speaking correctly as a child. The aetiology is unclear, and he does not recall many details. There were no special accommodations made at that time, and he caught up with his peers in language ability. He denies any other developmental delays. His

academic performance was strong, and he was engaged in many extracurricular activities, including athletics, clubs, music, and drama. He reports a happy childhood with a strong social network. Scott reports sleep walking stomach aches and diarrhoea as a child. He also recalls a specific fear of monsters and being kidnapped. Scott recalls physically maturing faster than his peers.

Although he reports a happy childhood, his relationships with his parents were complex. He reports that his mother loved him too much and was overly attentive. He recalls that he could usually talk to his mother about she accepted him but criticised him when necessary. She always praised him for his accomplishments. She was very strict, although reasonable in some areas, and allowed him little freedom. His mother usually punished him when he misbehaved. Punishment included yelling at him, taking away privileges, telling him that she was ashamed of him, making him feel that he had hurt her, or putting him in "time-out". Physical punishment typically included spanking or slapping and pinching. He reports that his father loved him but gave him insufficient time and attention. He was never able to talk to his father about problems. He claims that his father criticised everything he did. He reports that his father ignored his accomplishments. His father was an extremely strict disciplinarian who allowed him little freedom. Punishment rarely resulted when his father discovered that he had misbehaved. Punishment included

his father would yell at him, taking away privileges, telling him that he was ashamed of him, or putting him in "time-out".

Work history

Scott falls in a high-income bracket nationally and works in management. His work history shows a consistent direction toward upward mobility. His work has largely been involved in treatment to understand interpersonal interactions. He is not looking for a change in his work life now.

Presenting Problem

Scott presented concerns about a history of depression and anxiety. Specifically, he was concerned about increasing isolation and withdrawal from his husband.

Cultural factors

Scott was born to a white mother and an Indian father. This is an incredibly complex part of the treatment. He was recalling, that Scott came into treatment identifying as white. His mother encouraged an anti-Indian bias in Scott from an early age. She showed disdain toward his father. Scott recalls being at events with his Indian relatives and his mother telling him not to interact with the Indian children and not to be like them. An additional cultural factor is a religion in the family. His father does not espouse specific religious beliefs, whereas his mother is a devout Christian. Scott was raised with the Christian beliefs and attended church with his mother. This will be discussed further in the conceptualisation section. Of note,

the specific Christian denomination had a clear and negative opinion about homosexuality.

Contextual factors

Contextual factors that impact treatment with Scott are largely due to integrated finances between him and his husband. Their money is jointly invested in property.

Conceptualisation

Scott is an excellent candidate for an integrated relational approach to therapy. He has a history of therapy and is inquisitive and open to self-exploration. Additionally, he has the means to engage in the therapeutic process. As of the time of the writing of this article, Scott has been in treatment for approximately five months. During this time, several themes have presented themselves. First, Scott foreclosed on a white identity early on in life. Second, his interpersonal relationships are significant for his gravitating toward people that have qualities he admires and then finding their flaws.

Foreclosed Identity

As mentioned, earlier, Scott had foreclosed on white identity. This presented itself on the first day of treatment. Although the clinician recognised this immediately, clinical experience suggested not to explore this in the first session. However, within a few sessions, there was an organic moment that allowed for the exploration of his identity. Through this process, Scott was able to recognise that his identity was largely influenced by his mother's dominance and anti-

Indian bias but also by the father's physical absence, due to work obligations, during childhood.

Additionally, his father only minimally engaged with Indian culture. These relationships informed Scott as to what an 'appropriate' identity would be. Scott also has phenotypical features that could easily be seen as white by some people he would interact with.

This part of the treatment has resulted in Scott processing his emotions regarding the messages he received from his mother and re-evaluating his understanding of his father. It is unclear at this time how Scott will discuss identity at the end of treatment, but he may have access to his multiple identities from which he can choose.

Interpersonal Relationships

Scott has a long history of engaging in relationships with people that have qualities that he aspires to. He creates unobtainable expectations of the other, which, by design, the other party will fail to live up to. When this happens, Scott comes to see the other person as flawed. This elevates Scott's perception of his worth and lowers the value of the other party. In romantic relationships, he has typically sought a 'masculine', 'dominant' man. Scott will do this in several ways. In one relationship he began, sexually, as the receptive partner. Early on in the relationship, he became the insertive partner. This became 'proof' of his partner's inability to be the man that he needed. In work settings, he has asked his direct reports to complete tasks that they

are ill prepared to do without much oversight. When the employee is incapable of completing the task, he again finds the 'proof' that they are not capable of living up to his expectations.

This process may function as a means of Scott elevating his value. If we recall his relationships with his parents growing up, we see that he received mixed messages from both parents. At times he was praised for his accomplishments, and at other times he was told that he was a disappointment. His mother, who was incredibly influential, not only denied his Indian identity but also expressed homophobic ideas early on. Although she has come to accept Scott's sexual orientation, those messages may have impacted his sense of self and value. This mixed with Scott's personality have resulted in an individual who finds himself unacceptable unless he is 'perfect'. Due to the discomfort that results from this self-judgement Scott projects this on to his interpersonal relationships.

Another element that has been discussed in treatment is that not all interpersonal relationships are equal. His proximity to the other person impacts how much he engages in this process. Those individuals that are closer to him or have a greater opportunity to see his vulnerabilities are more subject to this process.

Diagnoses

Diagnoses are provided in accordance with the Diagnostic and Statistical Manual of Mental

Disorders (DSM-5) (American Psychiatric Association, 2013). However, the codes utilised will conform to the International Classification of Diseases (ICD-10) (World Health Organization, 1992).

[F 34.1 Persistent Depressive Disorder (Dysthymia) with Anxious Distress Early Onset with Pure Dysthymic Syndrome; F 10.10 Alcohol Use Disorder – Mild]

Treatment

Due to the complexity of the case, the individual diagnoses are not treated separately. Rather, they are treated as a linked set of symptoms associated with his history and subsequent experience in the world. Therefore, his use of alcohol is seen as a behavioural response to uncomfortable effect. As the work has continued, Scott has been able to tolerate his effect with less use of alcohol. The therapist introduced mindfulness skills like diaphragmatic breathing to help ameliorate an uncomfortable effect prior to relying on substances. Similarly, depressive symptoms and obsessive thoughts are being reported less frequently as the treatment listed below continues.

A key aspect of the relational theory according to Wachtel (2017) is that 'each person's experience must be understood not just as a remnant of the past but in relation to the relational matrix that is the context for its expression in the present'. This has informed this treatment from the beginning. With regards to

the client's foreclosed identity, the therapist has attempted to provide an environment where the client has the opportunity to explore multiple identities without being encouraged to foreclose by the therapist.

Figure 1 provides a visual representation of the relational treatment process. We can see that in section A, the client is impacted by both his father and his mother as well as her religious views. These influences impact the client's internalised sense of self and expectations of the environment. In section B, after leaving home, the client interacts with the environment with respect to this internalised sense of self and the environment. For Scott, this resulted in the interpersonal difficulties presented in this article. In section C, the client starts to work with the therapist. The integrated relational approach provides real-time opportunities to have different relational outcomes. As the client shows success in utilising novel ways of navigating the relationship, he is then challenged to attempt this in his outside interpersonal relationships. This process repeats itself until the client is having more successful interpersonal relationships outside of therapy and reduced symptomatology. Section D represents the client after the termination of treatment, having more flexible interpersonal relationships, improved sense of self, and more realistic expectations of the world.

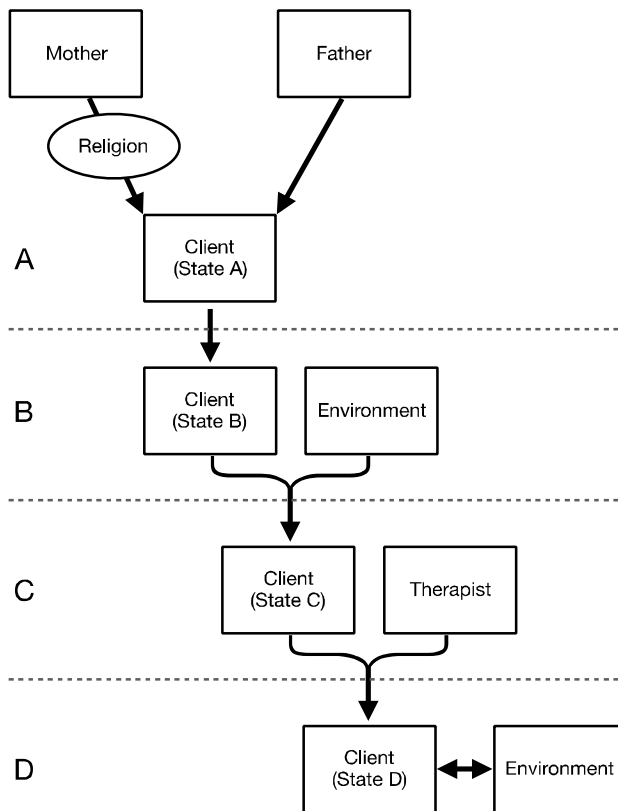


Figure 1: Integrated Relational Treatment Approach

Due to the intersectionality of Indian, male gender, and gay sexual orientation, the therapist has an integrated aspect of gay affirmative therapy. According to Johnson (2012) “Gay affirmative therapy is an approach used by psychotherapists to show understanding, to demonstrate cultural competence, and to create a positive therapeutic alliance”. Utilizing this approach requires competence on behalf of the clinician. Specifically, in this particular dyad, the therapist is acutely aware of research that suggests that male psychologists do not self-report as much competence as female psychologists when working with sexual orientation (Cooper, 2015). Although Scott's sexual orientation has not been

seen as a concern up to this point, he may have internalised negative messages about being a gay man from his mother and through the church. A gay affirmative stance may allow the client to discuss any negative views he holds and provide for a corrective experience.

Regarding the theme of interpersonal relationships, this is where the history, or client's object relations, and the present relationship with the therapist come together in a way that may result in a new outcome. Recently, in treatment, the therapist inquired of Scott in what ways he has seen flaws in the therapist, much like he finds flaws in other interpersonal relationships. The client stated that he was waiting

for the therapist to ask this and then stated, "I think this is the first thing I do not want to share with you." At this time, the client was not pushed to disclose this information. Instead, the therapist explained to the client that our relationship is an in-vivo opportunity to explore how he finds flaws in others, utilises these flaws to devalue them, and increases his sense of self-worth.

Scott continues to be open to the therapeutic process and has tolerated the discomfort brought on by this particular approach to treatment. It is hoped that continuing this line of treatment will first allow Scott to define his identities as he sees fit. Specifically, the anti-Indian bias and homophobic messages from childhood will be challenged. It aims to have then a corrective interpersonal experience that challenges his old ways of interpersonal relating and find new ways to relate to others. Through this process, we look to then further explore his sense of self, self-esteem, and self-value. Scott will be encouraged to challenge the negative internalisations and replace them with new ideas of self and acceptance.

This case provides an example of the use of relational theory as it pertains to working with a gay, bi-cultural Indian client who internalised anti-Indian bias. Sue & Sue (2008) stated that multiracial clients "...experience unique stressors related to their multicultural racial/ethnic identities..." These authors also suggest that these clients be allowed to choose their

own identities. These concepts were central to the approach necessary to facilitate improved functioning in this case. Utilising an integrated relational approach may help clinicians to make adjustments in the therapeutic approach as the client is shifting within their identities. This particular case illustrates how many of the symptoms (alcohol use, anxiety, obsessional thoughts) were part of a larger, more complex experience of the world. Addressing the totality of the clients' experience prevented a myopic, symptom-specific treatment approach and has facilitated development and symptom reduction in the client. Figure 1 provides a visual aid to understanding the theoretical approach outlined here. Clinicians may consider utilising this figure as a tool to navigate an integrated approach like this when working with complex cases.

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Perspectives

Depiction of Homosexuality in Ayurveda

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Abstract

Sexual attraction towards same sex is called homosexuality. Ayurveda does not accept it as a disease. It is caused by genetic factors. It is somehow different from the normal sexual practice. Sandhi (lesbianism) is a type of female homosexuality caused by vitiated vatadosa. Such women have undeveloped breasts and they don't get interest for sexual intercourse with any male. Sandha (gay) is also a type of male homosexuality where the male is found to be un-masculine. Asekya is a type of male homosexuality in which men are having scanty sperm, they satisfy their sexual desires by sucking the genitals and drinking the semen of another man. As a result of sinful deeds of past life, unhealthy sperm and ovum of parents, vata dosa is vitiated. Ayurveda panchakarma therapies can treat impotency caused by homosexuality.

Key words : Ayurveda, Homosexuality, Gay, Lesbian

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Introduction

Homosexuality refers to sexual orientation towards same sex. It is the attraction for emotion, romance and sex between members of the same sex or gender. Implication of sexual acts and affections between members of the same sex is homosexuality. Lesbian and gay people are in committed same-sex relationships. As per Ayurveda, homosexuality is not a disease. Homosexual behavior is inborn as other sexualities. It is a genetic factor and deviation to the general sexual practice. It is seen as a result

of incorrect coitus and other factors. Some men cannot get aroused by conventional methods and hence, follow homosexual methods.

Types of Homosexual

In Susruta Samhita two types of homosexuals has been described. Those are as follows.

1) Asekya–The man has scanty sperm. To arouse his sexual desire and penile erection he sucks the genitals and drinks the semen of another man. This is male homosexuality or gay.

2) Sanda—This may be male homosexuality and female homosexuality or lesbian. A male having un-masculine behavior and a female having masculine behavior are called as sandha (Susruta Samhita Sarira Sthana 2/39-46; Kunjalal, 2012).

Cause of Homosexuality

- 1) The effects of misdeeds done in the previous life cause homosexuality (Charak Samhita Sarirasthana 2/17-21; Sharma & Dash, 2011).
- 2) Charaka Samhita states that sandhi yoni-roga (lesbianism) is due to a genetic factor in which the vata causes abnormal month-wise development of fetus within the uterus of the mother. Later the individual will have undeveloped breasts and dislike for sexual intercourse with male. Such type of woman is called Sandhi (Charaka Samhita Chikitsasthana 30/34; Sharma et al., 2011).
- 3) The aggravated vata dosa makes the sperm atrophied and later on the individual becomes emasculated. Causes of aggravation of vata dosa are unhealthy sperm and ovum of the father and mother respectively and sinful deeds of the past life (Charak Samhita Sarirasthana 30/189-190; Sharma et al., 2011).
- 4) In Astanga Hrdaya, it is stated that the woman who presents features of vata, in her vagina and uterus due to defect in the seed, which hates male and has no developed breasts is known as sandha. It leads to homo sexuality

(Astanga Hrdayam Uttarasthana 33/39-40; Murthy, 2011).

Line of Management of Homosexuality

1) Therapies for the management of homosexuality are medicated enema, medicated milk and ghee, rasayana (rejuvenating) and vajikara (aphrodisiac) recipes.

2) The main causes of homo sexuality are vitiation of dosas and dhatus. The physician well versed in medicaments (bhesaja) and time (kala) should manage those cases with the aforesaid therapeutic measures. The physician also should keep in view the of the patient's body strength (bala), dosas and agni (power of digestion and metabolism) while managing such cases.

3) Sometime the homosexuality is caused by abicara (black magic). The modes of management of such cases are religious prayers and doing rituals (daiva-vyapasraya-cikitsa) (Charak Samhita Sarirasthana 30/191-195; Sharma et al., 2011)

Conclusion

Ayurveda says that homosexuality may cause impotency. This behavior can be transformed up to some extent by giving different pancakarma therapies. First of all such cases are given snehana (oleation therapy) followed by svedana (fomentation therapy) and virecana (purgation therapy) with a recipe containing fat. Then they are advised to take appropriate food. Thereafter, they are administered as

thapana and anuvasanavasti (types of medicated enema). Again asthapana vasti should be administered with kvatha (decoction) of the leaves of palasa, eranda etc, or with musta etc (Charak Samhita Sarirasthana 30/196-198; Sharma et al., 2011).

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Review Article

Homosexuality and Mythology

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Abstract

Homosexuality a term used for describing romantic and sexual relationship among the people of same sex. Previously understood as psychological disorder in psychiatry, but increasing understanding about homosexuality has led to current understanding as a normal variant in sexuality. The world comprising of varied geography and cultures also has their own way of understanding the phenomena of same sex love. The Indian mythology has mentions about homosexuality from the epic of Ramayana, 'Manusmriti', told about the punishment for homosexuality, whereas the European mythology wrote poetry about the love of Achilles' and Patroclus and Egyptians perceived a submissiveness in male homosexuality. Aztec mythology patronized homosexuality by giving them a place among Gods, though on contrary far eastern mythology depicted homosexuality associated with magical creatures like dragons, rabbits and punitive actions were incorporated. The depiction of homosexuality in mythology has been varied throughout the cultures and lands, but a common notion that carried with homosexuality even in the myths was, disapproval of the society, misfortune for the lovers and often associated with magic.

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Introduction

Homosexuality is an abiding structure of emotional and romantic/ sexual attractions with the people of same sex, which also colours their personality and based on those factors and their social behaviour, which leads to them being a part of the group who have similar attributes. In the United States of America, the Prevalence of homosexuality is about 1 % of the

population (Zuker et al, 2009). The government of India reported to the Supreme court that there are about 2.5 million Gay people in India although there is no demographics or studies related to prevalence (BBC news 2016).

According to the oxford Dictionary, a myth is a story which has been told traditionally concerning the early history of people of a specific

area or belief, regarding their evolution and society which often contain stories about God, Demigod, natural and supernatural powers. This idea, without evidence is often widely held and often deals with the exaggeration of truth (AduBoahen,1 978). When such folklores and stories collect overtime they accumulate into a mythology. But the myth often has a widespread and long-lasting effect over the people who belong to that culture or group. All the world groups have had their own mythologies which helped them to create a belief about their society which led to the development of norms among the social groups and later formulated unwritten mores that became a source of learning for the future generations(Pattanaik D,2019).

Mythology and social life

Often people seek reference to mythology for sociocultural validations. As these stories route to their long term beliefs and are more acceptable for their respective societies. Homosexuality was long considered as unacceptable and unnatural in the light of Colonial Europe and so as in their colonies and legislations were passed criminalizing this behaviour. These activities rendered a powerful influence on the following times. These actions were strictly because of the 'sinful depiction of sex' in The Bible, with the colonial rule came typical condescension and total disregard for values of homo sexuality and its perception in other cultures (Bullough VL,1973).

The expression of sexuality and sexual acts has been varied greatly from time to time and place throughout the world and there has never been a common understanding about the same sex relationships (Bullough VL,1973).

Mythological connotation regarding homosexuality

Mythology is a source from which we derive our norms and cultures (Pattanaik D,2019). World presents us with the varied tastes of homosexuality throughout the countries and cultures. The discussion about the various mythologies can be divided geographically.

Asian Mythologies

Homosexuality in Indian Mythology

We find various references of homosexuality in the Ramayana, Mahabharata, and Puranas. To give a few examples here from the 'Valmiki Ramayana','Lord Hanumana' had observed various Rakshasha women embracing and kissing the other women who had been previously kissed and embraced by Ravana. A tale from 'Padma Purana' tells that a king dies before he could give the potion to his queens for bearing his children. In such a condition they out of desperation perform sexual activity and happen to conceive a child. As the father was absent in the conception, they give birth to the child without brain and bones.At that time it was believed that the father gave the bones and brain and mother flesh and blood. But these stories rather than showing a compassionate intimate

persistent inclination towards the same sex behaviours show more of act of desperation, frustration and often as replacement for straight heterosexual relationships.

The temple art and sculptures of homosexuality depicted in various shrines do tell tales about the existing sexual variations but then, myths never have been approving the stories are more condescending in nature and majorly describe it as an unacceptable behaviour. Like some of the old stories from Manusmriti carry messages of young girls who would engage in homosexual behaviour, their bride price would double and they would be fined 2000 pennies and 10 whips. Mature women who were found to engage in same sexual behaviours, often their heads were shaven and 2 fingers would be cut and they were put on a donkey and outcast from the village. If men were found to engage in same sexual behaviours they had to take the heating vow of consuming 'prayshchitta' by consuming a mixture of cow dung, cow's urine, cow milk, cow milk curd and sacrificial grass(Pattanaik D,2019). The depictions of the homosexual behaviours although existed in the in Indian mythology but the depictions are mere acknowledgement of and filled with condescension and disapproval for the same sex relationships, rather than the concept of love and affection filled conjugal variant of sexuality (Bullough VL,1973).

African region

Egyptian mythology

The Egyptian mythology also has certain aspects related to homo sexuality. In their mythology, homosexuality among men depicted a submissive attitude among the men and who engages in this type of behaviour were considered as effeminate. It is quite uncertain that this type of behaviour took into account of animalistic instincts determining that is difficult, but certainly it had meant a dominant submissive relationship(Clarke WM, 1978).

European region

Greek Mythology

Greek mythology is coloured vividly by the stories about various characters like "Achilles and Patroclus" as they were more than friends and apart from brotherhood they shared the forbidden love for each other (Cartledge P, 1981). Iconic characters like Agamenon mourned over the loss of his beloved friend and lover, Argynnis after he lost him to drowning in Cephissus river. He commissioned him a tomb and a shrine to Aphrodite Argynnis and this legend is found in various scriptures and writings of that time to Aphrodite Argynnis. This episode is also found in Clement of Alexandria, in Stephen of Byzantium Propertius, III with minor variations(Zumwalt N, 1977).

Another famous character from ancient Greece. Heracles had a lover who was kidnapped by water nymphs which remained an occupying topic of classical

mythology in paintings and poetry. Heracles defeated Theiodamas in battle, hid his young son. Hylas was taken by Heracles as arms bearer and made him warrior by training, developed a romantic attachment (Zumwalt N, 1977).

Anglo-Saxon Norse God myths

Among the Saxon mythology, the God of fertility 'Freyor' who was worshipped by some effeminate priests and they used to perform magic that was usually performed by women. This brought their status down as men in the society. Although homosexual depictions are not as pronounced among the Greek mythology but instances of Gods changing their genders completely and transforming from male gods to child bearing females was not uncommon (Tezer H, 2018).

Celtic Mythology

There are no overt references for homosexuality but perhaps the warrior romance between the heroes, foster-brothers Cúchulainn and Ferdiadh, their stories depict them as warriors with wives but still accounts of them sharing a sleeping space and romantic relationship are mentioned. Their forced duel ended by, Cúchulainn defeating Ferdiadh by "mysterious weapon" Gáe Bulg with which he pierced his anus. The lament of Cúchulainn after the death of Ferdiadh has been compared to the relationship of Achilles and Patroclus (Best, 1902)

Asian mythology from the Far East

Chinese mythology

"Homosexuality" translates as

"tong-xing-ai" (love between people of the same sex) in Chinese. There was no such term existing before 19th century in China. The expressions in Chinese usually have been poetic and metaphorical ("nan feng", male wind), which includes the exclusion of females completely from intimate relationships. This symbolically meant male supremacy. Other similar idiom references include nan se (male beauty) which refers to seductive features jiao, or mei (female beauty and flirtation). Poetic euphemisms for homosexuality were used commonly rather the terminology for homosexuality, whereas the female homosexuality included "Jin-lan zi-mei" (Golden Orchid Sisters) and too-ring (polishing mirrors) as metaphorical references (Lau MP et al, 1989).

The Chinese literature is most importantly influenced by the periodicals, roughly divided as the pre-Confucian, pre-Taoist, Buddhist tradition. The pre Confucian and Taoist mythology was mainly shamanistic. The Male homosexuality was believed to be originated from the Southern China so metaphorically termed as the southern wind. There are various deities in the Chinese mythology who were associated with homosexuality. These include Chou Wang, Lan Caihe, Shan Gu, and Yu the Great, and Gun (Wang K, 2014). One of the famous mythological stories found in these folklores are about the dragon and the old farmer, dragons are one of the most ferocious and mysterious animals, a tale that tells the story of

a 60 year old farmer who was being forcibly sodomised by the passing dragon and his injuries required medical attention (Wang K, 2014). Despite the mentions in the stories, they have always been observed as unacceptable in the Taoist traditions. There is also a story about the rabbit Spirit deity who was actually a man who fell in love with a provincial fuji inspector and was punished death sentence. This was regarded as an act of love and was pardoned by the underworld Gods, and he was appointed the safe guarder of the homosexual love, also known as Tu Er Shen (Eberhard W, 2006).

A similar folklore of Mizi Xia and Duke of leng of Wei are also found which tell us about the homosexual love between two men and their satisfying homosexual relationships although historical evidence is unclear (Wang K, 2014; Eberhard W, 2006).

Japanese Mythology

According to the Japanese mythology homosexual love was introduced by Shinu No Hafuri and Ama No Hafuri. They were the servants of the Primordial Goddess (Sun Goddess, Amataretsu), the story goes like after Shinu died, Ama committed suicide and were buried inside the same grave and due to this the Sun did not shine on their grave till they both were again buried separately (Ben R E, 2004; Long-Ari E, 2000). Another story concerning the Goddess Amateretsu is when she had a fight, with her brother (god of Storm and Rain) Susanoo also known as Takehaya, and retracted herself into the

heavenly cave for uncertain time, then to bring her out of the cave Ame No Uzume (Goddess of Dawn) performed an erratic dance “kagame” in which she tore her clothes and started dancing hearing the other Gods and Goddesses Amateretsu cleverly peered out of her hiding place and taking advantage of that other gods closed the cave door and thus light was restored upon the earth. Although it is unclear that homosexual reference is directly elicited or not (Conner RP et al, 1997; P flugfelder, 2000). In the Medieval Japan it was thought that any woman alone if encountered could be a fox as they were considered as shape shifters and would take up any form to get benefits from the passer-by men (Capstein M, 2002).

Buddhist Traditions

According to Buddhist traditions both heterosexual and homosexual relationships would be a hindrance in the spiritual growth so was considered unacceptable within the monastic rules. The homosexuals were considered as innuendoes, and were debarred from clergy ship (Morris R, 1990). Buddhist texts have very subtly avoided sexual references and not much can be found about homosexuality, but there are some depictions of same sex friendships, probably they are depictions of mostly brotherly love rather than, platonic relationships (Morris R, 1990). There is also a story of Indian Buddhist monk 'Ananda' who once became very fond of the Naga King and as his relationship was progressing towards a sexual

type, he cut all the ties with him to remain true Buddhist monk (Greenburg YK, 2007).

Pacific Islands' mythological references

The Pacific islands are the group of Islands in the Pacific Ocean, where the people are related to the Asians and the Oceania, they belong to a diverse group, and have diverse mythologies. These mythologies are mainly polytheist and various gynandrous God and Demigod references are found in them many of them have changed their genders to fulfil their duties and had same sex relationships with their counterparts (Looper M, 2002). It is seen that commonly there are references to the homosexual as well as queer relationships. Other Polynesian mythologies also contain homosexual references regarding their mythological Gods and Goddesses but the acceptance of homosexual behaviour is not acceptable in those stories (Dowden et al, 1995).

Mythologies of America

Maya and Aztec

The oldest among the American civilizations the Mayan god Chin, was considered to have introduced homoeroticism (Kunzel, 2018). This consequently became associated with homosexuality. This inspired powerful people from noble families to buy young lovers (men) for their sons, thus legalizing the relationships to marriage. One of the important, Mayan deity known from the ancient period (200-900 AD, Tonsured Maize God), who was

effeminate and is often associated with art and dance, and believed to be from the 'third gender'. "Xochipilli" ('Flower Prince') was considered the Deity of art, games, beauty, dance, flowers, maize, and song in Aztec mythology, and considered a great patron of homosexuals (Looper, 2002).

Middle East Asia

The Middle-East Asia has been the birthplace for loads of religion and has been a home to the human civilization from time immemorial. The Mesopotamian, Sumerian, Akkadian, followed by loads of other civilizations developed on the banks of Tigris and Euphrates rivers. As the civilizations were interlinked their mythologies also have been found to mention similar stories with a change of name of the characters. Here one of the famous epics of Gilgamesh and Enkidu bore a reference to homosexuality (Beckman G, 2005). Enkidu was the companion created by the gods for Gilgamesh, and their poetry reveals about their similar status and long term companionship which often has led to the speculation of Notion about a homosexual relationship perhaps existed among the protagonists of the longest known poetry called as the "The Epic of Gilgamesh" (Beckman G, 2005). Moving forward from that era into the period of old testament it has been observed that the relationship of David and Jonathan who formed a covenant and Jonathan who helped David rise to power was more than merely a close platonic relationship and sometimes

presented as a justification to homosexuality. Their story is vividly pictured in the Old Testament (Beckman G, 2005).

The middle east also the home for the Christianity and the mythology of Judaism also influenced the mythology of Christianity, the orthodox Christian mythology carefully has avoided and condemned homo sexuality although some excerpts about Saint Sebastian who has been a long standing Christian Gay Icon has been portrayed in pictures as tortured with arrows depicting the overt view of homosexuality in the Christian Era(Horne et al,2002).

Conclusion

“At a touch of love everyone becomes a Poet” –Plato

The love of a human has been an important subject of poetry and folklores thus making a bulk of myths and colouring the culture and source of teaching. Until recently the patriarchal, orthodox societies of the world has become more accepting toward the notion of non-procreative homosexual love, and has recognized it as a normal variant among the heterosexual love. This has made many men and women come out of their shells and express their preference of love and companionship. Throughout this article, various depictions of homosexual relationships that were present in the myths, paintings, folklores tell a tale of the existence of this variant of love. Although through out the world there has been mentions of homosexuality in mythological stories but never an appreciation or

social acceptance of that behaviour. The notion of procreative and heterosexual love has always been given a moral high ground. Thus it can be evidently stated that, the references of mythology have rarely made it clear about socially acceptable homosexuality, where ever it exists it has been generally considered as an imperfect and undesirable love which has brought about loss and misfortune upon its beholders.

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Review Article

Homosexuality among Males

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Abstract

Male homosexuality has strong biological basis; social and psychological theories also advocate it as a normal behavioral variant. It has been dropped out from the list of disorders by American Psychiatric Association as well as World Health Organization. Male homosexuals are marginalized due to stigma, victimized by the negative attitude of society due to their association with HIV/AIDS and hence vulnerable to various mental illnesses like depression, substance use disorder, anxiety disorders and suicide.

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Introduction

Human sexual behavior is a composite entity with multiple dimensions like biological sex, gender role, social and cultural identity. It impinges social, religious, political and legal aspect hence remain a matter of debate. Homosexuality, heterosexuality, bisexuality and transsexuality are some of the terms used to described diverse sexual behavior, some of the sexual behaviors are not in concordance with the individual or society and considered as abnormal.

Homosexuality per say is a heterogenous group known for sexual feeling for same gender. In 1973, the American Psychiatric Association (APA) and in 1992, the

World Health Organization (WHO), officially accepted homosexuality as normal variant. Many countries decriminalize homosexuality and legally recognize same-sex civil union and marriage. In 1980s, homosexuality has been associated with HIV/AIDS and leads to negative attitude of society towards it. Due to various factors person with homosexual behavior has high prevalence of mental disorders like depression, substance use disorders (SUD) and suicide.

Male homosexuality

Male homosexuality remains a bone of contention since time of immemorial due to various social, religious and political reasons.

There are two types of approaches seen in the literature, the essentialist and social constructionist. Essentialist approach dominated prior to 1970s and considered sexual orientation as static and permanent character, according to essentialist, people are either homosexuals or heterosexuals. It does not accommodate the possibility of bisexual orientation (Hansen & Evans, 1985) and recognized it as biologically and psychologically pathological (Hart, 1984). On the other hand, social constructionist sees it as continuum ranging from exclusive homosexuality to heterosexuality and acknowledged that the sexual orientation may change over time. More recently, the term lesbian, gay, bisexual and transgenders (LGBT) popularly use to denote the group. "LGB" refers to the sexual orientation while "T" stands for transgender or gender non-conforming. Researchers suggest that male homosexuality far common and has stronger biological basis as compared to female homosexuality. The following etiological factors have been suggested in relation to male homosexuality:

Biological factors Impressive amount of empirical data from family studies, immunological studies, hormonal studies and neuro-imaging suggest that biology is a significant regulator of male homosexuality.

Family studies An older brother increase the odds of homosexuality

in subsequent born male. While having an elder sister, younger brother, or younger sister have no such associations. Family studies found no significant association with any class of siblings in female homosexuality, this phenomenon is called as the fraternal birth effect (Blanchard & Klassen, 1997; A. F. Bogaert, 2006; Gómez-Gil et al., 2011; Iemmola&CamperioCiani, 2009; Vanderlaan&Vasey, 2011) .

Immunological studies Male homosexuality could be a consequence of autoimmune reaction against male specific molecules of the fetus (Savic, Berglund, & Lindstrom, 2005). Maternal immunization to male specific molecules leads to formation of maternal anti-male antibody which side track sexual differentiation of male fetus brain from the typical male brain development (Swaab & Hofman, 1990). In other words, antimale antibody produce feminization of male fetus brain and responsible for the subsequent male homosexual behavior.

Hormonal studies Male homosexual in contrast to male heterosexuals has hypothalamic activation in reaction to male pheromones (Brodie, Gartrell, Doering, & Rhue, 1974). Studies on hormonal profile shows higher testosterone level among homosexual male than non-homosexual male (Jannini, Fisher, Bitzer, & McMahan, 2009; Meyer-Bahlburg, 1984) which goes in favors

of hyper-sexuality (Anthony F. Bogaert & Hershberger, 1999) hyper androgenic state expressed as certain dimorphic parameters like larger genitalia (McFadden & Champlin, 2000), higher auditory evoked potential (Williams et al., 2000), and the length of second and forth finger (Eigenberg, 1992).

Anatomical studies Post-mortem studies of male homosexual brains revealed increase size of the suprachiasmatic nucleus, twice the size of its heterosexual counterpart (Swaab&Hofman, 1990). Further, the third notch of anterior hypothalamus (INAH3) also found to be 2 to 3 times smaller in homosexual men as compared to heterosexual men (LeVay, 1991).

Psychological theories Classical psychological theories hypothesized the adult sexual orientation based on childhood experiences (Drescher J, 2009). Human are psycho sexually neutral and sexual orientation are shaped by environmental influence, parenting style, relation pattern with friends and relatives. Psychoanalytic theory emphasis on the childhood experience and unresolved Oedipus complex in male due to castration anxiety.

Evolutional aspect Homosexuality widely prevalent in animal kingdom, around 1500 species on planet exhibit it (Byne, 2003). Evolutionary theory proposed that adaptive traits persist through natural selection within the species

hence heterosexuality should be favored by natural selection and homosexuality should abolished. Contrary to the Darwinian theory of natural selection, homosexuality persists in small but consistent percentage of population hence represent Darwinian paradox (Cardoso & Werner, 2013; Muscarella, Fink, Grammer, & Kirk-Smith, 2001) .

Psychosocial aspects Male homosexuals show no objective impairment in judgment, stability and vocational ability on psychological assessments (Rao & Jacob, 2012). Studies on non-heterosexual individual shown high level of chronic stress due to various psychosocial factors. Studies on non-heterosexuals suggest that as compared to their heterosexual counterpart, non-heterosexual suffers from more mental health problems. The stigma, to homosexuals create a stressful social environment which resulted in various mental disorders. Minority stress theory (Meyer, 2003) emphasised the relation between stigma, prejudice attached to homo sexuality and increase prevalence of mental illness.

Male Homosexuality and Mental illness

There is high prevalence of depression, anxiety disorders, substance use disorders (SUD) and suicides among homosexual men (Cochran, 2001; Cochran & Mays, 2000; Mustanski, Garofalo, & Emerson, 2010). In addition, LGBT

students regularly victimise of bullying at school; end up homeless; have elevated rates of poverty, food insecurity, and joblessness.

In India, frequent reports of sexual violence and harassments against men who have sex with men (MSM) is a matter of serious concern (Chakrapani, Babu, & Ebenezer, 2004; Chakrapani, Newman, Shunmugam, Logie, & Samuel, 2017; Chakrapani, Newman, Shunmugam, McLuckie, & Melwin, 2007; Newman, Chakrapani, Cook, Shunmugam, & Kakinami, 2008). In India also high rate of depression, anxiety, alcohol use and suicidality have been found among MSM (Chakrapani et al., 2017; Mimiaga et al., 2013; Sivasubramanian et al., 2011). The high prevalence rate of psychiatric morbidity among lesbian, gay and bisexual (LGB) resulted due to stress, poor coping skills, internalized homophobia and expectation of rejection (Meyer, 2003).

Male homosexuality and HIV/AIDS

Historical association between HIV/AIDS with homosexuality further enhance stigma and leads to societal rejection of men who have sex with men (MSM). MSM shown higher prevalence of HIV infection around the world, predominantly in Asia (Van Griensven & De Lind Van Wijngaarden, 2010). India also has high prevalence of HIV positive cases among MSM, ranging from 7 to 16.5% (Independent Evaluation of National AIDS Control Programme, 2007; United Nations General

Assembly Special Session on HIV/AIDS, 2010; Thomas et al., 2009). The United Nations General Assembly Special Session on HIV/AIDS Report estimates that there are about 3.1 million MSM in India. The overall prevalence of HIV infection among adults estimated to be 0.31 per cent (0.25-0.39%) in 2009 (United Nations General Assembly Special Session on HIV/AIDS, 2010). Association of HIV/AIDS with homosexuality perceived negatively, LGBT community blamed for spreading HIV/AIDS, and resulted in hatred, intolerance, and fear to LGBT community, called as Homophobia. Such attitude further stigmatized LGBT community at an individual, cultural, structural, and legal level.

Male homosexuality in India

In India male homosexual live in a complex hierarchical system. Most gender nonconforming person have to leave or abandon by their family due to stigma which results in poor social supports to them. Gay are self-identified MSM (western acculturation), the receptive male partner in anal and oral sex who typically have effeminate mannerism known as kothis while the insertive partner in anal and oral sex known as panthis. MSM who involve in both receptive and insertive sexual activity known as double decker (Asthana & Oostvogels, 2001; Dandona et al., 2005; Nandi, Kamat, Bhavalkar, & Banerjee, 1994).

The traditional and relatively older

system is the Hijra (male to female trans person) community, organised in a hierarchical role defined manner, often provide them emotional, monetary, and psychological support. Hijra subculture has Guru (master), and Chela (disciple) who receive support from their Gurus as well as kinship created within the Hijra community (Setia et al., 2008). Hijra subculture provide a social support and resilience which help in managing sexual and gender minority stigma-related stress and in preventing depression (Mimiaga et al., 2015).

Indian penal code section 377 dealt with sexual activities like homosexual activities, sex with minor, non-consensual sex and bestiality but was struck down in a landmark judgment of Delhi High Court in July 2009 ("Delhi high court decriminalizes homosexuality," Press, 2009). The judgment was reversed by Supreme court of India on 11 December 2013 (Rajgopal, 2017). Later, on 6 September 2018 Supreme Court of India decriminalised section 377 (The Wire Staff, 2018).

Role of Psychiatry

Male homosexuals are vulnerable for various psychiatric disorders. Reports suggest that Psychiatrist and mental health professionals have anti-homosexual attitudes (Kalra, Gupta, & Bhugra, 2010).

Psychiatrists need to overcome of such negative attitude and have to

be well equipped to handles sensitive issues like male homosexuality. The major role of psychiatrist is to destigmatise and depathologize homosexuality and help family to accept it. If any psychiatric disorder present then treat it, there is no role of psychiatrist to deal with changing orientation of these individuals.

Conclusion

As such there are no clear determinants of male homosexuality but there are indications that a numbers of factors can interact to make same sex-orientation more likely, followed by the impact of socio-cultural factors. Male homosexuals are risk population for stress, depression, substance use disorders, and suicide. There are need for further research and requirement for mental health professional to be more equipped and skilled to deal with such cases.

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Review Article

Homosexuality among Females: Evolution to Revolution

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Abstract

Females were not given the liberty to express their sexuality in historically male dominated world until education was accessible to them and women were educated to socialize their thinking. Homosexuality refers to same sex attraction. Although much was written about male homosexuality, female homosexuality is less studied and still reasons for female homosexuality are not that evident. A huge gap could be identified between early recognition of symptoms of homosexuality to self-acceptance and disclosure to other's about own -sexual-orientation. Although family is usually the first place for disclosure of own sexual orientation, fear sustains regarding acceptance. Homosexual women face multiple problems in all walks of life and may be abused or denied basic rights for a dignified living. An empathetic and non-judgemental attitude from the clinicians might help in easily approaching the mental and physical health issues faced by female homosexuals.

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Introduction

Homosexuality is characterized by having sexual contact with same sex, either as a genital act or maintaining a long-term sexual /erotic status. A homosexual person dwells bonding of love for an individual having similar physical structure and sexual orientation and chooses them for being a sexual partner (Gooren, 2011). Homosexuality in females indicate to a sense of identity

based on those attractions, related behaviours and membership to other females (APA, 2008) This article tries to give an overview regarding the origin of homosexuality among females. Viewpoint of various historians regarding female homosexuality otherwise called lesbianism is described in a chronological approach. Current legal status around the globe and hurdles faced by the lesbians are also described.

Origin of the term

The derivation of the word 'lesbian' lies with name of the Greek island of Lesbos, right from the 6th-century associated with the name of BC poet Sappho, who herself was a lady. In early 19th century the word lesbian was regarded as related to Lesbos (Oxford referencen.d). The remnants of her writings in poetry suggests her female influenced ideas regarding everyday life of females, their bonding, relationship and the customs females followed during that era. Her words further highlighted elegance of feminine beauty and declaration of her love towards females (Weick 2010).

Development of the term 'lesbian'

- ♦ 1870 - Lesbianism documented to be sexually stimulating correlation between females.
- ♦ 1890- A medical dictionary used lesbianism as a descriptive term for addressing love towards same sex among females.
- ♦ 20th century–Term lesbian, invert and homosexual frequently used as per the earlier concept given by Sappho in her poetry.
- ♦ 1925- Medical literature became friendly with use of term lesbian and became a pronoun for female homo sexual act (Marcus,2016; Zimmerman, 2000).

In the early 19th century sexologists described lesbian women as those not sticking on to female personality and gender roles and even misinterpreted as insane individuals.

Women homosexual did not have freedom at par with male counterpart to openly pursue their relationship although it was considered to be harmless if not asked for acceptance as homosexual relationship. Things started changing by world-war II as government actively supported homosexual women to expand their social circle by reaching out to women having similar ideas by means of education and better earning opportunities which gave them economic freedom (Timeline of LGBT, 2019).

Very less literature focused on female homosexuality comparative to male homosexual behaviour as it was not considered as a significant problem by health care personnel, even its existence was not admitted to exist. However, few researchers like Richard von, Krafft Ebing, German sexologist, and Britain's Havelock Ellis had listed earliest and more adoring sequence of female same-sex attraction, approaching it as a form of insanity (Ellis' categorization of 'lesbianism' is currently disapproved as being a medical disorder. However, Ellis conceded that there were 'true inverts' who would spend their lives pursuing erotic relationships with women. Inverts were regarded as third sex or the opposite gender role follower. Women in Victorian time were forbidden or were prohibited to initiate sexual events rather had an image of feminist to be followed and the so called inverts were opposing this concept and were thought of having masculine features for showing sexual interest in women(Hull, 1983).

Kraft-Ebing and Ellis were pioneer sexologist in shedding light on the female homosexuality and creating awareness among masses. They claimed that homosexuality was a congenital anomaly and it should not be considered as criminal offence. Lack of societal acceptance of homosexuals prevented lesbians from describing their emotions openly and lead them to form closed subculture group which gave them the acceptance of being different and form their own social circles in Paris and Berlin (Aldrich,2006).

Models of Homosexuality in Females

Although the scientific basis for the exact reason behind one's sexual orientation to be felt as heterosexual, homosexual or bisexual still is a evolving controversy but still some possible biological, psychological or social effects of parent's sexual orientation involvement has been seen. Psychological and physical environment experienced by children brought up by homosexual parent's shows greater inclination towards choosing homosexuality in own future (APA, 2008).The girls exposed earlier to androgen are predisposed to show homosexuality or being lesbian (Gooren, 2006).

Numerous researchers have proposed and worked on various models of sexual identity development for more than three decades. Cass (1979) developed a model, on a six-stage linear psychological path of sexual identity development. Troiden (1989) evolved Cass's model and

categorized it in four stages: (a) sensitization-initial same sex attraction and first self-questioning regarding heterosexual relationship (b) identity confusion-internal conflict duration during mid-adolescent time and initiation of same-sex sexual activity(c) identity assumption-young adults start identifying them as LGB and shares the new self-identity with near ones people and seeks community among other LGBs (d) commitment- indulging in same-sex romantic relationship and revelation to a society consisting of heterosexual people (Floyd & Stein, 2002). Take home message suggested by these research models was that healthy and stable sexual identity development forces imbibition of sexual identity in individual's life(Aldrich, 2006).

Sexuality and Lesbian identity

Culture followed in western countries tag Lesbians as characteristics that describes their individual sexuality in combination to resemblance to a group that shares common traits(Rust, 1992). History reflects that women in many culture and society have had sexual relationship with other women, but they were never acclaimed to be in a relationship with whom they have sexual relationship. Lesbian identity was side-lined from society by giving a subcultural identity and was reduced to a bare political minority in western culture (Aldrich, 2006).

Whether sexual activity need to be there to define a relationship between two females as lesbianism,

still remains a debated issue. According to feminist writer Naomi McCormick, men community gives the judgement pertaining to women's sexuality, who primarily points lesbian sexual orientation as sexual closeness with other women. However same criterion is not necessary for declaration of heterosexual behaviour of women. McCormick emphasized that rather than genital contact, emotional, psychological and ideological connections between women are more crucial (McCormick et al, 1994).

A study conducted in 2011, on ascertaining the difference related to lesbians for health related matter suggested segregating lesbians using the following criteria-identity, sexual behaviour or both. Sexual desire or attraction would not qualify as a criterion for sexual identity as it rarely accounted in measurable health or psychosocial issues (Brogan, 2001).

The evolving debate on homosexual behaviour and identity over year's further weekend the previous belief of every culture that heterosexuality is the most usual pattern of sexual identity individual follows. When a female is attracted toward another woman it leads to negative speculation about life goals. Those who undergo this, they use to adopt the identity breaking the stereotype of what society considering normal (Schlager,1998). This identity is different from gay men, hetero sexual women and bisexual women, which sometimes cause conflict among them (Oxford referencen.d).

Legal status across the globe

As per the Gallops survey the proportion of LGBT Americans has reached 4.5% of the US population (over 11 million) by the year 2017 (Moore, 2013).“The International Lesbian, Gay, Bisexual, Trans and Intersex Association (IGLA) reported in March 2019, that 70 States still continue to criminalise same-sex consensual activity. Regardless of the gender in 44 of these States individual is pronounced a criminal in such issues. The criminalization of homosexual behaviour in 2017 by legal system in India was a major setback to rights of LGBT community (ILGA, 2016). Advances to change legal aspect have occurred in last two years in states like: India, Trinidad and Tobago, and Angola. Majority of the countries against homosexuality lies in Africa, Middle East and other parts of south Asia. Homosexuality could result in death sentence also in eight countries across the globe (Carrol, 2016).

Shifting of concept from punishable offence to a normal variant

In Indian scenario, a 14th century text mentions about a child born to lesbian couple breaks the mysterious silence about female sexuality. With the release of a film titled 'Fire' in 1996 the matter of lesbian relationship came into light to be discussed among public, prompting some theatres in India to be attacked by extremists. Indian social activist continually rejected the usage of word lesbian as being influenced by power or politics, and in rarest cases the discussion

centred on male homosexuality only. Women right groups in India continue to debate the legitimacy of including lesbian issues in their platforms and issues focusing on female homosexuality are considered to be sensitive and are usually less talked about (Vanita, 2007).

As per World Values Survey, a global survey that represents around 100 countries people's view, from 1990- 2014 the part of Indian respondents who viewed homosexuality as unjustifiable fell from 89% to 24% giving a new vision to homosexual relations due to legal changes that occurred in India (Rukhmani, n.d).

In 2018 September Hon'ble Supreme Court of India in its historical judgment legalized homosexuality, partially strikes down Section 377. The section holds that whoever, voluntarily, has carnal intercourse against the order of nature with any man, woman or animal, commits an unnatural offence.

The bench said that the LGBTQ (lesbian, gay, bisexual, transgender and queer) community faced discrimination and social stigma because of the criminality attached to the consensual same-sex relationship (Rajagopal, 2018).

Current stand about lesbianism

Issues constantly being faced by these women include coming out as a lesbian, experiencing rejection from family or facing harassment at work place, being a victim of sexual

or physical abuse, desire to become parent and deciding for insurance and end of life plans in advance (Rullo, 2017). Most important issue faced is hidden sexual orientation from society and even from near one (Martos et al, 2017). Nearly half of the participants preferred family as first person to disclose rather than anyone they met in their life as family support was priority and real intention was not to keep family in ignorance of self-homosexuality followed by friend from homosexual community and lastly heterosexual friends (Julian, 2016). Delay in admitting sexual orientation by lesbian females to parent has been found to be associated with significantly elevated levels of past month illicit drug use, degrading poor self-reported health status and a low mood for more than two week showing signs of clinical depression during past month (Rothman et al, 2012). Lesbian women are endangered to face more child sexual abuse and the severity is high resulting in requiring counselling or approaching a psychiatric for mental health issues and substance abuse than heterosexual women (Wilsnack, 2012; Hughes et al, 2001).

Discrimination based on sexual identity of lesbian at workplace include remarks jokes, ridicule and remarks when done by more than one co-worker, surprisingly when abused by single co-worker threats of physical and verbal abuse both in person and by telephonically are prominent (Barret et al, 2011; Caylor, 2018). Workplace presence

of senior lesbian official make them to accept their sexuality openly and makes a crucial difference in accepting their feelings. Employee following homosexuality are also termed as Social deviant workers who faces double glazed glass ceiling that is being subjected to intense scrutiny and they must excel to be deemed competent at par with fellow workers (Bowring & Brewis 2009; Miller et al 2003). Many a times over friendliness with female co-workers is misinterpreted as sexual interest, to avoid this they use camouflaging behaviour like self-monitoring speech and observable behaviour related to one's sexual orientation, or preferring to keep mute in common office conversation or sharing little information about their personal life with colleagues at workplace (Bowleg et al, 2008; Griffith & Hebl, 2002).

Self-help groups like The Naz Foundation, Nazariya, Humsafar Trust, Sangini, Humrahi, Sappho for equality in eastern India, CREA and many more across India, are primarily involved in social equality and providing counselling sessions and support group addressing issues and concerns of Lesbian Bisexual women and Trans people assigned female at birth. These groups organises a lot of events like film screenings, book launches, workshops and talks providing a platform to meet like-minded people, open about issues related to gender and sexuality and expand one's horizon(LGBT support n.d). Delhi based Naz foundation played

a major role in bringing the idea of homosexuality in public by challenging the section 377 in Delhi high court with strong support from other similar self-help groups in 2001(Tandon n.d).

Conclusion

Acceptance towards homosexual relationship over the period of time stretching from origin to current time is minimal, still there is a long way to gain equal rights. Although legal acceptance is increasing and better laws would help this group to prosper and live with all rights at par with other citizens, more and more social awareness activities are to be conducted and economic opportunities to be made available from government to hasten the process.

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Review Article

Nosological Status of Homosexuality

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Abstract

In 1973, the second edition of Diagnostic and Statistical Manual by the American Psychiatric Association (APA) had removed homosexuality as a diagnosis. This step changed the perception about homosexuality and facilitated the change of attitude of public towards it (from illness to normal variant of sexuality). Multiple controversies and arguments have occurred throughout the history about the nosological status of homosexuality as an illness entity. This review shall describe its status in different classificatory systems before and after 1973 along with an overview of the multiple socio-political factors that resulted in de-classification of homosexuality from the classificatory systems in psychiatry.

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Introduction

Up until the latter half of the 20th century, homosexuality was predominantly considered as a pathological illness and all the concerned professionals including physicians and mental health professionals were either trying to cure or change homosexuality (Jack Drescher, 2010). Following which a paradigm shift started happening in the understanding of homosexuality from it being a crime, disease or a sin to a normal variant, which was fueled by the removal of homosexuality by the American Psychiatric Association (APA) from

its second edition of its Diagnostic and Statistical Manual (DSM) in 1973 and subsequent World Health Organization accepting it as a normal variant in 1992, removing it from ICD-10 Classification of mental and behavioural disorders (Sadock, Sadock, & Ruiz, 2000).

This review shall describe the status of the diagnosis of homosexuality in different classificatory systems before and after 1973 along with an overview of the multiple socio-political factors that resulted in de-classification of homosexuality from the classificatory systems in psychiatry.

Historical Classification

Karl Menninger in his book titled, "The Vital Balance" had described in great detail the early psychiatric classificatory systems and had mentioned that the homosexuality was first mentioned in the works of Caelius Aurelianus, who had translated the Soranus' treatise to Latin (Menninger, Mayman, & Pruyser, 1963). Ancient Greeks were more accepting on their views of homosexuality which was evident in the prevalent practice of homosexuality among the public. Further eminent personas like Hippocrates, Plato in their descriptions of Mental Illness had not described or mentioned about homosexuality (Simon, 1978). What had to be considered is the fact that historically homosexuality was considered as an abomination or a crime enforced predominantly by religious bodies which attracted punishment and at times even death. Such practices had continued till the first half of the 19th century (Bayer, 1987). Even though there were other notable mentions about homosexuality by different persons during the first part of 19th century, the actual scientific study of homosexuality began with the publication of the first edition of Kraepelin's 'Compendium'. Kraepelin mentions about certain 'States of psychological weakness' in which he had enlisted 'idiocy, cretinism, feeble-mindedness' and 'conträre Sexual empfindung' (Menninger et al., 1963). Other notable authors to study homosexuality during the same period were Richard von Krafft-Ebbing, Jean Martin Charcot,

Magnus Hirschfeld, Paul Moreau and Havelock Ellis. While some authors like Ellis were of the opinion that homosexuality was natural, the advent of psychoanalytic study on sexuality by Freud had put forth the opinion that "Heterosexuality is the normal endpoint of psychosexual development."

It has to be noted that despite of Freud himself not considering homosexuality as an illness, the idea that homosexuality was abnormal conquered over the contrary opinion. The supremacy of this view maintained homosexuality in the psychiatric nosology up until the 20th century (Bayer, 1987).

Evolution of the Nosological Status in DSM

The first edition of DSM was published by APA in 1952. The DSM was developed based on different American system of classification that existed in the 20th century. The Standard classified nomenclature of disease included homosexuality under psychopathic personality in 1935 (Bayer, 1987).

Homosexuality was included as a diagnosis in DSM-I (1952) under the spectrum of 'Sexual Deviation'[code 52.2], within the category of 'Sociopathic Personality Disturbances'[code 52] (American Psychiatric Association, 1952). Sexual Deviation was defined as a diagnosis that was, 'reserved for deviant sexuality which is not symptomatic of more extensive syndromes, such as schizophrenia and obsessional reactions'. This

umbrella term incorporates all those cases that are previously included under 'psychopathic personality with pathologic sexuality'. The diagnosis includes a spectrum of deviant sexual behaviours, such as homosexuality, paraphilias, (including sexual assaults) (Bayer, 1987). DSM I considers homosexuals to be ill, as they have non-conformity with the prevailing socio-cultural milieu major determinant of pathology was the pattern of behaviour and not the psychological discomfort/distress.

DSM-II in 1968 reclassified homosexuality under 'personality disorders and certain other non-psychotic mental disorders' which included homosexuality, fetishism, paedophilia, transvestism, exhibitionism, voyeurism, sadism, masochism, and 'other sexual deviations' [code 302.0] (American Psychiatric Association, 1968). Subsequently DSM-II classification became a central focus of the Gay Liberation movement's attack on psychiatry. In December 1973, after the vote of the Board of Trustees of the APA, the 7th reprint of DSM- II removed homosexuality as a diagnosis. This change was consequent to lesbian and gay activism (e.g: Matachinesociety), and its pressing for efforts within the American Psychiatric Association (Jack Drescher, 2010). This sparked a debate about what constitutes a mental disorder and the APA's Nomenclature Committee concluded that "they [mental disorders] all regularly caused subjective distress or were associated with generalized impairment in social effectiveness of

functioning" (Spitzer, 1981). Hence the committee came to an agreement that homosexuality by itself is not a mental disorder. It was replaced by a category called 'Sexual orientation disturbance' which was defined as 'individuals whose sexual interests are directed primarily towards people of the same sex and who are either disturbed by it, in conflict with, or wish to change their sexual orientation' (Spitzer, 1981).

One has to take into consideration that this diagnostic change did not immediately stop the pathologization of homosexuality. This was reflected in the development of DSM III (American Psychiatric Association, 1980), in which it was debated about including a diagnosis for homosexuals who are anguished about their sexual orientation. This paved the way for the diagnostic category of Ego-dystonic homosexuality for which the diagnostic criteria were (Mendelson, 2003),

- A. The individual complains that heterosexual arousal is persistently absent or weak and significantly interferes with initiating or maintaining wanted heterosexual relationships.
- B. There is a sustained pattern of homosexual arousal that the individual explicitly states has been unwanted and a persistent source of distress.

The diagnosis of Homosexuality was dropped in the DSM-III-R which was published in 1987. There was

however a diagnosis termed as 'Sexual Disorder Not Otherwise Specified' which described 'persistent and marked distress about one's sexual orientation' (Jack Drescher, 2012). DSM-IV (American Psychiatric Association, 1994), which was published in 1994 had further changed the nomenclature of the major group into, 'Sexual and Gender Identity Disorders' and DSM-IV-TR (American Psychiatric Association, 2000), however retained the diagnosis of Sexual disorder not otherwise specified [code 302.9] which had the same description as DSM-III-R. It was proclaimed that these categories exist to legitimize the sexual “conversion” therapies for those individuals who had homosexual orientation yet were distressed and also desired to

change their sexual orientation (Jack Drescher, 2010; Spitzer, 1981).

Finally DSM 5 (American Psychiatric Association, 2013) does not mention homosexuality or disorder of sexual orientation under any parent category or as a separate diagnosis (J. Drescher, 2015).

However, it has to be agreed that the deletion of “homosexuality” from the DSM of disorders will change the outlook of the society towards it as well as help in protecting the rights of individuals with homosexual orientation (Jack Drescher, 2012).

The following table provides a complete description about the evolution of nosological status of homosexuality through the different editions of DSM (J. Drescher, 2015).

Edition	Year	Parent Category	Diagnosis
DSM-I	1952	Personality Disorders Sociopathic Personality disturbance [code 52] Sexual Deviation	Homosexuality (Nonconformity to Existing cultural Norms)
DSM-II	1968	Personality Disorders Sexual Deviation	Homosexuality[code 302.0] (Maladaptive Patterns of Behaviour)
DSM-II (Sixth Print)	1973	Personality Disorders Sexual Deviation[code 302]	Sexual Orientation Disturbance[code 302.0] (interests are directed primarily toward people of the same sex and who are either disturbed by, in conflict with, or wish to change their sexual orientation)
DSM-III	1980	Psychosexual Disorders[code 302] Other Psychosexual Disorders	Ego Dystonic Homosexuality[code 302.00]
DSM-III-R	1987	Psychosexual Disorders	Sexual disorders not otherwise specified
DSM-IV	1994	Sexual and Gender Identity Disorders	Sexual disorders not otherwise specified [code 302.9]
DSM-IV-TR	2000	Sexual and Gender Identity Disorders	Sexual disorders not otherwise specified[code 302.9]
DSM-5	2013	None	None

The International Classification of Diseases

Homosexuality had also gone through different changes in various editions of ICD. ICD 6 published in 1948 was the first description to include a classification of Mental Disorders. The reason for the same was the ICD being a classification for mortality before ICD-6 (Organisation, 1948) and Mental disorders including sexual disorders were not considered as a cause for mortality (Jack Drescher, 2012). Homosexuality was categorized in the Chapter, 'Mental, Psychoneurotic and Personality disorders' and under the sub category of 'Pathologic Personality', further sub classified into 'Sexual Deviation' [320.6]. ICD-7 (World Health Organisation, 1957) published in 1955 continued to classify homosexuality under the same category (J. Drescher, 2015).

Stengel's Report paved the way for the development of 'Glossary of mental disorders and guide to their classification' which was published in 1974 and was to be used along with the eighth revision of ICD (Stengel, 1959). The glossary had a category called 'Sexual Deviation' under the group 'Neuroses, personality disorders and other non-psychotic mental disorders' which included homosexuality along with transvestitism, fetishism, exhibitionism, sadomasochism and bestiality (Mendelson, 2003). Similarly ICD 8 (World Health Organisation, 1968) published in 1965 removed the subcategory of 'Pathologic Personality' and categorized homosexuality as a

'Sexual Deviation'[code 302] (Mendelson, 2003). Homosexuality continued to be grouped along with other paraphilias even in the ICD-9 (Organisation, 1975), which was published in 1975. ICD-9 renamed the Sexual Deviation as 'Sexual Deviation and Disorders'[code 302] but was categorized under the same group as in ICD-8. The 1973 decision by DSM did influence the authors of ICD-9 who had rationalized the reason for retaining the diagnosis of homosexuality by describing: "The limits and features of normal sexual inclination and behaviour have not been stated absolutely in different societies and cultures but are broadly such as serve approved social and biological purposes". ICD-9 (World Health Organisation, 1975) also stated the one has to code homosexuality 'whether or not it is considered a mental disorder' (Mendelson, 2003).

A greater impact of APA's removal was seen in ICD-10 (Organization, 1992) published in 1992, which had included 'Psychological and behavioural disorders associated with sexual development and orientation' among the 'Disorders of adult personality and behaviour' [code F66] which had included 'Sexual maturation disorder, 'Ego-dystonic sexual orientation' and 'Sexual relationship disorder'. These changes echoed more the DSM-III changes than the DSM-II-R changes by claiming ICD- that 'Sexual orientation by itself is not to be regarded as a disorder'.

During the revision process for ICD-11, WHO had created a Working

Group on the Classification of the Sexual Disorders and Sexual Health (WGSDH), who were tasked with reviewing the literature and evidence related to diseased categories related to sexuality. The Working Group had recommended that 'these categories' be deleted entirely from ICD-11 following which the Beta Version of ICD-11 had removed the diagnosis of homosexuality (Cochran et al., 2014).

Other Classificatory Systems

Homosexuality as a separate disease entity was eliminated from DSM in 1973 and in 1975, ICD-9 had also agreed upon the decision of DSM and excluded homosexuality from the list of mental disorders. The third edition of Chinese Classification of Mental Disorder (CCMD), had described that 'homosexuals are not patients suffering from mental diseases' (C. P. Association, 2001). However, homosexuality is retained as a diagnosis in the CCMD, with specific mention that only homosexuals who are distressed about their orientation should be classified as having a mental disorder (Lee, 2001).

Conclusion

With the change in time and cultural attitudes, the concept of mental disorders has been changed too. This review has highlighted the changes in the nosological approaches towards homo sexuality over the past 30 years. Homo sexuality has evolved from being considered an 'abomination' during the 18th and 19th century to a normal

variant of Sexuality. The decisions taken by APA has also influenced the marriage rights of persons with same sex orientation. Barring one classificatory system, all the other major classificatory systems do not categorize homosexuality as a mental illness. This deletion was a result of combination of political pressure, human rights movements and the lack of concrete scientific basis for classifying homosexuality as a mental disorder. The removal of the diagnosis of homosexuality has paved the way for the shift in the focus from causation and treatment of homosexuality to focusing on the mental health needs of the target population.

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Review Article

Mental Health Perspectives of Homosexuality

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Abstract

Same sex feeling and behavior is not only prevalent across the human race, but also among almost all the nonhuman primates. This multidimensional nature of sexuality may not be always congruent in the individual way of living leading to the complexity of these issues. The sexual orientation is a continuous changing process throughout the life of an individual depending on the interpersonal issues and cultural variations. Till mid-20th century, it was considered as an illness and efforts were made by the physician, psychiatrist, and psychologist to treat this and to change the individual's sexual orientation. Homosexuality was perceived as a form of sin and crime in a larger part of the society across the globe. Due to similar prevailing beliefs in India, same sex-oriented population in India are continued to be harassed and punished by the police. In a recent order by the Supreme Court of India in Sept 2018, the section 377 of Indian Penal Code was decriminalized, which has brought a sigh of relief among the LGBT population.

Key words: Homosexuality, Mental Health, India

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Introduction

Human sexuality is a complex issue. Other than human beings, same sex feeling and behavior is also reported among almost all nonhuman primates (Drescher, Stein, & Byne, 2009). Sexual orientation refers to the several aspects of sexual attraction between the same sex and opposite sex, which can be divided into three main groups, attraction

towards the member of the opposite sex (heterosexual), towards the member of same sex (homosexual) or member of both the sex (bisexual) (Association, 2012). Psychosexual development of an individual is comprised of three stages; in the first stage, individual get aware about his biological sex, at the second stage the behavior and activity of the individual that differentiate

between a male and female in a cultural context and the third stage is the stage of sexual orientation (Kar & Kar, 2014). The distinction in different phases of sexuality like desire, associated behavioral changes, and sexual identity, depict the multidimensional nature of sexuality, which may not be always congruent in the individual's way of living leading to the complexity of these issues. The psychosexual theories of sexual orientation are based on the childhood experiences. The debate on the scientific issues continues on the nature versus nurture theory, as well as psychosexual and biological factors related to sexuality. The sexual orientation is a continuous changing process throughout the life of an individual depending on the interpersonal issues (Drescher, Stein, & Byne, 2009). From anthropological viewpoints, the same sex practice in a particular culture changes over the period of time and varies across the culture (Association, 2012).

Historical perspectives

Same sex orientation was accepted in European countries before the middle age. In 12th century, it was considered as a sin and punished with death sentence (Kar & Kar, 2014). In the early 20th century, same sex orientation was considered as a psychiatric illness. Even in the mid-20th century, efforts were taken to treat this as an illness, and to change the individual's sexual orientation (Moleiro& Pinto, 2015).

In the first edition of diagnostic and

statistical manual (DSM-I) of the American Psychiatric Association (APA), homosexuality was considered as a "sociopathic personality disturbance".

Subsequently, in DSM-II, it was referred as a form of "sexual deviation" (Kar & Kar, 2014). Five years down the line in 1973, APA board of trustees voted to remove the homosexuality from DSM II, which was replaced with "sexual orientation disturbances". In DSM-III, sexual orientation disturbance was replaced with "ego-dystonic homosexuality" (Moleiro& Pinto, 2015). The ego-dystonic homosexuality term was finally removed from DSM-III-R in the year 1987 (Mayes & Horwitz, 2005). This culminated in civil right quest for equality in USA (Drescher, 2012). Though homosexuality was removed from the classificatory system of DSM in the year 1987, it took World Health Organization (WHO) almost 5 years to remove the same from International Classification of Diseases (ICD-10) (Organization, 1993). ICD-6 was the first version of ICD, where homosexuality was classified under the "sexual deviation" and was considered to reflect the underlying personality of the individual (Cochran et al., 2014). In ICD-11, the entire F-66 category has been proposed to be removed due to its controversial nature (Reed et al., 2016).

Prevalence of the problem

There is no solid data to quantify the exact problem of the sexual orientation in a particular society/culture. Several factors

like associated stigma, social repression have affected in these areas. Failure to distinguish between desire, behavior and identity in the same sex orientation differ in different age group, culture, and region of a particular country/region. There is dearth of scientific research, which has systematically investigated the prevalence of same sex orientation, emotional problem faced by them in our country. It is considered that the distress faced by the same sex-oriented population is due to the difficulties they faced living in a majority of heterosexually oriented population (Rao & Jacob, 2012).

Mental health issues in homosexuality

Homosexual populations are prone to develop several mental illnesses at a higher rate than the age and sex matched population with heterosexual orientation. It has been observed in a systematic review that lesbian, gay and bisexual persons have a higher risk for developing mental disorders. The risk of suicidal ideation, deliberate self-harms and substance abuse is also higher in this population as compared to heterosexual people (King et al., 2008). The risk of suicide is two-fold in preceding year and four-fold in lifetime for homosexuals over heterosexuals. Anxiety, depression, alcohol abuse and other substance abuse was at least 1.5 times more common. There are various risk factors which predispose this population to mental morbidity. Thinking in terms of cause-effect various factors can be held responsible with stress being one of

the common pathway (Lee, Oliffe, Kelly, & Ferlatte, 2017). Four interconnected factors prejudice events, expectations of discrimination, concealing identity and internalized homophobia play an important role. It has been seen that prejudice events can happen with the homosexual population in the form of harassment, bullying, workplace discrimination and physical violence. It has been seen that depression and stress in gay population starts from a young age and can be attributed to the school based prejudice events (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013). There is also rejection from family after disclosing of the sexual orientation (Ryan, Huebner, Diaz, & Sanchez, 2009). Expecting discrimination can also result in viewing the world as a dangerous place thus perceiving homophobia and this can result in reporting of more depressive symptoms. Concealing the identity to avoid discrimination can in turn be exhausting and thus increasing the emotional distress among this population (Cohen, Blasey, Taylor, Weiss, & Newman, 2016). Inner conflict is also felt due to the persistence of anti-homosexual norms. Thus self acceptance also remains a major hurdle as acceptance by others. There is even increased risk in the people diagnosed with HIV infection as isolation is faced even among their own community. All these factors also play a role in suicidality. Lack of family support is a strong risk factor for suicidality. Reluctance towards help seeking due to inadequate services which can be rendered to this population leads to

a vicious cycle (Ash & Mackereth, 2013). The homosexual population are less often involved in a steady relationship due to limited opportunities they get to find an intimate partner, lesser legal and social support for developing and maintaining a same sex relationship in comparison to heterosexual relationship (Blasband & Peplau, 1985). In a population based study, it was observed younger adult with homosexual orientation were at increased risk of major depressive disorder (MDD), generalized anxiety disorder (GAD), conduct disorder, substance abuse and suicidal behavior (Fergusson, Horwood, & Beautrais, 1999). Middle aged men were at a higher lifetime risk of suicidal behavior in comparison to their heterosexual counterparts. Suicidal intent and attempt were

seen more among homosexual male than female (Remanfed, 1998). Homosexually active men experienced more MDD and panic attack in comparison to homosexual female who were diagnosed with more of alcohol and substance abuse (Cochran & Mays, 2000). In a Dutch study, it was observed homosexual men are more prone to develop lifetime risk of specific anxiety disorder, obsessive compulsive disorder, and agoraphobia (Sandfort, de Graaf, ten Have, Ransome, & Schnabel, 2014). Homosexuality is not only associated with mental health problem during adolescent and early adult life, but throughout the life span (Herrell et al., 1999). A summary of the risk factors for developing mental disorders in the homosexual population is depicted in Figure 1.

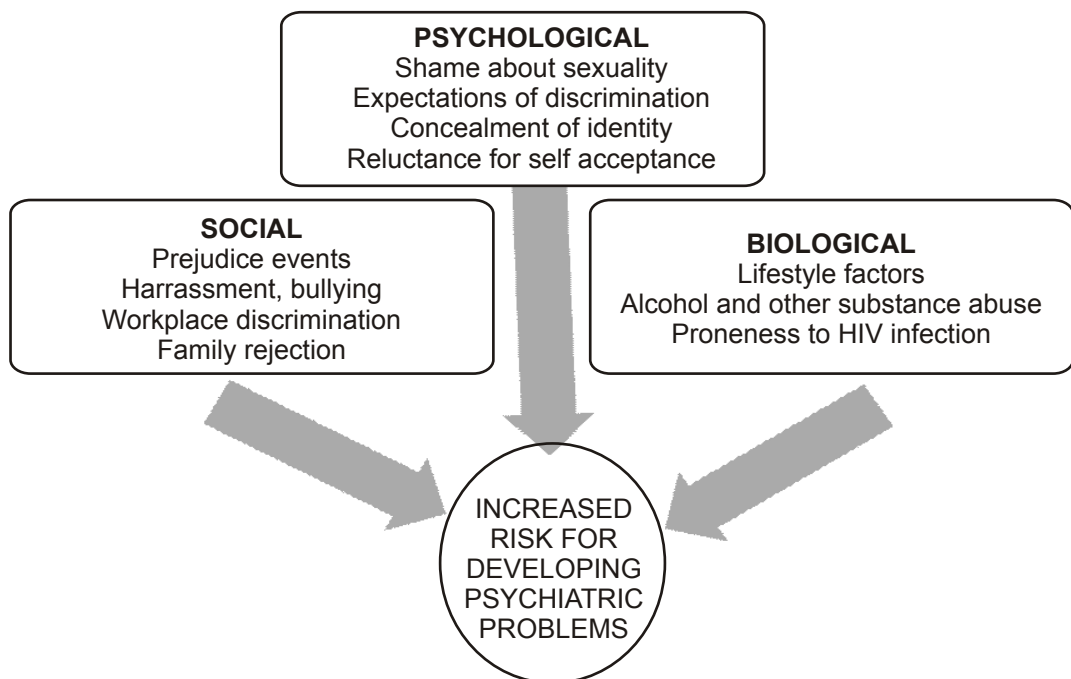


Figure 1: Biopsychosocial formulation showing the risk factors for developing mental disorders in the homosexual population

Therapeutic Implications

Different psychological tests could not distinguish between homosexual and heterosexual orientation. Researches in this area have shown that there is no distinct psychological dysfunction or impairment in judgment and stability in the same sex orientated population (Rao & Jacob, 2012). Anti-homosexual attitude among the mental health professionals of India have been documented vividly (Kalra, Gupta, & Bhugra, 2010; Narrain & Chandran, 2012). Sexual aversion techniques in dealing with homosexual males in the form of aversion therapy have been documented in few case series from India in the past (Pradhan, Ayyar, & Bagadia, 1982a, 1982b; Sakthivel, Rangaswami, & Jayaraman, 1979).

Treatments in these areas have raised several ethical issues. Faith based groups and counselor have made their attempts to change the orientation of individuals with same sex orientation with a limited outcome that has resulted in more harm to the individual in the form of sexual dysfunction (Mehta & Deshpande, 1983). Gay affirmative psychotherapy has evolved over the year to help the homosexual population to cope with same sex orientation and social stigmatization (Forstein, 2004).

Legal Prospective

Change in the mind set of understanding homosexuality from sin or crime to a normal variant of human sexuality took place in the late 20th century (Sadock, Sadock, & Ruiz, 2000). American psychiatry association accepted homosexuality

as a normal variant of sexual orientation as late as 1973 (Moleiro & Pinto, 2015). It took almost 20 years for world health organization to accept this as a normal variant of sexual orientation in ICD-10 (santé, Organization, Staff, & WHO, 1992). Section 377 of Indian Penal Code (IPC 377) was based on Victorian morality to criminalize the non-procreative sex. The police personnel used to threaten and blackmail the transgender populations and same sex oriented population. On the ground of right to privacy, dignity to live, nondiscrimination and freedom of expression, this Victorian law was challenged in Delhi High court by NAZ foundation, an NGO working in the area of human immunodeficiency virus infection (HIV) and acquired Immunodeficiency Syndrome (AIDS). On the landmark judgment of Delhi High Court on 2nd July 2009, Court gave a verdict IPC section 377 violate the article 14, 15, and 21 of the Indian constitution. Though the age old IPC 377 violated the fundamental right of the individual keeping in view the international standard, the anti-homosexual attitude of many religious and community leaders in our country did not accept that. Under hue and cry, the Supreme Court of India upheld section 377 and overturned the judgment of Delhi High Court on 11 December 2013. Following the decision of the Honorable Supreme Court, the NAZ foundation and Govt. of India filed a petition seeking the review of the judgment. Indian Psychiatric Society (IPS) in its position statement in 2018, declared same sex orientation is not a mental

illness. The nationwide discourse on the subject by the LGBT task force of IPS in 2018 was given due cognignence by the Honorable Supreme Court while decriminalizing sec 377. The apex court of India on Sept. 06, 2018 scrapped the section 377 of Indian penal code that criminalized homosexuality.

Conclusion

Homosexuality, which was considered as a sin and crime in 12th Century, was accepted as a normal form of sexual orientation by mid-20th Century. Anti-homosexual attitude in a predominantly heterosexual world has changed over the time in a societal and institutional setting. It has been observed that there is a lack of professional education about how to provide care to homosexual population. Creation of an environment where people can confide and talk about their sexual orientation in an open, non-judgemental manner is very necessary. Mental health issues can also be discussed then after building of rapport. Ensuring confidentiality remains a key element. Harnessing family support also prove beneficial. Interpersonal relationships can be explored and support can be provided in domains of need. Substance abuse to mitigate stress also needs to be addressed and managed well (Lee et al., 2017) . Gay affirmative psychotherapy has helped the same sex orientated population to cope up with their sexual orientation and deal with the societal stigma. Mental health professionals should always be in the lookout of possible mental morbidity in homosexual

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Review Article

Health Needs of Homosexuals

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Abstract Health issues and services for homosexuals is an unmet need. There are specific health issues which are of concern in this population. Various factors contribute to this unmet need. This review aims at identifying some specific health issues including mental health issues in homosexual population. It also tries to identify some barriers in effective service delivery to homosexuals. Some recommendations are also given to address this unmet need. Better understanding of healthcare issues of homosexual population among healthcare providers is of utmost importance.

Keywords- LGBT health, Lesbian health, Gay health, Homosexual health, Barriers

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Introduction

As per Oxford English Dictionary, Homosexuality is defined as “*The quality or characteristic of being sexually attracted solely to people of one's own sex* (Soanes & Stevenson, 2004).” LGBT is defined as “*Lesbian, gay, bisexual, and transgender (often used to encompass any sexual orientations or gender identities that do not correspond to heterosexual norms)* (Soanes & Stevenson, 2004)”.

The term LGBT encompasses many groups: lesbian (homosexual woman), gay (homosexual man or woman), bisexual (person who is attracted to both genders), and transgender (person who identifies

this gender as different from their biological one). Some other groups are also included in this term: questioning (people who are unsure about their gender identity/sexuality), inter sex (people with two sets of genitalia), asexual (people who are not sexually attracted to anyone and who don't identify with any orientation), allies (the loving supporters of the community and work for social justice), and pansexual (person sexually attracted to others of any sex or gender) (J. G. Lee, Ylioja, & Lackey, 2016).

As per a 2011 report by Williams Institute (Gates, 2011), “an

estimated 3.5% of adults in the United States identify as lesbian, gay, or bisexual and an estimated 0.3% of adults are transgender.” This implies that there are approximately 9 million LGBT Americans. No comprehensive survey on LGBT has been done in India although as per the government affidavit submitted to Supreme court in 2012 “the population of Men who have Sex with Men was estimated to be 25 lakh in India (Govt. submits data on gay population - The Hindu,” n.d.)”.

Methodology

PUBMED and Google scholar search was done using two sets of keywords combined using AND operator. First set of keywords included sexual orientation terms- LGBT, Gay, Sexual Minority, Homosexual, LGBT youth. The second set included health related terms- Health care, Access to healthcare, Barriers to healthcare, Attitude of healthcare professionals, cancer, cardiovascular disease, mental health, depression, suicide, substance use. Articles published after 2010 were included.

Why is there a need to study the health needs of the homo sexual population separately

Some factors which make it important to focus on this issue are:

1. Stigma attached to homo sexuality.
2. Lack of training, sensitivity and expertise of health care professionals to deal with this population.
3. Predisposition of this

population to certain medical and psychological disorders

4. Specific healthcare needs of this population

It is important for the health care professionals to be aware about issues of LGBT health. There is a long history of bias against LGBT in health care systems that continues to affect health-seeking behavior and access to care for these individuals. Homosexuality was included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a disorder till 1973. Gender identity disorder included transgender in the DSM till 2013, when it was replaced by a less stigmatizing term gender dysphoria. LGBT individuals have been subjected to certain therapies in the past with an aim to repair them, including electroconvulsive treatments or castration (Graham et al., 2011).

This review will cover the various health issues first starting with mental health issues and going on to cover cancer, cardiovascular diseases and health issues of lesbians. We will then review some barriers to healthcare. In the end, some recommendations are suggested to fulfill the unmet health needs of this population.

Mental Health Issues

Depression, substance abuse and intimate partner violence are some of the psychological issues that health care professionals should be aware of. Homosexual population has been found to have higher rates of depression. Studies also demonstrate increased risk of

attempted suicide in homo sexual and LGBT population. Studies done using self-report show stigmatization, isolation, prejudice, lack of family and peer support, and lack of access to health care as some sources of stress among lesbian women (Center, 2008). Rates of obesity are higher in lesbian and bisexual women as compared to straight women. Studies indicate elevated levels rates of anxiety disorders - generalized anxiety disorders, phobias, panic attacks (Bostwick, Boyd, Hughes, & McCabe, 2010). For other mental disorders, increased levels are also seen for bulimia and anorexia in gay and bisexual men, schizophrenia or psychotic symptoms, personality disorders, oppositional defiant disorder and borderline personality in girls (Bolton & Sareen, 2011; Bostwick et al., 2010; Chakraborty, McManus, Brugha, Bebbington, & King, 2011; Marshal et al., 2012; Matthews-Ewald, Zullig, & Ward, 2014).

Likelihood of abuse of alcohol and other drugs is higher among LGBT (Plöderl & Tremblay, 2015). Some factors which lead to this increased risk have been identified. Use of bars and pubs as social venues, higher stress levels, advertising about tobacco and alcohol in lesbian and gay magazines are some of the factors.

Another issue which is of concern in this population is Intimate Partner violence and Intimate Partner Sexual Abuse. Lifetime rates for intimate partner violence range from 25 to 40 percent among lesbian women and 13 to 44 percent

among gay men. Rates of sexual abuse are as high as 30 percent among lesbian women and 39 percent among gay and bisexual men (Brown & Herman, 2015). Violence and sexual abuse has prominent negative effects. An estimate by Walters et al. in 2010 reports rates of negative effects upto 33.5 % and 57.4% among lesbian and bisexual women respectively (Walters, Chen, & Breiding, 2011). This is much higher as compared to 28.2% among heterosexual women. 46.2 % bisexual women reported symptoms of post-traumatic stress disorder.

There are specific issues in youth who identify themselves as lesbian or bisexual. The risk of tobacco use and eating disorders is higher. Concerns about body image and stress due to lack of support from families is there. Another issue is that during this phase the youth may explore information about sexual reassignment surgeries.

Certain risk factors have been identified for the increased prevalence of mental health issues in this population. Parental rejection and poor family relationships lead to mental health issues. Studies have also demonstrated increased child maltreatment in this population. Bullying in school is also higher in this population. Lack of support in institutions (schools, families) that are there in the formative years of LGBT youth limits their rights and protections and makes them more vulnerable to experiences which have a negative impact on their

mental health (Russell & Fish, 2016).

Cancer

A recent review of the literature identified seven cancer sites that may affect the LGBTQ population disproportionately (Quinn et al., 2015). These are anal, breast, cervical, colorectal, endometrial, lung, and prostate cancers. Risk factors for cancer such as transmission of Human Papilloma Virus (HPV), obesity, tobacco, alcohol and other drug use are higher in this population. Barriers in healthcare access as described in a later section lead to delay in screening and presentation of these cancers leading to higher morbidity and mortality.

Cardiovascular diseases

A recent review done in 2017 found higher rates of cardiovascular diseases in this population (Caceres et al., 2017). This population has certain risk factors which contribute to the increased risk. Stress due to discrimination and other reasons acts as a pro-inflammatory state increasing cardiovascular risk. Higher rates of obesity in women contribute to the increased risk. Alcohol, tobacco and drug uses rates are higher which also increase the risk for cardiovascular diseases.

Health care issues of lesbians

There are higher prevalence rates of obesity, tobacco use, alcohol use in lesbians. These in turn increase risk for type 2 diabetes, cardiovascular disease and cancers.

Homosexuality also predisposes to

the risk of breast and ovarian cancer. This is because of nulligravidity, low parity, less use of oral contraceptives (O'Hanlan & Isler, 2007). It is suggested that regular screening be one for breast cancer, colorectal cancer and osteoporosis in this population.

Research on STIs among lesbians and bisexual women is sparse. Infections like bacterial vaginosis, candidiasis, herpes, and HPV can be contracted (Mravcak, 2006). Bisexual women have higher rates of sero-positivity than heterosexual women. Education about STIs is important. An important myth that needs to be dispelled is that transmission of STIs between women is minimal is important. Safe sex practices for lesbian women include using condoms on sex toys and avoiding sharing sex toys like dildos.

According to American College of Obstetrics and Gynecology (Women, 2012), lesbian women reported concerns about confidentiality, discrimination, and limited understanding about their health risks as barriers to health care. There is a limitation in the presence of health care services offering fertility services to lesbian couples or individuals.

Health Care Issues of Gay

Gay men population has higher rates of eating disorders like dieting and binge eating than heterosexual population. Anal intercourse leads to mucosal trauma which is an important risk factor for HIV

transmission (van Griensven & van Wijngaarden, 2010). There is also increased risk of certain viral infections (human papillomavirus, hepatitis B virus, and herpesvirus), urethritis including gonococcal and chlamydial infection with anal- and oral-insertive intercourse. Oral-receptive intercourse also increases the risk of HIV and pharyngeal gonorrhoea infection. The population is also predisposed to increased risk for anal cancer.

Barriers to access to healthcare services

An important barrier for homosexuals while accessing health care services is the knowledge and attitude of health care professionals. Many health care professionals do not recognize the specific health care needs of this population. Many health care professionals are not aware of the sexual orientation of their patients (Graham et al., 2011; Sinding, Barnoff, & Grassau, 2004). Health care professionals have also reported lack of training to care for LGBT persons.

In different surveys, the LGBT population has reported discrimination, refusal of treatment and abuse by health care professionals (Graham et al., 2011; Sinding et al., 2004).

Discrimination in health care settings against homosexual people can come forward in different ways. There can be refusal to provide services, lack of respect and abuse, poor quality of care, negative attitude of service providers and lack of confidentiality and privacy. Lack of focus on issues of

homosexual population in training curricula for doctors, nurses and other health professionals is an important cause for the above mentioned barriers.

Another important barrier is the delay in health access by LGBT individuals due to previous experiences of discrimination or perceived stigma. Many individuals are not willing to disclose their sexual orientation while seeking health services which may cause inefficient health service delivery (Jackson, Johnson, & Roberts, 2008; R. Lee, 2000). Another barrier which has been studied in some countries is inadequate coverage by health insurers of LGBT health issues (Graham et al., 2011).

Recommendations

Reducing the barriers to health care access can go a long way in meeting the health care needs of homosexuals. Inclusion of these issues in the curricula will be a very helpful strategy. Integrating courses on sexual health and LGBT health in the medical curricula for various health professionals like doctors, nurses and other allied sciences at both undergraduate and postgraduate level in the form of mandatory postings can be an effective strategy. Few topics that have been identified to be covered during training of health care professionals are- chronic disease risk, unhealthy relationships, coming out, substance use, adolescent health, body image, and transitioning and sex reassignment surgery (Sekoni, Gale, Manga - Atangana, Bhadhuri, & Jolly, 2017).

Positive environment in schools, anti-bullying policies and availability of institutions to guide the youth will also be helpful in reducing various health issues in LGBT population.

Change in care settings to address the needs of Homosexuals.

1. Sensitizing receptionist and other support staff that all patients to be treated equally irrespective of sexual orientation.
2. Modification of registration forms and questionnaires.
3. Posting nondiscriminatory policy in waiting areas.
4. Use of neutral terms like partner or spouse in place of wife or husband etc.

Conclusion

It is very important for health care professionals in all fields to be aware about the health care needs and issues of homosexual population. There is an unmet need in most of the medical specialties specifically oncology, cardiology, mental health and sexual health. Many barriers contribute to this unmet need. Globally various measures are being suggested to overcome this unmet need.

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Voices from the Field

LGBTQI Activism and Human Rights in Pakistan, its History and Progress

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Abstract

In the past two decades (2005-2019), much progress has been made in regards to the push for the advancement of transgender equality in Pakistan. There has been a considerable push towards formulation and implementation of legislation such as the 'Transgender Bill of Rights, 2019' that protects the rights of transgender persons. On the contrary to such positive developments, Pakistan has also been pushing forward with an anti-LGBTQ agenda on the National and International level. In this essay, we explore the present human rights situation, the portrayal of the transgender community in the media and also the progression of transgender activism in the country.

Keywords: Homosexuality, Transgender, LGBTQ, Queeristan, Pakistan, South Asian Queer Lives

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Introduction

Pakistan is a country full of contradictions when it comes to its recent push for gender equality, especially in regards to the LGBTQI community, being an overwhelming conservative Muslim nation home to around 204 million people. It has been on an uphill battle for the civil society, transgender activists and community leaders to push forward with legislation that called for protection and advancement of

rights for the transgender community in recent years.

Transgender activism has progressed in the positive direction since 2005, after mobilisation of grassroots transgender activists who organised into groups and began to publicly challenge the decades of marginalisation of the oppressed gender minority. In 2009, the Supreme Court of Pakistan passed a landmark ruling granting legal protection to the

transgender community [Supreme Court of Pakistan, 2009]. Similarly, on 8th May 2018, Pakistan was able to pass the 'Transgender Protection Bill 2018' [Salman, 2018] which is hailed as one of the most progressive legislation for the protection and advancement of transgender rights in the country.

The bill provides provisions on legal right to register and obtain a driver's license and passport, equal employment, educational and healthcare opportunities, voting rights, right to inheritance, protection from harassment and even access to government safe houses to protect vulnerable transgender persons from gender-based violence and discrimination. Despite the fact, the passage of the Bill at the National Assembly and the implementation of the Bill in the provincial level remains a pressing issue. Incidents of violence against the transgender community are rising across the country; in the Khyber Pakhtunkhwa region, there have been 479 reported cases of violence against trans women in 2018 alone [Matt, 2018].

Majority of the transgender activism has traditionally been spearheaded by the transgender woman, who is commonly known as 'Hijras' in many parts of South Asia and 'Khawaja Serai' in Pakistan. 'Khawaja Serai' are assigned male at birth but differ from their birth sex with a feminine gender identity continues to remain the most visibly tolerated and accepted gender minority in the country despite being the most marginalised and oppressed. The 'Khawaja Serai'

community in Pakistan is a centuries-old socio-cultural group with their secret language known as 'Hijra Farsi', customs and cultural traditions distant from the cis-gender and heterosexual majority. Most trans-women have heterosexual male partners and due to centuries of oppression are mostly employed as dancers, beggars or sex workers.

The complex cultural traditions of the 'Khawaja Serai' community are based on a hierarchal mentor-disciple (guru-chela) relationship in which the mentor (guru) who typically is an elder transgender takes a novice after ritual initiation. There are a set of rules that have to be obeyed in this relationship and if they are broken by the disciple (chela) there is a fine called 'Dhaand' (a punishment in monetary lending) in order to resolve any form of inter-community dispute and is settled in a 'Chethai' which is a form of self-governance system that is headed by senior transgender [Faris, 2014].

In the case of lesbian and bisexual women, economic negligence, emotional and psychological violence continue to subjugate them from being open and visible about their sexuality in an overtly patriarchal and conservative society. Often subjected to misogynistic treatment and neglect, abuse and acts of discrimination against lesbians and bisexual women are seldom reported or even heard from Pakistan.

Transman, on the other hand, are assigned female at birth but do not conform to their feminine gender identity and transition into



masculine gender identity. Despite being legally protected, transgender men continue to remain an exclusive gender minority, who just like bisexual women and lesbians are one of the most vulnerable, least visible and socially restricted LGBT group [IGLHRC, 2014].

Constitutionally an Islamic republic, Pakistan is a majority Muslim country with around 204 million people by the year 2019. Homosexual acts continue to remain illegal under Section 377 of the country's penal code; a legal provision subsequently inherited from British colonial rulers. Homosexuality remains a taboo subject in the country and is never discussed within the public discourse or even mentioned within the media, despite bisexuality and even homosexuality existing behind the closet.

Overwhelming gay and lesbian population in Pakistan live a life of complete isolation and have no public visibility at all. Gay relationships are hard to establish [Mobeen, 2011], but it is relatively easy for gay men to find sex on dating apps. It has been possible with the availability of gay dating apps such as Grindr, Scruff and even Tinder [Jesse Steinbach, 2016]

but with such apps pose a threat to the life of gay men who are often exposed to violent and extortionist gangs. Gay profiles on Grindr, for example, have been made public in the past threatening the safety of gay men by outing them on social media [Hadi, 2015].

Most of the country's gay parties are organised in secrecy. Culture of gay cruising has mostly died out except in cities but segments of working/low-income middle class still frequent in parks and railways tracks to cruise around for dates or even clients. Whereas, gay men from upper middle class /affluent segments use gay dating apps for dates [Kaitlin, 2015]. Gay dating apps, despite their open access, continue to unsafe spaces that have increased the threat of violence against gay men in the country [Waqar and Declan, 2014].

When it comes to LGBT activism, the government of Pakistan actively clamps down and even censors activists because LGBTQI+ activism is deemed as something that is not an ordinance to the socio-cultural and religious norms of the society. Pakistan actively resists laws that it thinks promotes homosexuality at an international level even at the United Nations. In 2003, Pakistan,



along with five other Muslim countries, derailed the first-ever resolution on LGBT Rights at the United Nations. In 2008, a coalition of 57 Nation States that included Pakistan and other members of the Organisation of Islamic Cooperation (OIC) opposed the resolution again.

On 6th September 2018, neighbouring India's Supreme Court decriminalised gay sex and ended its decades-long colonialera discrimination against the LGBT community [Kunwar, 2018], which was hailed as a momentous occasion worth celebrating across South Asia. Despite the success that LGBT activists achieved in India, LGBT activists in Pakistan are presently not so 'optimistic' that the situation in their country can change in their lifetime as radical Islamisation continues to thrive with many gay men and lesbians suffer the most [Fawad, 2018].

The public and state perception of gay people continues to remain 'homophobic' largely. In 2013, Pew survey found Pakistan to be amongst the least tolerant societies to be a homosexual [Pew Survey, 2013], only 4% of the audience went about to another report published in 2019 by the International Lesbian, Gay, Bisexual, Trans and Inter sex Association (ILGA) highlighted how Pakistan continues to remain one of the 70 UN members that criminalize same-sex relationship and also maintains a 'possible' death sentence for homosexuality [Lucas, 2019]. While there are no official statistics about Pakistan's LGBTI population, unofficial sources predict that in Karachi alone, a city of nearly 22 million

people, the number is over 50,000 [Shadi Khan Saif, 2014]. In 2011, mass protests were organised outside the United States Consulate in Karachi by the Islamist student's organisation 'Jamaat-e-Islami' after the US consulate held a public gay pride within their premises. Similarly, in November 2018, 18 International Non-Profit Organizations (INGOs) were ordered to shut down with some accused of holding debates about homosexuality [Ikram, 2018].

Public spaces that are open to the idea or even the presence of the LGBT+ community simply do not exist, but in the past few years there has been greater room for the public inclusion and representation of queer, transgender and gender non-conforming folks to reclaim public spaces such as through feminist and transgender marches [Aima, 2019]. Traditionally feminist spaces have not been able inclusive of LGBT communities, but in recent years, a new wave of intersectional feminism has been more inclusive of queer, transgender and non-binary folks within the feminist movement. For the past two years since the first 'Aurat March' also known as women's march was organised, feminist activists have tried their best to open up public spaces to make them more inclusive, intersectional and diverse for the most marginalised and oppressed in the society.

Similarly, the first-ever transgender pride was organised in 29th December 2018 and called for the government to push forward with the implementation for the recently

passed 'Transgender Bill of Rights 2018' [Nick, 2018]. The transgender communities have been able to work its way through the problematic transphobic and sexist landscape of the country, with many working as successful NGO professionals, lawyers, singers, models, news anchor person and even take part in the elections as independent political candidates [Alia, 2018].

Despite the ever-increasing public perception in favour of the transgender community, transmisogyny and phobia are wide spread, especially in the Urdu language (national language) electronic and print media. There exists a stereotypical attitude against transgender people within the Pakistani society that can be regarded as transphobic as it continues to misgender, stigmatise and ridicule people of gender variance [Jamil, Khurram, 2018].

When it comes to healthcare, queer and transgender community continue to face discrimination at the hands of medical or even psychiatric professionals who are the least LGBT friendly in the country. It has increasingly been reported that in the last two decades, 'concentrated epidemics' of the human immunodeficiency virus (HIV) is on the rise especially within high-risk groups such as Injecting Drug Users (IDUs), transgender women and men who have sex with men (MSM). [Khanani, 2011].

Similarly, the first ever research carried out in Pakistan on the healthcare needs of the transgender

community in 2018, revealed 78.75% respondents feel they do not have access to qualified healthcare providers while only 21.25% stated they had sufficient coverage [Sehrish, 2018].

Non-Government Organisations (NGOs) have been involved in work aimed at combating HIV/ AIDs in the most vulnerable of groups such as men who have sex with men (MSM), and transgender women have played an important role in spearheading 'transgender activism' in Pakistan. Community-Based Organizations (CBOs) have proven to be an instrumental force behind empowering activists and even equipping them with the right set of knowledge, opportunities and exposure that enabled them to advance LGBT equality in the country further.

In a brief analysis of the current state of transgender activism in the country it can be concluded that Pakistan has come a long way in the past two decades with significant steps taken by the government towards advancing transgender equality, LGBTQI activism, on the other hand, remains in a dismal state due to restrictions applied by the government and growing religious conservatism in the country.

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Voices from the Field

Celebrating Successes while Continuing Our Fight for Rights U =U Campaign and more

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Prelude As a cis-, queer Asian settler immigrant originating in Hong Kong, a mental health consumer and a person who used and injected drugs, a poz (person living with HIV) HIV activist who now resides in the unceded Dish With One Spoon Territory on Turtle Island/Toronto Canada, and a co-founder of Ontario Positive Asians (OPA+), an independent network of East, Southeast, South and West Asians living with HIV the Greater Toronto Area and the province of Ontario to create a peer-led culturally-safe space for the diasporic community. It is with great honour that we were invited to pen an experiential commentary for Indian Journal of Health, Sexuality & Culture's special issue: 'Alternative Sexual Identities, Expressions, and Lives-A Global Dialogue'. The outcome of this process is a multi-national partnership between people living with HIV to document a genuinely global grassroots movement, Undetectable = Untransmittable (U=U), where the bravery and efforts of South Asian activists are acknowledged and celebrated.

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Celebrating Successes

Just in the recent month of May 2019, we witnessed several community-led victories which two-spirit, lesbian, gay, bisexual, transgender, queer, questioning,

inter sex, asexual and gender diverse or non-binary people (2SLGBTQQIA+) and people living with HIV should be proud of and celebrate widely. In Asia, people of alternative sexual identities, expressions and lives had their

human and political rights affirmed: The Karnataka High Court in southern India ruled that education institutes must allow a person to officially change their name and gender, while the country of Taiwan became the first nation in Asia to allow same-sex couples to apply for 'marriage registration' as part of 'exclusive permanent unions'. Internationally, the World Health Organization (WHO) removed being transgender from its list of mental illnesses in the latest edition of the International Classification of Diseases (ICD-11) guidelines, while the publication of the final results of the PARTNER 2 study in the *Lancet* (Rodger et al., 2019) upheld the message which global HIV activists of the Undetectable=Untransmittable (U=U) movement had so worked tirelessly to disseminate since 2016: that people living with HIV on effective treatment with suppressed viral loads cannot pass on HIV sexually.

Brief History of the U=U Campaign

The roots of the U=U Campaign dated back to 2008, when Dr Pietro Vernazza and his team at the Swiss National AIDS Commission first noted in clinical observations that a person living with HIV on effective HIV anti-retroviral treatment (ART) could not transmit HIV through sexual contact (Vernazza, Hirschel, Bernasconi & Flepp, 2008). The Swiss Statement, as it came to be known as, was unilaterally criticized and disregarded by the scientific, research and medical community for concerns that the evidence was inaccurate as the data did not provide come from

randomized control trials and the was a fear that such information would lead people living with HIV to engage in sexual behaviours which scientists, researchers and medical professionals deemed as risky (Vernazza & Bernard, 2016). When evidence from the HPTN052 (Cohen et al., 2016) and PARTNER study (Rodger et al., 2014) surfaced in indicating that no linked HIV transmission occurred amongst serodiscordant couples when the poz partner was virally suppressed, very few people, and even fewer people living with HIV, learned of the news.

The lack of adequate knowledge translation to people living with HIV was a result of HIV colonialism, the intentional act of withholding vital information about HIV and sexual reproductive health from people living with HIV by scientists, researchers and medical professionals (Prevention Access Campaign, n.d.). Such injustice propelled Bruce Richman, Founding Executive Director of the Prevention Access Campaign, to jumpstart the grassroots U=U campaign. The spread and acceptance of the U=U message took considerable effort and time. At first, many, including people living with HIV, had questions and played suspect as the new science was too drastic of a



U=U Community Gathering IAS 2017, Paris, France



Manisha Dhakal IAS 2017 Paris, France
change from what they had been known about HIV for decades.

Institutionally, some influential organisations failed to see the benefit of spreading the new evidence to communities whom they were supposed to serve and instead acted as gatekeepers. Then there were those who demanded proof of the impossible, the desire for an absolute probability of zero in statistics since ‘negligible risk’ was too risky for public health bodies to endorse the campaign. Supporting the campaign required excellent translation of science to communities and signing on the U=U Consensus Statement took courage. The tide eventually started to change at the International AIDS Society Conference 2017 (IAS 2017) in Paris. To express his gratitude to the delegates who showed bravery to support U=U at the conference, Richman proudly proclaimed, “#UequalsU activists from 16 countries were at our IAS meeting! Kenya, Singapore, Uganda, Pakistan, Nepal, Australia,

Malaysia, Turkey, England, France, Scotland, Zambia, Georgia, Tunisia, Canada and the USA! We're all working at the dirtroots, grassroots and toproots to change the definition of what it means to live with HIV in 44 countries!”

Documenting the South Asian Leadership which Furthered the U=U Movement

At the International AIDS Society Conference in 2017 in Paris and the AIDS 2018 Conference in Amsterdam the following year, South Asian LGBTIQ+A2S+ and HIV activists from organisations played essential roles in helping to spread the message of U=U globally and in their home countries. For example, Muhammad Usman, Project Manager of Pakistan's Dareecha Health Society first learned about U=U at IAS 2017, brought home the news, and took steps to ensure his organisation would sign-on and support the U=U Consensus Statement. “In Pakistan, people living with HIV infection are often asked the questions 'What you have done and how you get that?' Or get bully and harassed by hospital staff. Such form of stigma and discrimination are the lead causes of loneliness amongst people living with HIV,” as Usman recalls, the reason that propelled him to bring the U=U message home to Pakistan. “Undetectable & Untranslatable is a message that helps end HIV Stigma and helps creates awareness of the benefits of anti-retroviral medications (ARV).”

At the same conference, a co-founding member of the Asia-Pacific

Transgender Network, ILGA Board Member and Executive Director of Nepal's Blue Diamond Society, Manisha Dhakal, invited Dr Tarun Paudel, who then served as the Director of the National Center for AIDS and STDs Control to discuss ways of how the Nepalese government could integrate the new science in their national strategy on HIV. Describing the strong public-civil society partnership, Dhakhal recalls, "We have worked closely with the government for a long time. We do not work just one day with them on one project; We continuously create good coordination the government. When I informed Dr Tarun about U=U, he was so excited about the news as it was something we did not know and learned at IAS 2017 in Paris. Since then, my responsibility is to continue to spread this important message".

At AIDS 2018, Simran Shaikh, former Asian representative of the NGO Delegation to the UNAIDS Programme Coordinating Board, Programme Officer at the India HIV/AIDS Alliance, and President of IMPULSE New Delhi chapter, helped spread and promote the message of U=U by taking part in a U=U Social Scholar Facebook Live session which was accessible to viewers who were unable to attend the conference. "In India, the trans community has the second highest HIV prevalence...It's time for innovations like U=U to be disseminated in India and globally," says Shaikh. "What we as activists do is we tell researchers and agencies that it is always best to develop innovations with the community...that key populations need to be included in innovation

science."

These are just a few examples of the vital work that were led by brave, courageous and visionary South Asian activists from the 2SLGBTQQIA+ and poz communities whom I admire and which I had the privilege to witness and be a part of. Last but not least, having Dr Maheswar Satpathy, Special issue Editor of the Indian Journal Of Health, Sexuality & Culture reach out to include a field-experience driven commentary on the subject in this special edition demonstrates the passion and commitment of South Asian activists and leaders to continue promoting this critical campaign.

Next Steps: Creating Equitable Universal Health Coverage

As of May 29, 2019, 870 organisations from 98 countries have signed on to share the U=U message in ways that work for their communities. So what does this all mean, in particular when many of us are members of key priority population groups and are based in Asiatic countries? As there is no longer debate about the validity behind the science of U=U, we hope that the campaign can now focus more on addressing the "3rd U" of the U=U Campaign to rectify the



Simran Shaikh AIDS 2018 Amsterdam, The Netherlands

unequal access to HIV treatment and to effectively implement the knowledge through provisioning a differentiated care model. This is of critical importance in the light that HIV has slowly lost its visibility as a global threat and priority through the years, and Universal Health Coverage has now become the next global health buzz word. Eliminating the unequal through equity will be key to ascertain all people living with HIV to achieve and maintain viral suppression. "Our goal is to make the undeniable science of Undetectable = Untransmissible a foundational and common understanding of the HIV experience that will no longer be dismissed," notes Murray Penner, Executive Director of Prevention Access Campaign, North America. "U=U is life-changing and should be utilised strategically to catalyse improvements in our health care responses and increase the number of people living with HIV who benefit from HIV treatment. While this will vary from region to region and country to country, the campaign has tremendous momentum and the potential to normalise HIV care within universal access to health care framework".

While we have gained grounds as 2SLGBTQQIA+ and POZ people, our fight for 'true equity' is far from over. As we celebrate our successes while continuing our fight for rights, from an anti-oppressive and intersectional lens, we must continue with our critical examination and reflection on how we as academics, researchers, scientists, students, service providers, policy makers, funders, donors, activists, people living with

HIV and allies must do to ensure that equitable universal health coverage can become a reality for people of all sero-status and alternative sexual identities, expressions and lives. We hope you will all enjoy this special issue of the Indian Journal of Health, Sexuality & Culture.

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Voices from the Field

Identity Politics, Educational Participation and Transgender in India (Featured Profile: Dhananjay Chauhan, Chandigarh)

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Who am I?

My name is Dhananjay Chauhan Mangalamukhi. I am a transgender person and am the first transgender student of Punjab University, Chandigarh! I hail from a lower middle-class family, where talking about sex is kept far from regular interactions in daily life! I was born in 1970, in the Pauri district of Uttarakhand. As I was a Male child, so there was an atmosphere of happiness in my family. My father had a small Government job! I was well received, and several religious rituals were performed. It included the centuries-old practice of 'Kinnar' community visiting homes to purify the courtyard of our house! They all went singing and danced, cheerfully! Alas, none could recognise me and my true nature, and the beauty of my Soul!

I consider myself a secret work of nature, which works silently in the world! People used to call me a

Man! Only a few months after my birth, my parents brought me to Chandigarh, where I was raised and have continued to live since then. According to my mother and daughter-in-law, I had a lot of excitement in our house with the ease of my feet! My behaviour was different from other children in the sense I had a bewildered tremor and a strange attraction in the face. My eyes were like a 'mriganayani', who used to attract a man towards him! Gradually as I grew with age, the woman inside me started establishing her identity, and at the age of 3-4, I used to do the same thing which my mother or other women used to do! I did not do these things because I used to live in their company, but I consider it as an instinctive trait that a woman is endowed with since their birth!

I was five years old and were enrolled in a Government school! My school education was conducted in a public school in



Chandigarh! I was an overall good student, and almost always ahead of all the students; whether studies or music, always on the top of my game! Teachers were always happy with me! My parents never complained about me. Many a time, we used to make small mischiefs in school, and then the teacher would forgive me because I was a bright student at my school! Everything was going normal. I still remember when I was five years old, according to religious rituals, I had to be shaved because everybody thought I was a Boy, so it was necessary to cut the hair of my head, so many guests came into the house. Clothes were brought for me! However, when they were shown to me, I refused to wear them at first sight! I wanted a frock like other girls. My parents explained to me that you are a boy and Boys do not wear frocks. But, I did not listen to any of them! I was obstinate! Those people also got tired and brought a frock for me! I was happy and sad too! Happy,

because there was so much fanfare at home; and, unhappy that my beautiful hair had to be shaved off! I refused a lot, but I failed.

I used to be very eager to perform some household chores since my childhood. I still love it. I have the courage to fight the society, and I aspired to do something different and unique in the society. Since childhood, I always used to play girl's games with my companions, as it suited to my feminine nature. I used to spend most of my time with womenfolk and play with them. I did occasionally play with male companions as well, but used to play a woman's character! Because of which men started to feel attracted towards me! Boys always wanted to call me; some people treated as if I am their female friend, and I enjoyed it! Some men used to make friends with them because I used to live with women friends. I was used as a messenger to communicate a message to girls. That was a time when phones were rare, and no internet was available. Therefore, the messages were delivered only with hand-written letters. In this pretext, I got closer to many boys, and formed friendships with them, and didn't have many girls as friends.

I never deliberately avoided girls, but I was drawn naturally to Boys and Men.

However, I feel the girls understood my feelings well, and their choice was similar to my choice! The girls who play games liked me too! Boys would often play hockey or football, which I did not like much!

Occasionally, I used to play hockey. Boys would often tease me, and tell me to play with girls instead! I was made fun of, mostly because my delicate body would not fit to play boys' games! I used to feel shy to play with boys anyway! My family raised and cared for me, just like my siblings! I was never treated like a girl! But still, I used to help my mother in most household chores! The people from my house and neighbours were also thrilled with this because their boys used to spend time outside the home all day; they never used to study as much as I did. I was doing well both in studies and household chores.

As nine years old, I became friends with a boy living in our neighbourhood! We both started to do studies together, and our choices were almost similar! He was 4-5 years older to me and took care of me a lot. Gradually, we got close to each other and loved each other a lot. I was not sure of the nature of charm, but, we loved each other very much! This friendship was undoubtedly different from a normal friendship, and was taking a different turn! We were unable to live without each other! Although there was no involvement of sex in our friendship, I liked to meet him often, and would spend all the time together and sleep together! I used to wait for him for hours! As I grew with age, at the age of 12, I started to experience physical changes to my body, and I experienced a huge rise in the desire to be loved and felt quite attracted toward him. This love was going to take some different colours! Gradually, a platonic love which was purely for heart and minds turned into physical.

This series continued until I was 19 years old! And then my friend got married! He got busy in his life and could not pay attention to me! The person who loved me started to explain to me for hours on how everything between us was not at all right. He would tell me, we have grown up now, and now we have to think about our lives! He told me that since he is married now, he would no longer be able to give me time. He was scared that if anyone discovers this, then his life would be endangered. He didn't hesitate to tell me that "if you need any other Man, I will also arrange for you too". He suggested that a male friend of him is keen to have a physical relationship with me! I was very sad and unhappy, and told him that "*you are crazy! You do not even care about my feelings! You were with me only for physical needs*". We both cried...

Later, he tried to fill the emptiness between us! He had spoken to two of his friends about me that he would continue to have a relationship with me! I think now that how easily he could talk to his male friends that I can be used as an object to fulfil people's sexual desires! For these Men, Love had no place in their list of things, and I was merely a means to satiate their sexual desires. They believed that the truth of life is to marry and procreate, and a relationship and love or any such feelings between two men were impossible. For them, anyone beyond Man and Woman was unimaginable. It's sad that most people treat us as objects of play; you play, and when tired, throw it away.

I think this is because social attitude, which makes them, think of us as redundant as we cannot contribute to run their lineages. There is a lot of stigmas that if they associate with us, their image will be tarnished. But I think we are more than our bodies. We don't truly belong to the bodies we are born with. Our gender identities are socially manufactured, be it a Man or Woman. Those who don't feel comfortable with either of the gender identities attributed and this challenge of socially established gender roles has given rise to the concept of the third gender, i.e. Kinnars in Indian society.

However, there is a lot of stigma and discrimination in the name of gender; if naturally born women face discrimination, kinnars face double discrimination! Women mostly live inside the household, and Kinnars are discriminated on the roads. I feel, as long as the women and Kinnars remain silent and don't confront the oppressors, human rights violations would keep on occurring in daylight. In a man's society, both women and Kinnars are unsafe. Often Men would argue how Women and Kinnars dare challenge their hegemony and talk about equality! People often believe that Transgender people have physical deformity, but it is certainly not the case!

There are many ill-formed beliefs about the nature of our bodies, and I think it applies equally to Male bodies, as Males are supposed to be able to perform everything, which is far from being true! These socially rooted misconceptions regarding our bodies are entirely absurd. In

my opinion, sexual impairment does not cause any haemorrhoids or impotence, and nor are we disabled or crippled! Our mind only decides who we are! Our brain only tells us to be a Man, Woman, or both. Our brain provides us with instructions on performing different gender-related roles, or not and thereby helps us decide our preferences. Societies make us a Man, a woman or a Transgender! However, societies often advocate for a relationship between only a Man and Woman because they can procreate, and run families.

Hindu religious texts would describe that the world was created by the trishakta: Brahma, Vishnu and Mahesh! One creates a creature, and one is a destroyer! For many people, this might just appear as a story, but three powers have always existed! Therefore, a theory of Man and Woman, and denial of our existence is indeed painful. I believe, if a trans-man and trans-woman get the right to live and get married in the society, they can adopt orphans. But, social misconceptions prevent them this very right as well. But, just think for a moment, are we not a legitimate part of the society?

Intersex people are not transgender, but they can choose to be one. They have to make some tough decisions! The progress in science has given us opportunities to fix physical deformities. However, any effort to cure people and trying to fix them psychologically is unscientific, as they are as natural as any other. People, apart from Men and Women are considered natural in Psychology!

Usually, by the age of twelve, most people begin to feel attracted to the opposite sex. I was also attracted to boys, which I consider fully natural phenomena now. But, when I was 12, I started worrying about my sexual identity, I did not understand what I am. I am a woman completely from inside, but the body I inhabited was of a Man! My soul and body were incompatible, and I did not understand that I am different.

Education matters! It is a medium to form an Identity.

Although, I was a meritorious student, a constant tension related to my Gender, and Identity, affected my study outcomes. And I got abysmal results in my matriculation exams. I somehow passed with many difficulties. Thoughts of committing suicide came frequently, and I tried twice as well but was always saved. Although I had already had a love for a male friend, then I did not understand why. As I grew older, I got more confused. I could not understand why this is happening to me. I feel, Sex Education in India was a taboo and still is. In addition, there exists a significant stigma in Indian society. People often judge one's character based on one's engagement with concepts of sex and sexuality. No one cares to teach and educate you on concepts of Gender and Sexual Identity. I feel most people are afraid, hesitant and shy to talk and ask about sex, although rapes are rampant in Indian society. In the absence of scientific information about Gender and Sexualities, the lives of millions of people like us are being ruined. Since then, this has

remained an important concern in my mind.

After many difficulties, I explained myself and started paying attention to my studies after the matriculation. I tried to change my behaviour to fit the college and had to conceal my true identity. I spent three years in government college sector 46 and stood first in all the fields. I received the first prize in every field. I completed my BA and got admission in the University of Punjab's History Department in 1993. I started doing private work and enrolled in a law program in the evenings. But, I was ragged by a few students at the University, and they made me run down to different classroom in the naked body. They were bullies and made me do unspeakable things. So, I had to leave the program. Then, I took admission in the Diploma in the French language. In 1998, I also pursued a Diploma in Computer Science and continued to work alongside! Discrimination continued everywhere, whether it is college or a university, workplace, and hospital. At times, I suffered considerable violence! The police officers were showing sympathy for the lie and would show off their fake sympathies. I started thinking that people like me do not exist, and it made me more scared. I was very intimidated to even go out at night.

I had started thinking that such incidents would continue to happen to me! Nevertheless, gradually, I decided to stand for myself and to change this mind set in the society. I said to myself; I have to fight! However, for this to happen and to

raise my voice in the community, I must feel pride when I describe myself as a Transgender, and there is no harm in it! It's my personal preference how I live, what I wear, who I like and choose to live with. Society cannot decide what will be my gender.

I had started thinking that before leaving this world; I would make such an environment for the newly coming out Trans-folks so that they do not suffer the discrimination as I did. I wanted to create a society where everyone has equal rights. First, I started sensitising my own family [yes, I was married to a woman]. Because I thought that before sharing it to society, my family's mind set must be changed so that they know about these issues before it goes public. They should accept me so that they are prepared to face society, and give them a positive answer! I first started to explain to my family members and started to advise them connecting to religion, and then sensitised to the need for identifying one's gender identity. We used to have at-length discussions on alternate days on gender and sexualities, connecting it to Vedas and Upanishads. This process lasted for many years! In the meantime, I started working for society too!

I started to know about similar people like me, the LGBT community. Moreover, I was then able to differentiate between one's 'sex' and 'gender' and could understand their pain on the social fixedness! We started educating people about HIV/AIDS and other

sexually transmitted diseases! I would take patients with sexual dysfunctions to government hospitals and helped them be treated. In this process, we faced a lot of maltreatment and discrimination.

Nevertheless, I did not lose courage and remained focused on my work. I have always been concerned about the betterment of my community and was majorly preoccupied with thoughts of making my community free of discrimination. At that time, our identities were criminalized. There were no laws for the protection of our community. A Transgender person was not considered human enough to have the right to vote, and homosexuality was seen as a crime until last year in India, with a colonial Section 377. Our rights are still under consideration in the Supreme Court, and it remains a matter of debate all over the country! Between 2002 to 2009, there was a lot of maltreatment and discrimination! Meanwhile, in 2004, I got a job as a teacher in a private school and worked with my community members. I used to get to usually help them guide and help them by making their lives a bit easier.

By 2009, I had gained fame in my community, and people started trusting me! A relationship and a common identity was formed among all! I also got a friend and partner named Islammuddin, to establish (register) a Community-Based Organization (CBO). It took a considerable amount of effort. She was also helpless, as her brothers had disowned her because of her sexual identity!

She has no place to call it home; no food to eat, and no clothes. Therefore, I helped her in every way possible, and today, she can earn her livelihood. She has given me a lot! Together we used to make our family members explained about gender identity and gender expression. After many years of counselling, my family understood a lot, but still, they were afraid of society. And I saw the opportunity and told them about myself! They accepted me with great ease! He said that he knew it, but because of the fear of society and relatives, what others would say that a Hijra is in the house and the society would boycott us! That day was a very happy day for me because I had won a battle, and now I could work better for society! I opened up and started working! Now I was not afraid that someone would tell my family about me! Their head would not bow down with shame! I left my job as a school teacher in 2009, and now I openly started working for the human rights of my community folks alongside health! I started working for the health of the LGBT community with a social work organisation!

And along with this, I founded an LGBT organization, without much support. However, gradually, we started getting more monetary support from the public. We worked with community members from Chandigarh, Panchkula and Mohali besides Haryana and Punjab.

I had a dream that like other cities in India, 'pride marches' will also be conducted in Chandigarh so that people get to know of our existence,

and don't discriminate us. For this, I started thinking seriously. Also, with the help of a few friends, I made plans for this, and we thought of celebrating Chandigarh pride on March 15, 2013! However, there were many challenges ahead of us! First, we had no money, and no company was willing to give money, nor did any community member give money! In the end, I had to spend money out of my pocket! There was a need for permission from the administration, and that was a very difficult task! I had to run on errands of the different Government office for months. Lastly, in the end, permission was granted at the last moment. However, the sound was not permitted, and nor was the stage! I had to use my network, i.e. higher officers and the local leader, and we got permission. The pride festival was successful, and community members from Chandigarh, Punjab Haryana, Delhi and other states joined and came forward. They did provide us with much support. Each of our community members felt proud, proud that we are different, but we are human.

I told some of my common friends who did not know about me to flash mobs, I explained them all, they understood all that and agreed to a flash mob in Sector 17 and told all those friends that this festival is only for those I do not even own people because I am also a transgender. They answered that we already knew that there would be transgender and we took it simply because we knew that this is natural! There is no fault of anyone! Now I was getting full support from

all sides! I was very proud of myself! My 40 friends engaged me in a flash mob pride festival! All their friends proudly took part in it and supported me! What I am today due to my family and friends! My patience and hard work have delivered me success today!

I have never cared about money! I always had a passion for working for the betterment of society! This passion has always encouraged me to do community work! People ask me “what you get by serving people for free”, then I answer that when a transgender person thinks of committing suicide by being disturbed by his life or a person is suffering because of his gender identity, they will fight. If I do not have the capacity to do so, I encourage them by standing up with them. Let them speak to complete their studies! So that she could stand up to them so that she would not beg for living his life, would understand their human rights, and all this could be done only by studies! A person comes to me desperate, and if I can help them, it makes me very happy! I belong to the Raikee family of Kinnar society, and my teacher is a Mangalmukhi! My guru gave me a lot! Stood with me in every happiness and sorrow!

In 2009, I joined the first national level I suggested the empowerment of kinnar community. The seminar was organised by the Foundation in collaboration with UNDP in New Delhi! This seminar proved to be a milestone for me. I was meeting for the first time, a national level human rights person! From 2010 to

2015, I joined every training session on behalf of the Chandigarh State AIDS Society and got information about AIDS! In 2012, I joined Red Ribbon Train Companion, which went to the city town and gave information about AIDS to every railway station. From this, I got information about AIDS and all the incurable diseases! I was recognized as a Master Trainer from NACO and India HIV AIDS Alliance; I have been giving training to health workers about AIDS in many states of India! It has also earned fame in the health sector; now people have started to know of it at the National level! At the same time, every technique of counselling came to me, and people started coming to get more advice for me to know the diseases! Since 2010, I joined Indian Public Health, School of Public Health and Community Medicine, P.G.I Chandigarh!

Since 2012, we had started fighting for transgender rights; I have been consistently fighting for transgender rights in Chandigarh and Punjab! In 2012, we participated in the National Level Transgender Conference, in which Article 39 Institute, with the help of the Global Funds and the UNDP, the Ministry of Social Justice and Empowerment, under the Government of India, collected information about their problems and needs from people across the country. In that meeting, we recommended the NALSA decision and the Supreme Court also recognised the NALSA decision which protects and advances all the rights to Transgender in its decision on April 15, 2014! Also, it instructed all the states and central

governments to make effective policies for the transgender people and give all the facilities to the transgender by providing a different 'third gender' category! Since then, until now, all the governments have been in a vulnerable attitude towards Transgender!

We were presumptive that there would be our people on that board so that they can advise the government to issue the correct guidelines! I am working to encourage transgender to study so that transgender people can do their work by reading and do not become dependent on others! We have to beg as there is no other work for us in society! Due to lack of education, we are compelled to turn into beggars, and the policymakers don't make employment ensured to us! My fight, therefore, is with each department, from every person who thinks that nothing can be done! I demand from the government that they should introduce the gender identity in the school curriculum and put the transitor's life story in their curriculum!

For example, I went to Punjab University and made information about transgender rights available to everyone! In 2015, the University of Punjab gave the 'Third Gender' column in all its entry forms, so that transgender people could read! But, I strongly feel that until the transgender are recognized from the school level, they would not enrol into studies, and the University Education is unthinkable of!

For the Transgender Education

Rights to be realized, I am working day, night, and encouraging transgender people to come forward! In 2015, I received a Master's degree in Social Work from Indira Gandhi Open University.

I was selected for the interview of Aamir Khan's show Satyamev Jayate in 2014, which also had a short interview with me! My National level TV channel interview proved to be very good, and my image was even got better among my community members! My interviews on the PTC Chanel has also got aired twice! My interview was also shown on Doordarshan's National channel, which was a glimpse of my life, in the same way, news reporters around the world, social scientists; researchers have featured me in several documentaries! My life is printed in America! On June 2015, my photo was taken in every street square and shopping mall in a pride festival in the Norwegian capital of Oslo!

Subsequently, in July 2016, I joined the conference in Holland and France and represented India at the proud festival there. Even today, I am forced to live with a Kinnar society while being a family, even if the family is standing together and the family is supporting it, but the society does not let it live!

Recently, my regular studies started after 24-25 years intervals! Now I am not young anymore, but the passion for fighting remains. In 2016, I took admission in the Department of Human Rights as a transgender at the University of

Punjab! I passed every entrance exam with excellent marks, and I did not need any reservation because my points were excellent. My study gives me a whole deal! I also offered tuition to some children so that I could pay my fees!

I am proud of being the first transgender student at the University of Punjab. However, this reminds me of several grace responsibilities towards many transgender people in our society!

After entering university, my biggest problem for me was how I should use the toilet because there were separate toilets for women and men! The women's colleagues in my department said that you should use our toilets but how would I go to the student centre? At first, I wrote a letter to the Vice-Chancellor demanding a separate toilet which, in a few days, Syndicate Senate had spent 23 lakhs in their meeting to open Transgender-specific toilets. However, they took more than a year to be constructed as they were expected to be constructed by the end of July 2017! For the last year, I have been using women's toilets! However, I am happy that despite the lack of funds, the university has not refused to make the toilet! However, I still have to fight for a separate hostel for transgender people! I will fight for this too!

Punjab University is doing something on its own, but Chandigarh administration is still sleeping in a deep sleep!

Many times, I demanded attention from the government that in the line

of other states in Chandigarh, a Transgender Welfare Board should be constituted. I have written many times, and I have also met the policy makers personally, but the Government has assumed a callous attitude! Apart from this, my demand was to make separate toilets for transgender at public places in Chandigarh! Also, teach about transgender in schools so that the younger children can understand sensitive transgender care for transgender children in school so that they do not leave school due to violence and discrimination! I have been demanding from the government that fees for all transgender children at schools and universities should be waived off! I guess this will ensure studies of transgender students without fear or pressure.

I have also demanded that all teachers of the schools should be trained about gender identity and sexual orientation so that the teachers can understand that diverse gender identity is not a disorder, but this is a distinct and unprecedented creation of nature! I spend a considerable amount of time with the youth of society, almost more than 15 hours every day, whether in a meeting or an interview. Whether it is a meeting or a medium of meeting, through every medium, I being a transgender provide information about sexual orientation and gender identity, so that there is no discrimination or violence on any transgender or people of diverse sexual orientation! I joined the International level conference in Bangkok last year, and shed light on how the

transgender community discussed in the mainstream, and if there is any violence with this community, then we have to vocalise about it so that the society can tell you! The people of society should recognise our equal rights, and no one should feel scared of any form of violence on the streets or inside four walls. It has been an experience that members of the transgender community are met with unspeakable violence, and police do not help us, what will help people! This has happened many times with me; the police never give us any support.

Today, when I look back, I had to endure grief and discrimination for years! When I think of those atrocities, which were perpetrated on me for years, I pray to God that God should not show anything like that to anyone in their lives! Again, I think that the amount of gold that is heated in the fire comes in front of Nikhar. I forget that sad day of my life with a hope for the future generation and all those who expect great things from me.

There is a great deal of change happening in our society's thinking now! But, an ordinary person knows nothing about the transgender! Sex education is not provided in our country! If sex education is offered, then many details will be known only to our youth, and this will save us from many misconceptions! We can also know about sexual dysfunction and how they are treated. We can also find information about the structure and function of our body. We can also know about our sexual orientation and identity so that the

transgender of future generation does not suffer from discrimination! We should also read that our society is not limited to only male or female, in addition to this, there are people in the society whose sexual orientation and identity are different from other people so cannot discriminate in the society, and it must be ensured in every sphere. We do not need sympathy; we need acceptance! Now whatever happened to me is over, but I want that not all this should be repeated!

To protect the rights of transgender, strict laws should be made so that we can live our life peacefully in our unique ways! Now I have to do many things. It is just a starting point. The canvas is very much open and spread on the horizon! Unfortunately, People of our community do not come out! They hide the oppression, which proves to be dangerous! We must raise voice against oppression! For this, we have to come out in the open, and the governments will have to tell that we are not unnatural, we are also like you! Otherwise, many Dhananjay Chauhan will continue to suffer from sexual violence and discrimination every day, and they will be killed!

Many times, I do not have money until dinner, but I never lose heart. I know that there will be thousands of children in India who are starving hungry every day. In a way, I am still better off! Often, I go to university in the local bus! People look at me very carefully, some stare at something, some laugh, they do some things, some even cross the border and make gestures. But these do not affect my will power and determination.

I know that one day will come when we will meet the transgender in this society who can proudly live with their parents and will be the support of their parents. It is simply because the other son are separated after their marriage, and the mother leaves the father alone. However, people like us will not leave!

Today, the entire society is with me; but it does not happen to every person! I have struggled all my life, so, now I have learned a lot about the art of living amidst difficulties. I have stopped bowing now, but I have not yielded before adversities! I remember a line of Iqbal that "if you are a little, then this soil is a big problem."



Policy Brief

Affirmative Counselling and Psychotherapy for Lesbian, Gay, Bisexual and Transgender (LGBT) population: Priorities for Policy, Practice and Research in India

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Abstract

Traditionally lesbian, gay, bisexual and transgender (LGBT) individuals have been viewed as “mentally ill” by mental health professionals. This stance has not changed the world majorly over, including India contributing to the stigma and discrimination of people who identify as LGBT. It affects not only their mental health but also their access to appropriate mental health care in general.

In the last two decades, the importance of providing culturally appropriate and LGBT affirmative counselling and psychotherapy has been recognized. However, knowledge and understanding of affirmative counselling and psychotherapy need to be addressed in the Indian context. Remarkably, very few researchers and mental health practitioners have investigated the LGBT affirmative counselling and psychotherapy in India. As a result, mental health professionals know little about this unique population.

This commentary presents the need for affirmative counselling and psychotherapy for working with gay, lesbian bisexual and transgender clients and offers future directions for strengthening capacity for affirmative counselling and psychotherapy in India.

Keywords: Mental Health, Affirmative Psychotherapy, Counseling, LGBTQ, India

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LGBT in the Indian context

Lesbian, Gay, Bisexual and Transgender individuals in India imply all sexual minorities including lesbian, gay, bisexual individuals, men who have sex with men, i.e. MSM as well as several local identities such as Kothi, panthi-persons who denote same-sex desires and transgender persons (Parasar, 2007; Badgett, 2014). The umbrella term transgender includes inter-sexed individuals, transvestites, transsexual and cultural identities like Hijra, Mashi, Kinnar, Pavaiya, Aravani, Jogtas, Jogappa, Sakhi, Shiv-shaktis, etc. (UNDP, 2010).

LGBT individuals generally live a life where their wishes, hopes, and dreams do not match the social-norm and heteronormative expectations of those around them. They often experience minority stress (Ryan, Huebner, Diaz, & Sanchez, 2009). Navigating life without role models, family and social support heighten this stress. The rates of depression, anxiety, and suicide are far higher in LGBT individuals (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008; Jayadeva, 2017; Nakkeran & Nakkeran, 2018) compared to their heterosexual counterpart. Also, access to mental healthcare services is limited.

Meaning of LGBT Affirmative Counselling and Psychotherapy

Affirmative Counselling and Psychotherapy is the practice that acknowledges alternative sexuality and incorporates the issues and stressors of the sexual minority in the therapeutic process (Ranade &

Chakravarty, 2013). American Psychological Association defines an affirmative therapeutic approach as “supportive of clients' identity development without a priori treatment goals for how clients identify or express their sexual orientations” (APA, 2009). The practice of culturally appropriate counselling and psychotherapy indicates that affirmation strengthens the holistic framework and designate counsellors as partners to LGBT individuals' recovery and growth (Finnerty, Goodrich, Brace, & Pope, 2014).

Need for LGBT Affirmative Counselling and Psychotherapy

LGBT individuals experience a range of unique stressors, engender stigma and violence, reinforce social inequities, and undergo targeted discrimination. As a consequence, it creates vulnerabilities to health problems, including mental health. The need for LGBT affirmative counselling and psychotherapy can be summarised (ACA, 2014; Herman & Herlihy, 2006; Kaplan, 2014; Kort, 2008; Proujansky, & Pachankis, 2014; Ranade & Chakravarty, 2013) as follow:

1. Homosexuality is not a mental illness; it is a healthy developmental outcome.
2. LGBT individuals face multiple stressors from childhood to adulthood, which affects their experiences, relationships and health status.
3. LGBT individuals often internalise homophobia or transphobia of the larger society.

4. Counsellors or psychotherapists, irrespective of their sexual orientation often express homo-negativity or trans-negativity, which negatively influence the therapeutic process.
5. LGBT community in India encompasses diverse sexual and gender identities as well as cultural and sexual practices.

Affirming LGBT clients' sexuality, experiences, and relationships become vital for helping them deal with homophobia/transphobia, prejudice and personal challenges (Johnson, 2012; Ranade & Chakravarty, 2013). Systematic reviews of counselling practices with LGBT clients reveal that counselling and psychotherapy overall facilitate coping and positive change (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008). It is imperative that the counsellor or therapist comprehends LGBT issues to make therapeutic interventions effective. However, relative lack of knowledge about LGBT individuals' among mental health professionals points to the need for deliberations on psychological practice standards for this unique population. Reflections are essential at three levels – policy, practice, and research which are elaborated as below:

Policy level interventions

The Supreme Court decriminalised homosexuality in 2018. Recently, the Government has approved the Transgender Persons (Protection and Rights) Bill 2014 (and amended the bill in 2018) recognising rights

of transgender persons (TP-PR Bill, 2014; TP-PR Bill 2018). Furthermore, Indian Psychiatric Society (IPS) in 2014, stated that there is no evidence to believe homosexuality as a mental illness (Iyer, M., February 7, 2014) and reiterated that homosexuality is a normal developmental outcome in the year 2018 (Power, June 8, 2018). Despite these changes, conversion therapies are still practised in India. These therapies usually involve electroconvulsive therapy, hypnosis, the administration of nausea-inducing drugs, or more commonly psychotherapy (Singh 2016).

Other legal challenges include dealing with same-sex marriage and discrimination cases. Same-sex marriage is not legally recognised yet. While anti-discrimination laws which protect LGB individuals from discriminatory acts such as loss of employment, housing, violence on the streets, in homes or at the workplace do not exist, existing anti-discriminatory law for the transgender population is not exercised adequately.

LGBT-affirmative mental health services

Integration of LGBT-affirmative psychiatric services in public health services is essential. Currently, with Ayushman Bharat Scheme, screening and basic mental health services are one of the twelve comprehensive primary care services at the Health and Wellness Centre (HWC), which is the grass-root level primary healthcare facility of the Public Health System in India. Primary Health Centre (PHC) has an

additional provision of essential psychiatric services under the District Mental Health Programme (DMHP). Major district hospitals do have psychiatric units offering psychiatric medication, whereas medical colleges and hospital for mental health do have super-specialist mental health care services. It provides an opportunity to sensitise the specialist mental health team, as well as general health team at various levels (HWC, PHC and DMHP) on LGBT issues, affirmative psychiatric (referral and treatment) services. At the same time, integrating these health services with strong referral linkages can facilitate equitable access to mental healthcare services. Importance of imparting LGBT-affirmative counselling and psychotherapy knowledge and skills to existing mental health professionals cannot be undermined.

Continuing education and training

The results of various studies suggest that training on LGBT affirmative psychotherapy certainly enhance counsellors' and therapists' attitudes, knowledge, and skills (for example, Johnson, 2012; Pepping, Lyons, & Morris, 2018; Veltman, & Chaimowitz, 2014). Thus, imparting knowledge and skills on LGBT-affirmative counselling to health service providers at various institutions (such as school counsellors, counsellors working with community-based organizations, mental health professionals from public healthcare facilities such as psychiatrists, counsellors, psychologists, clinical psychologists, rehabilitation

psychologists, psychiatric nurse, psychiatric social workers, etc.) can be significant in provisioning culturally appropriate and affirmative counselling services. It warrants the need for standard and accredited curriculum for skill-building workshops and short-term courses on affirmative counselling and psychotherapy. Accreditation of these courses from the Central Mental Health Authority or respective State Mental Health Authority is anticipated to ensure minimum training quality and certification.

Evidence-based advocacy and human-rights based programming to curtail human rights violation and access to mental health services is essential for not only creating awareness about LGBT rights but also for ensuring the quality of service delivery. In this vein, affirmative counselling and psychotherapy deserve recognition as a prevention and treatment modality. Additionally, integrating it into the curriculum of graduate medical courses, post-graduate and doctoral programmes of counselling, clinical psychology and psychiatry is indispensable.

Affirmative mental health practices

Mental health practice can be divided into three primary practice areas: preventive, promotive as well as psychiatric treatment. Currently, in India, psychiatric treatment interventions are emphasised. Preventive and promotive services are yet in the initial stages. Moreover, the role of counsellors,

psychologists and psychotherapists are ambiguous.

Scope for counselling and psychotherapy in Indian settings

The scope of counselling and psychotherapy practice exist in numerous settings such as school, hospital, HIV prevention targeted interventions and community-based organisations. Furthermore, the standard guideline for LGBT-affirmative counselling and psychotherapy practice that cater to the entire LGBT spectrum is necessary for the promotion of non-discriminatory mental health practices.

Inclusiveness Counselling and clinical set-up should include comprehensive, inclusive resources. Culturally sensitive information education and communication materials-print and video media—for both practitioners and LGBT clients should be provisioned in the language most LGBT population can understand. Other resources such as the directory of affirmative counsellors and psychotherapists, ethical guideline and practice manual of LGBT-affirmative counselling and psychotherapy are the demands of the present time.

Resources for the LGBT population

There exist very few resources for LGBT clients compared to heterosexual clients in Indian society. LGBT clients don't have access to social supports outside of the therapeutic environment and Government schemes such as social protection, education, livelihood,

and shelter. Counsellors and Psychotherapists need to gather information on available resources, Government schemes, community-based organisations for LGBT clients, share and link clients with appropriate resources.

Research

The lack of research and resources allocated for LGBT individuals only perpetuates the existing misperceptions and prejudices among healthcare professionals worldwide. Moreover, LGBT health outcomes and life experiences are different from others. Typically, health professionals are confused about the differences between sexual orientation (same-sex, bisexual or heterosexual attraction), behavioural identity in the public health context (men who have sex with men) and gender identity (an internal sense of being male, female, or other).

Understanding LGBT individuals' lifestyle, social networks and support systems; socio-cultural response to sexuality and gender within Indian families; the difficulties of growing up; the coming-out process; the particular mental health vulnerabilities and their health needs are essential for providing affirmative counselling and psychotherapy. Further, there is a need to synthesise existing epidemiological studies of mental health illnesses and establish surveillance sites at community-based organisations across states in India to capture incidence and prevalence of mental illnesses and identify at-risk sub-groups within the LGBT population.

Although there is evidence for the effectiveness of counselling and psychotherapy, we know little about how counselling and therapies are provided to LGBT people. Documenting existing affirmative counselling and psychotherapy practice in India would be insightful.

Conclusion

Heterosexist theoretical and practice models do not address the unique issues of the LGBT population. LGBT-sensitive conceptual framework, operational definitions, outcome measures of counselling and psychotherapy in India may strengthen the affirmative counselling and psychotherapeutic practices. LGBT-affirmative counselling and psychotherapy practice, research and advocacy need to be prioritised.

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Global Dialogue Series

Whose Land of the Free? Latina Transgender Immigrants in the United States

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Abstract

Transgender women from Latin America are driven to migrate to the United States in pursuit of a place where they can escape violence and discrimination. However, their experience in the United States continues to be one of oppression. Transgender Latina immigrants in the United States are the target of systematic oppression and interpersonal violence that affect their overall health and well-being. These experiences have led many transgender Latina immigrants to assume leadership roles and to organise social movements in demand for their human rights and dignity in the United States. Recommendations are provided for community leaders, policymakers, and academics.

Keywords: Latina transgender immigrants, Asylum seekers, Systematic Oppression, Interpersonal Violence, United States, Trump

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Introduction

Immigrants and Asylum-seekers come every day to the United States fleeing detrimental conditions in their countries. The number of asylum seekers and refugees from Mexico and Central America has increased by 58% from 2016 to 2017 (Kitidi, 2018). Moreover, lesbian, gay, bisexual, transgender and queer (LGBTQ) undocumented adult immigrants in the United States total more than a quarter of a million people (Burns, Garcia, & Wolgin, 2013; Center for American Progress Immigration Policy, 2017). A

report by Jeanty and Tobin (2013) for The National Center for Transgender Equality, estimated “that between 15,000 and 50,000 of these undocumented adults are transgender” (p. 6). Many factors serve as drivers for the migration of transgender Latinas including the freedom to express their gender identity, transgender acceptance and safety, and economic opportunity (Cerezo, Morales, Quintero, & Rothman, 2014).

However, the main reason for the migration of Latina transgender

immigrants (LTIs) to the United States is their experiences with discrimination and violence in their Latin American country of origin due to their gender identity (Cerezo et al., 2014; Gowin, Taylor, Dunnington, Alshuwaiyer, & Cheney, 2017; Palazzolo, Yamanis, De Jesus, Maguire-Marshall, & Barker, 2016; Yamanis et al., 2018). Once at the U.S./Mexico border or inside the United States, many LTIs seek asylum due to fearing for their lives in their Latin American countries.

In many Latin American countries, LTIs experience violence, oppression, and discrimination before migrating to the United States (Cheney et al., 2017; Gutiérrez Gamboa, Evangelista García, & Winton, 2018). Even during the migration process, LTIs experience violence. For example, in 2018, around 50 LGBTQ individuals were part of a caravan of hundreds of Central American and Mexican migrants that were making their way to the U.S./Mexico border. These LGBTQ migrants formed their separate group after experiencing discrimination, harassment, violence, and robberies at the hand of other migrants and people they had encountered in their journey (Perez, 2018). Perez (2018), interviewed a 23-year-old transgender woman from Honduras who was part of the caravan and who stated, *"They have denigrated us. Supposedly you're emigrating from your country because of the violence, the discrimination, the homophobia, and it turns out that in the very caravan you face this kind of*

violence" (para. 29). Hence, LTIs come to the United States seeking refuge from the violent experiences they have had in Latin America and throughout their migration process (Rodríguez, 2016).

LTIs assert that returning to their Latin American countries of origin would likely lead to continued violence and potentially being killed. According to a report by Transgender Europe (2016), 78% of the reported killings of transgender and gender-diverse people occurred in Central and South America, with five of the top countries in the world with the highest numbers of murders of transgender individuals being Brazil (n=845), Mexico (n=247), Colombia (n=108), Venezuela (n=104), and Honduras (n=80). Moreover, it is not uncommon for LTIs to be murdered in their country of origin after they were denied asylum and deported from the United States. Camila Diaz Cordova, a 29-year-old Salvadorian transgender woman, is one of many examples of this outcome (Renteria, 2019). Hence, for many LTIs, denial of asylum often makes the difference between life and death. On the other hand, for those LTIs who stay in the United States, regardless of immigration documentation status, their experiences with discrimination, violence, and oppression are not over. The purpose of this article is to (1) list some of the experiences that LTIs face in the United States with systematic violence, (2) describe several of the health and well-being effects of discrimination and

violence on LTIs, and (3) highlight a few examples of the work that LTI leaders are doing to address these experiences.

LTIs and Systematic Violence

Various professional associations in the United States are voicing concerns and disapproval about current policies and events that are discriminatory and oppressive towards disenfranchised and marginalised populations. For example, the National Association of Social Workers (NASW) has voiced opposition to Donald Trump's plan to withdraw DACA or the Deferred Action for Childhood Arrivals (NASW, 2017), which provides undocumented youth with the opportunity to work and attend college. Also, the American Psychological Association spoke against the Trump administration's rule that discriminates against transgender individuals serving in the military (American Psychological Association, 2018). Due to their multiple oppressed identities, LTIs are affected by racism, xenophobia, sexism, and transphobia. Hence, the violence and discrimination supported by leaders in government, as exemplified by the policies mentioned above, hurt LTIs at multiple intersections.

Many hateful and discriminatory messages have emerged from leaders in government. This rhetorical violence includes a Tweet from Trump in 2017, in which he categorised transgender individuals in the military as a burden (Phillip, Gibbons-Neff, & DeBonis, 2017).

Moreover, in 2017 the Trump administration defined DACA youth recipients as “illegal” and suggested that having these youth in the United States led to the harm of other Americans (The White House, 2017). This hateful rhetoric not only affects the mental health of LTIs, but it also translates into oppressive policies that threaten their dignity and equality. The National Center for Transgender Equality (2019) and many other advocacy groups continue to keep track of adverse policy changes and proposals that originate from the Trump administration at the federal level (see for example [https:// transequality.org/the-discrimination-administration](https://transequality.org/the-discrimination-administration)).

Moreover, at the state level, 21 anti-transgender bills were introduced in various states in 2018 (Human Rights Campaign [HRC], 2018). These policies then lead to a detriment on the lives of LTIs. The experiences of LTIs with the U.S. legal system serves as an example of the systematic challenges they face as immigrants of colour, as transgender individuals, and as women.

The U.S. Citizenship and Immigration Services (USCIS) considers LGBTQ+ refugee and asylum claims in their many immigration courts, mostly under the consideration of these individuals experiencing persecution as a “particular social group” (United Nations General Assembly, 1951). However, USCIS requires many documents from

transgender individuals when presenting their cases, making it confusing and difficult for them to engage in the legal process. This cumbersome legal process affects the outcomes of an asylum petition. Nationally, asylum cases, for a variety of reasons, were denied 57.6% of the time in 2018 (Transactional Records Access Clearinghouse [TRAC], 2018). However, disparities in denials by country of origin and immigration court exist. For example, although Mexicans are the third largest asylee group, even with legal representation, they have the highest denial rate within the ten largest nationalities that seek asylum (TRAC, 2017). Moreover, judges at Lumpkin Immigration Court in the state of Georgia denied 93.5% of all asylum cases in 2018 (TRAC, 2018). In consequence, LTIs also experience institutionalised violence when held in jails and detention centres.

LTIs experience significant violence when involved with the U.S. legal system. For example, “detention puts LGBT immigrants at risk of abuse and exploitation [since] LGBT immigrants are 15 times more likely than other detainees to be sexually assaulted in confinement” (Center for American Progress Immigration Policy, 2017, p. 20). Moreover, “transgender individuals are especially vulnerable to discrimination and denial of medical services” while detained (Burns et al., 2013 p. 23). A tragic example of these experiences is the case of asylum seeker Roxana Hernández, a transgender woman from Honduras

who died in 2018 while in custody of the U.S. Immigration and Customs Enforcement (ICE) agency after being severely abused and not receiving the appropriate medical care. In other instances, many transgender individuals spend long periods in solitary confinement. For many, these experiences in detention are ultimately the path to deportation.

LTIs Health and Well-Being

A study by The TransLatin@ Coalition (2013), found that for the 101 transgender Latina immigrant participants, 84% came to the United States, solely or in part, to escape violence. This report also found that 69% of the participants “have met another Trans Latina who was murdered because of her gender identity” (TransLatin@ Coalition, 2013, p. 29). The report also establishes that “61% of all participants have been victims of sexual abuse,” “78% have experienced random acts of violence such as being insulted or physically attacked on the street,” and “34% have been robbed for being Trans Latina” (TransLatin@ Coalition, 2013, p. 29-30). Interpersonal violence and hate crimes against LTIs are common. Moreover, “these acts of violence are not single incidents, but happen across a lifetime, and often a single individual experiences multiple acts of violence or intolerance on a daily basis” (Stotzer, 2009, p. 177). For many LTIs, these experiences have led to their violent deaths.

Violent deaths are a concern for Latinx (a gender-neutral form of the

term Latino) and LGBTQ+ people in the United States. In 2015-2016, the age-adjusted homicide rate for Hispanics increased by 8.2% (U.S. Department of Health and Human Services, 2018). Among LGBT communities, 15% of homicide victims in 2017 were Latinx (The National Coalition of Anti-Violence Programs, 2018). According to a report by the Human Rights Campaign, 82% of a total of 22 transgender people killed in the United States in 2018 were women of colour, including four Latinx women (HRC, 2018). For LTIs, the women represented in these statistics are more than numbers; they are not only friends and neighbours, but also a reminder of what their lives are and could be in the United States. Hence, witnessing this violence, along with their own experiences, affect the well-being of LTIs in the United States.

Broadly, the literature suggests that: a) transgender women tend to experience violence and poorer mental health at higher rates than other populations (Jauk, 2013; Lytle, Blosnich, & Kamen, 2016; Seelman, Young, Tesene, Alvarez-Hernandez, & Kattari, 2016; White Hughto, Reisner, & Pachankis, 2015; Testa et al., 2012), b) Latinx individuals experience higher rates of trauma (Archuleta & Lakhwani, 2016; Martinez et al., 2015; Molina, Little, & Rosal, 2016), and c) studies have noted that transgender Latinas also experience high rates of violence that in consequence affect their mental health (Reading &

Rubin, 2011; Rodríguez-Madera et al., 2017). At the same time, some studies have found that documentation status further affects depression scores in undocumented transgender Latinas (Yamanis et al., 2018). However, it has also been established that resilience for transgender individuals could lie in alternative social support and relationships (Hwahng et al., 2018). These social support structures have led to the development of empowerment, leadership, and social movements among LTIs.

LTI Leadership and Social Action

The approval of same-sex marriage in 2015 sparked hope for the future of LGBTQ+ rights in the United States. However, the election of Trump as U.S. President in 2016, created uncertainty for many LGBTQ+ people of colour. Social advocacy groups and activists feared for the progress made towards equal rights in the United States (Gonzales, 2016). There are also concerns from the immigration rights standpoint. For example, in February 2019 many accused Trump of being unconstitutional and misinforming the public when he declared a national emergency at the U.S./Mexico border and demanded the allocation of funding to build a wall between the countries (Baker, 2019). Hence, throughout the United States, many transgender Latina leaders are working to address racial and gender inequality, transphobia, and immigrant rights in an attempt to secure the human rights of transgender women. A commonality

among these leaders is their focus on enforcing change as the political climate in the United States becomes unwelcoming to LGBTQ+ and immigrants. Their efforts include providing support and basic needs to other LGBTQ+ immigrants and demanding change at the systemic level.

Transgender Latina activists simultaneously engage in assisting others in need of support while also fighting discriminatory policies as a way to resist an oppressive system. For example, at the beginning of 2019, Ruby Corado, a Salvadorian immigrant and CEO of Casa Ruby in Washington, D.C., went to Texas to bring 15 LGBT asylum seekers from Central America to Casa Ruby (Lavers, 2019). These migrants were released from ICE custody and will now receive housing and many other services at Casa Ruby. Moreover, activist Estrella Sanchez, community organiser and advocate holding various leadership roles at the local and national levels, also works with transgender migrants in the state of Georgia. Estrella, a Mexican who was granted asylum in 2018 (Redmon, 2018), links transgender Latinas to resources in their communities, visits them at immigration detention centres, is vocal in the media about the experiences of LTIs, and organises protests against injustices. At the same time, others like Ruby and Estrella are enforcing change at the national level.

Various transgender Latinas lead national efforts dedicated to the human rights of LTIs in the United

States. One of them, Bamby Salcedo, is the President and CEO of the TransLatin@ Coalition. Bamby, a nationally recognised activist, born in Mexico, dedicates part of her work to providing training to agencies, community leaders, and other transgender and gender-nonconforming individuals (TransLatin@ Coalition, 2019). Another national leader is Raffi Freedman-Gurspan. Raffi is a Latina and Indigenous transgender activist from Honduras who made history as the first openly transgender person to serve as White House staffer after being named Senior Associate Director for Public Engagement by President Obama's administration in 2015 (Wagner, 2015). Until recently, Raffi strived to improve public education as Director of External Relations at the National Center for Transgender Equality. Unfortunately, it would be impossible to highlight and discuss the critical work being done by the countless other transgender Latinas in the United States in just one paper. However, we can list how community leaders, lawmakers, and academics can support their work.

Moving Forward in the United States

The International Bill of Gender Rights (IBGR) could serve as a guide in the efforts to secure the human rights of LTIs in the United States (International Conference on Transgender Law and Employment Policy, Inc. [ICTLEP], 1996)(see Table 1). Moreover, the Convention and Protocol Relating to the Status

of the Refugees of 1966 and the Universal Declaration of Human Rights of 1948 should complement the IBGR when considering the needs of LTIs.

1.	The right to define gender identity
2.	The right to free expression of gender identity
3.	The right to secure and retain employment and to receive just compensation
4.	The right of access to gendered space and participation in the gendered activity
5.	The right to control and change one's own body
6.	The right to competent medical and professional care
7.	The right to freedom from involuntary psychiatric diagnosis and treatment
8.	The right to sexual expression
9.	The right to form committed, loving relationships and enter into marital contracts
10.	The right to conceive, bear, or adopt children; the right to nurture and have custody of children and to exercise parental capacity

Table 1 *Items Listed on the IBGR (1996)*

The ten items contained in the IBGR could lead community leaders, lawmakers, and academics to take specific actions. Following are some recommendations for these groups when working with transgender and gender non-conforming (T/GNC) individuals. It is imperative to highlight groups like the TransLatin@ Coalition (2013), the Movement Advancement Project and Equality Federation Institute (2017), the National Center for Transgender Equality (2016), and

others, have already provided many of these recommendations.

Recommendations Based on the IBGR

Community leaders serve as a vital form of support and advocacy to minority groups. These leaders can start by validating and respecting the gender identity and gender expressions of all people and using the pronouns of their choice. Moreover, community leaders can also incorporate the sociocultural aspects of gender identity and expressions into the organisation of social movements. They can also advocate for the right of employment and just compensation of people of all gender identities and expressions. Community leaders can also advocate for T/GNC individuals’ rights to comprehensive, competent, and accessible healthcare and demand the de-pathologising of gender identity. Additionally, leaders can include the right to sexual expressions and behaviors of people of all gender identities and expressions in their advocacy efforts. In doing so, community leaders should allow and support people of all gender identities and expressions to be part of the spaces of their choice and to be part of all activities. Finally, they can also support the inclusion of all types of relationships and families in community spaces and demand equal rights for people of all gender identities and expressions.

Lawmakers can draft, support, and implement policies that ensure the human rights of their T/GNC

constituents. For example, they should allow individuals to self-identify their gender in official documents like birth certificates and identification cards and prohibit the discrimination of people based on their gender identity and gender expressions. Furthermore, political leaders should guarantee the right to employment and just compensation of people of all gender identities and expressions while also prohibiting employment discrimination and compensation inequality based on gender identity and expressions.

Additionally, lawmakers should guarantee the right of T/GNC individuals to use spaces of their choice (e.g., public bathrooms) and to participate in activities of their choice (e.g., military service). Lawmakers can also ensure the continued upholding of marriage equality at the federal level and make illegal any attempt to undercut this right at the state and local levels. Finally, they should ensure that no person or agency discriminates against LGBTQ+ individuals and couples that seek to become parents through different mediums, including adoption. Policymakers can also help improve the health and healthcare of T/GNC individuals by making sure that they have the right to receive competent medical care free of discrimination and advocate for the inclusion of gender affirming procedures as medically necessary care for T/GNC individuals who decide to engage in such services.

Moreover, political leaders should deem the harmful “conversion therapy” practices as illegal. Finally, lawmakers can also decriminalise the self-determination of consenting adults to engage in sex work.

The third group that can make a difference in the lives of T/GNC individuals by following the IBGR are academics and researchers. First, researchers should allow individuals to self-identify their gender and avoid misgendering individuals in research studies. Researchers should also include transgender individuals in gendered studies that align with their gender identity (e.g., violence against women research). Moreover, researchers should examine the effects of employment discrimination and compensation inequality on T/GNC individuals. Research studies can also measure the outcomes of incompetent medical care and lack of access to medical care on T/GNC patients. Research can explore the challenges of oppressive policies that limit T/GNC individuals’ right to self-determination to control their bodies, including the potential harm of psychiatric disorders like “Gender Dysphoria” and the medicalisation of the sexual expressions and behaviours of T/GNC individuals. Researchers can also help demystify the effects of non-traditional families on minors. Finally, academic institutions should increase the number of academics and researchers who are T/GNC of all racial/ethnic, spiritual, and cultural backgrounds.

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Global Dialogue Series

Letters to the Editor

LGBTQI Lives in Cameroon: Law, Human Rights and Health and Wellbeing

Dear Editor

Am called Mr Sone Desmond I am 30 years old am gay and working as the executive director of Rainbow cooperation limited an LGBTI community-based association founded in 2014 by young LGBT persons in Yaoundé Cameroon. Our primary mission is to valourise technical know-how of LGBT persons through sociocultural and educative activities to reduce stigma and discrimination on our community to participate in the development of our nation Cameroon. We do organise sensitisation programs, capacity building, development programs, sports, expositions, mini pride events, awards ceremonies and much more; I work with 12 volunteers staff who give in their all to make sure that our community become independent and reduce stigma on our community. We work in close collaborations with other LGBT organisations in Cameroon of which we are a member of an LGBT platform in Cameroon called Platforms unity a platform that regroup 32 LGBTI organisations and has the as main objective to protect the rights of our community members and community leaders. We are also a member of the enterprise, international organisations that regroup LGBTI pride organisations world wide.

As a volunteer working for LGBT community I face lots of difficulties because homosexuality is condemned by the law in Cameroon, the penal code of Cameroon article 347/1 highly condemn the practice of homosexuality with up to 5 years imprisonment, so the penal code is a

barrier for my work. We face lots of stigma and homophobic acts on us, our rights are violated by the law enforcement officers, religious bodies, family members and civil society, LGBTI persons are forced to live in hiding in order to express their sexual orientations, we are brutalised everyday by homophobic persons who believe that we don't have their rights to live, we are evil, we can't participate in the development of our nation. I, myself was sent away from my house by my landlord all because of my sexual orientation, he wounded me with a sharp Cutlass and held back all my household items till now he has all my stuff, I had to run away for my dear life and left all my stuff till today. As LGBTI persons we are facing difficulties. We have lots of LGBT community-based organizations in Cameroon that work for our community of which most of these organizations have as main objective to fight against HIV/AIDS and sexual health of LGBTI persons in Cameroon, it should be noted that they are doing a lot of good work to fight HIV on our community since due to high errate of stigma we get to hide and so we lack information and services on our sexual rights, so we carry-out sex without protection and get infected with HIV, there are some few funders who accompany these organizations to help fight these ills, but I in particular and my association RAINBOW CO LMT we believe that the problem is not HIV/AIDS our main problem is not Just the fact that our rights are violated. No government will legalize homosexuality just because homosexuals are highly

infected with HIV, neither will they legalize just because our rights are violated, we LGBTI persons we have to stand up and become productive in all domains that is agriculture, health, sports, fashion designing, politics, technology and much more, we believe that if we have LGBT leaders who represent us in all these domains we are going to make great change in the society by been productive, the society will respect us and even stand by us to put pressure to the government to legalize homosexuality in our country. Cameroon is an impoverished country LGBTI persons find it challenging to intergrade the society due to poverty and stigma if we don't fight against this ill our community will continue to be infected and affected with HIV/AIDS die every day. Many donors and founders focus on HIV forgetting that even those who are affected don't even have jobs, can't eat a day, live in difficult conditions, what we need is funders who can accompany us to develop LGBTI community through development programs, capacity building problems, develop activities to generate revenue, reinforce capacity of Community leaders so that we become productive and independent this way we will speak for ourselves, stand up for yourselves and reduce poverty in our country. We need funders who will not only come and look on HIV we are faced with much more problems of which if this is looked upon HIV AIDS will be reduced and our rights will be respected.

I and my association have been working since 2014 our of our funds, we have been carrying out programs activities with funds from our staff, members and well wishes, we wish to great partnerships and collaborations with international organizations to

accompany us in other to fight against stigma and discrimination on our community in other to bring développement between us, we are really facing difficulties since we have new and more significant projects but due to lack of funding we just can't carryout activities, we have a very very small office of 9m² that is not convenient for work and lack necessary materials to carryout our work, so we wish for help from well wishes and donors to accompany us in other for us to continue with the excellent work. We have to wish to increase our sensitisation programs, to educate our community and the society on tolerance and living together, we are all humans and has the right to live as any other Cameroonian. We believe in our community because we have so many talented LGBT community members who due to a high rate of poverty, stigma and discrimination they feel left out with auto stigma and can't tintebrate the society. We do really need help and assistance to work harder to develop our community and society, we wish to open an LGBTI centre were our community members will be able to get information and services on their sexual orientations, Human rights, develop their technical know-how and also open refuge rooms for LGBTI persons who have been sent out of their family homes and place of residence, we are calling on goodwill persons to help us to realize this great project that will help our dying community to become independent thanks together we stand.

Sone Desmond

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Global Dialogue Series

Letters to the Editor

Relooking into Queer Lives and Community Perceptions in 21st Century Germany

**Dear Editor
(In German)**

„Aus meiner Lebenssituation heraus, ich selbst habe mich gegenüber meinem Umkreis nicht geoutet, kann ich keine negativen Erfahrungen feststellen bzw. von solchen berichten.“

Insgesamt ist keinerlei Feindschaft gegenüber LGBT-Rechten festzustellen, wobei gemahnt wird, dass diese nicht überbeansprucht werden sollen. Schwule und lesbische Mitbürger sollen genau so leben in unserer Gesellschaft wie alle anderen Mitbürger auch. „Tuntenhaftes Auftreten schadet den Gedanken der Einzelnen über die Freiheit.“

Im Gespräch mit einigen engen Freundinnen und Freunden die nicht LGBT sind, wird Homo sexualität als ein normales Faktum angesehen. Mein Bruder Ullrich, Naturwissenschaftler und Molekularbiologe spricht von der Normalität aller Menschen, wobei jeder seine Sexualität auf seine Weise ausleben soll und darf. Er weist in unseren Gesprächen sehr eindringlich auf seine Meinung hin.

Im Herbst 2018 nahm ich an einer Tagung des Opus Die an einer mehrtägigen Tagungen über das Thema Jugendpastoral teil.

Ein Referent wies dabei auf das Phänomen hin, dass in den Sprechstunden immer mehr junge

Menschen nicht mehr wissen, wer sie sind, ob Mann oder Frau.

Er berichtete, dass in seinem Bistum damit sehr sorgfältig in der Beratung umgegangen wird und diese auf ihrem Weg der Suche nach ihrem Geschlecht betreuend ohne Einflussnahme begleitet werden. Ich fand dieses sehr positiv.

In der Öffentlichkeit wurde bisher darüber nicht berichtet bzw. publiziert. In der kath. Kirche ist man sich seiner Verantwortung bewusst und versucht den Kindern zu helfen.

Als Anlage sende ich Dir einen Zwischenruf meines Confratres und Freund Prof. Schallenberg, zu. Er war in der „Tagespost“ veröffentlicht.

Insgesamt konnte ich nach dem „Gesetz für die Ehe“ feststellen, dass in der kath. Bevölkerung ein aufatmen zu hören war, dass das Thema voll befriedet ist.

Leider hat uns Frau Merkel die arabischen Flüchtlinge beschert, die sich hier als sehr gefährlich für uns mitteilen. Es gibt schreckliche –Berichte, wobei diese sexuell in alle Richtungen maßlos sind.

Heute ist wieder ein Bericht in der FAZ 17.5. Seite 9 „Ihre Todfeinde suchen nach Ihnen“.

Insgesamt können wir ein positives Bild von Deutschland berichten und sehen. Darüber bin ich glücklich.

Herzlichste Grüße von Deinem Freund”

Dear Editor,

My life situation: I have not outed myself to my district yet. But, I can see no negative experiences or report of such kind in my local community. Overall, there is at least no hostility to LGBT rights, and certainly no contestations to determine where their lives are to be charted. And, this aspect of inter-community dialogue does not need to be strained a lot, as it is quite cordial in my experience and observation. Gay and Lesbian citizens have the same right to live in our society, like all other citizens as well. "Is the occurrence of mature detrimental to the idea of individual freedom." Homosexuality, as a normal fact, is considered in discussion with some close friends and friends who are not LGBT. My brother Ullrich, naturalist and biologist speak of the normality of all people, where everyone should live out his sexuality on his way, and may. He points very strongly in our conversations on his mind.

In fall 2018, I took part in a meeting of Opus in a multi-day conference on the topic of Youth Ministry. A speaker pointed out this phenomenon, during office hours, more and more young people no longer know who they are, whether Man or woman. He reported that in his diocese to very carefully in consulting is being administered; this coaching is accompanied on

their way of the search after her sex without influence. I found this very positive.

The public was so far, not reported or published. In the Catholic, Churchman is aware of its responsibility and trying to help the children. As I am sending this a heckling piece, I thank and remember one of my long-standing Confederates and friend Prof. Schallenberg, for his insightful comments, and observations. It was published in the "daily mail". Overall, I support according to the "law for marriage", that in the Catholic Church a population breathe a sigh was heard, that the issue is fully pacified. Unfortunately, Frau Merkel has given the Arab refugees us here sharing with very dangerous for us. There are terrible reports where these are sexually immoderate in all directions. Today is again a report which 17.5 "your mortal enemies search FAZ page 9 for you."

Overall, we can report a positive image of Germany and see. I am happy.

Warmest greetings from your friend,
from the heart of Germany!

Hans Georg
Diakon H.G.Keller

Mülheim an der Ruhr, Duisburg,
Germany

Koptisch-Orthodoxe
Kirchengemeinde Hll.

Kosmas und Damian Duisburg

17TH May 2019



Global Dialogue Series

Letters to the Editor

My Life and Sexuality: Role of Coming Out in Ghanaian Africa

Dear Editor,

I am Emmanuel from Ghana. Thirty-one years and am gay. I was raised and brought up from a Christian home; it's made to believe that homosexuality is a sin and its western culture and culturally unacceptable in Ghana (Taboo).

Since my childhood life (at the age of 7years), I discovered that I am only attracted to the same sex. I have battled with my sexuality and sexual orientation just because others behave differently in my community while I do otherwise.

In addition, I live in a country where being gay is a crime that can end you up in jail this scares me more.

As I grew up, I have faced different forms of violence and discrimination from family and friends, school and in public places, where it is illegal to BE YOU and criminal to LOVE WHO YOU WANT, which has affected me emotionally and psychologically.

At the age of 18 years, I came out to my family. Coming out to my family ended up dis-owning, and all the benefits I was entitled to be cut down.

Sincerely Yours

Emmanuel Mensah Jacobs
Ghana, Africa
30th May 2019



Global Dialogue Series

Trading the Slippery Ground: Blurring lines of Gender Identities in Devdutt Pattanaik's 'The Pregnant King'

Prashant P. Dharmadhikari

K.G. Joshi and N.G. Bedekar College, Mumbai, INDIA

Abstract

Post-millennial Indian English fiction witnessed a marked rise in the novels inspired by Indian mythology. A sudden spurt of mythological fiction underlines the changing trends in the themes, structures and genres of fiction in Indian literature. Writers like Amish Tripathi, Devdutt Pattanaik, Anand Neelkantan, Ashwin Sanghi, Rajiv Menon, Krishna Udayshankar, Sharath Komarraju, Kavita Kane and few more have attracted the attention of readers especially, the younger generation. The majority of writers mentioned above have tried to liberate marginalised voices suppressed by a dominant discourse which tried to subjugate LGBTQ communities.

The present paper scrutinises Devdutt Pattanaik's novel, 'The Pregnant King' (2008) in light of the 'power dynamics'. It also studies the gender-based discrimination and possible reasons behind it.

Keywords: Myth, Gender, LGBTQ, Dharma, Mahabharata

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Introduction

The Indian English novel is a well-established genre in the world literature now. The success of Indian authors in the global literary scenario is the real testimony of the literary merit they inherit from rich Indian tradition which gave birth to the Vedas, the Upanishads and

some of the literary masterpieces of the world. The 'Indian-ness' in this writing showcases the distinctive spirit of Indian ethos. Aeschylus had aptly remarked that his plays were slices from Homer's banquet. It can be said that a large part of Indian literature is slices of the Indian mythological stories latent

in the collective subconscious of the readers and the writers. The Indian myths are ever present in contemporary Indian consciousness.

At the turn of the millennium, the trends in Indian English writing have also changed. The writers have experimented with a variety of subjects to exploit their creative genius. The writings after 2000 are termed as Post-millennial literature. The novel selected for the present study is a part of Post-millennial fiction, which is gaining popularity and reception of the contemporary reading public.

In an article “Myth and the Indian Writer in English”, noted scholar and critic P. Lal laments the lack of use of myths in the writings of Indian English literature. He recommends that Indian writer in English should not 'commit pen to paper until he has spent ten years of his adult life carefully pondering the Indian classics, learning the Indian tradition, and observing the Indian myth' (Naik, 18). P. Lal is of the view that unless the Indian mythology is not absorbed by the writer, he or she cannot be a good writer. He also laments that the word 'myth' is always related to a pagan world view. According to P. Lal, 'myth holds communities and races more strongly than language, territory, and government; myth provides insights into the mysteries of life and death with a poetic richness that has startling truth and immediacy. There is no secular substitute to myth (Naik, 15)

Devdutt Pattanaik is a leading

mythologist and popular columnist of present times. He has written extensively on the application of myths in contemporary life. His popularity rests on the modern retellings of the Ramayana and the Mahabharata. His only novel 'The Pregnant King' (2008) is an essential instance of the application of gender theory to Indian mythology. The novel tells the story of King Yuvanasha, ruler of Vallabhi. He mistakenly drinks a potion prepared by Sage Yaja and Upayaja. The drink was made to make King Yuvanashva's wife pregnant. But, the King mistakenly drinks it and becomes pregnant. The story is an interesting study of blurring lines of gender identities. The novel throws light on the LGBTQ communities by juxtaposing the mythical queer characters like Shikhandi, Brihannada, King Illeshwara, and so on. The relevance of the present novel grows multi-fold when the Supreme Court of India decriminalized LGBTQ relations by rejecting Article 377 of the Indian Constitution recently.

Devdutt Pattanaik has become successful in bringing to the fore the power of myth in the fields like Management, Corporate and overall national discourse. He gave currency to the word 'myth' so much so that the foreign educated corporate and policymakers are showing interest in Indian mythology. The jargon-spewing corporate intelligentsia is reading Pattanaik's Business Sutras. The argument given by Devdutt Pattanaik runs thus- if you want to

market or manage the specific community, try to understand their mythology. Through mythology, one gets to know the culture, thinking patterns, customs and value system. This approach is unique to the Indian Management, Corporate and Business scenario.

In the preface of the book *Shikhandi and other Tales, They Don't Tell You* (2014) Devdutt Pattanaik observes, 'When two adult men hold their hands in public in the US, they are deemed gay, not so in India. Cultural filters are essential to understand queerness. Also, we need an increased awareness that these filters can sometimes choke voices'.

The novel is an interesting tour de force of unravelling the zones of epistemological perceptions specific to different genders. The problems of LGBTQ communities in the period of the Mahabharata are studied in the light of modern sensibilities of our times. The idea of Dharma, which is taken in the Indian context as 'duty' is extensively studied in the light of Devdutt Pattanaik's novel. A utopian world view of an imagined society is envisioned in the novel where there will be no discrimination based on gender. The galaxy of characters like King Yuvanashva, Shilavati, Keshini, Shikhandi, Illa and a few more have been studied in the light of marginalisation. This paper attempts to redefine the slippery nature of 'gender identities' which are difficult to classify into binaries of 'man', 'women' and 'other'.

The *Pregnant King* opens with the locale of Vallabhi, a small but prosperous kingdom between Hastinapura and Panchala on the banks of river Kalindi. There is a temple of Illeshwara which was established by King Ilalong ego. The temple is known for blessing the childless parents to have children. Vallabhi is ruled by Pruthalashva. When Drupada, King of Panchala, comes to visit Illeshvar temple, Pruthalashva welcomes him and makes the arrangements of Drupad's and his wife Soudamini's visit to the temple. Draupad has killed six sons because they were no match for Drona's students, i.e. Pandava. Drupada has great enmity with Drona, and he wants to father a child who will kill Drona. He wants to receive blessings of Illeshwara for the son. Lord Illeshwara blesses Drupada with a girl Shikhandi. Drupada declares the birth of a son in desperation. No one says that it was a girl out of fear of King, and the girl is brought up as a male child. This thread of the story gets united at the end of the novel when Mandhata marries Shikhandi's girl Amba. Devdutt Pattanaik weaves several stories which have the birth of queer or transgendered characters in the novel. The opening episode of the novel depicts the birth of Shikhandi, who is born as a girl but bought up as a boy.

In Indian culture, it has been an accepted practice of performing Yagna, Sacrifice to fulfil one's wishes. In the Ramayana and the Mahabharata, there were umpteen instances of this kind. The birth of

Lord Ram and his siblings have been an output of certain Yagna called 'Putrakameshti'. A well trained and expert priest is essential and advised to perform the elaboraterituals of Yagna. Yuvanashva invites Yaja and Upayaja for this job. They come to Vallabhi and take charge of the Yagna. They use their magical and scriptural powers to invoke the gods to their help. They have been summoned to Vallabhi to perform Yagna so that the queens of Yuvanashva would produce an heir to the kingdom.

Yuvanashva announces that he would donate cows to Brahmins to earn merit so that he can father a child. This news spreads in the neighbouring states. Brahmin couples came across Ila-vrita in hordes to receive cows. Somvat and Sumedha come to Ilavrita in disguise as husband and wife. Somvat comes as Somavati. It has been pointed out by Pulomi in the cow offering ceremony. The couple has been arrested for this gross mistake and is confined in the dungeons. There comes a Yaksha called Sthunakarna, who has a strange offer. Sthunakarna says 'I am Sthunakarna. A Yaksha; Maker of riddles; Guardian of treasures; Follower of Kubera; Resident of Alaka-puri; I can go wherever I please- through walls, into dreams. Rules of Manavas do not apply to me. It was I who made Shikhandi a man and a husband. I can make you a woman and a wife'. (The Pregnant King:127)

Yaksha narrates the story of

Shikhandi to Somvat and Sumedha. Shikhandi is born a female child, but her father Drupada brought her up as a boy. Shikhandi marries Hiranyavarni, Princess of Dasharn. On the first wedding day, she comes to know the secret of Shikhandi's being women. Feeling cheated, she returns to her father. Her father is angry with Drupada and wages war against him.

Meanwhile, Shikhandi feels very humiliated and tries to commit suicide to escape further humiliation. Sthunakarna comes to the rescue of Shikhandi and offers manhood to him. Shikhandi comes back and proves his manhood.

Through this story, Devdutt Pattanaik changes the perspective with the changing gender roles. He portrays the mental turmoil and oppression that comes with the changed gender. Pattanaik is also interested in the possibility of the existence of transgendered like Shikhandi in ancient society. He weaves a fabric of queer stores together to make a collage of transgendered, LGBTQ communities to hear their marginalised voices.

In the book *Shikhandi and other Tales, They Don't Tell You* (2014) Devdutt Pattanaik says that: Hindu mythology makes constant references to queerness, the idea that questions of maleness and femaleness. There are stories of men, who become women, and women who become men, and women who create children without

men, and of creatures who are neither this, nor that, but a little bit of both. There are many words in Sanskrit, Prakrit and Tamil such as Kliba, Napumsaka, Mukhabhaga, Sanda, Panda, Pandaka, Pedi that suggest a long familiarity with queer thought and behaviour. It is common to either deny the existence of such fluidity in our stories, or simply locate them in the realm of supernatural or point to law books that, besides endorsing patriarchy and casteism, also frown upon queer behaviour. The stories are repeatedly told and shown. Gentle attempts, perhaps, of wise sages to open up stubborn finite minds and lead them towards infinity.

Devdutt Pattanaik (2014) says that Queer people is an umbrella term for gays, lesbians, bisexuals, transgendered and intersexed people, cross-dressers, hijras etc. who did not fit into the rigid definitions of male and female, come out in parades refusing to conform and stay invisible for the benefits of others. The world changed forever. It is the world we now live in.

The episode of burning pyres of Somvat and Sumedha has far-reaching implications on the storyline of the novel. The subplots of Drupada's visit to Ileshwara temple, Shikhandi, Somavati, Sudymna, Nara and Narayana are significant to denote the queer and transgendered identities. It is the starting point of the transformation of Yuvanashva into a pregnant king. The ghosts of Sumedha and Sumati play a pivotal role in giving the

magic potion to King when his throat is parching with thirst. The spirits direct the king to drink the potion. Yuvanashva sees the earthenware with elaborate geometrical patterns around its neck. He picks it up and drinks it. The potion has started showing effects on Yuvanashva's body. The king becomes pregnant. It is a crucial moment in the novel. It can be inferred that it is the curse of Somavati and Sumedha behind Yuvanashva's transformation as a pregnant king. This controversial pregnancy raises eyebrows of Shilavati when Asanga tells her that Yuvanashva must have accidentally drunk the magic potion produced by Yaja and Upyaja to make the queens pregnant. Shilavati is astonished and rushed to Yuvanashva's chamber.

The power structure comes in to play when Shilavati tries to kill or cut the lump in Yuvanashva's abdomen. Asanga makes her understand the fact that she cannot kill the grandchild. Sheelavati raises some questions:

'If it is a child, as you say it is, then what will Yuvanashva be after he gives birth to it, that is if he survives childbirth? A woman? A half-woman? What? Who will accept such a man as the king? It will be the end of his kingship. And that child, a man born of a man. Everybody will consider it a monster. Nobody will accept him as a king. If this child survives, I will have a son and a grandson, but Vallabhi will have no king. I cannot

let that happen. Kill that thing in my son's thigh. Do it, Asanaga or I will do it myself.'(The Pregnant King:195)

Shilavati is worried about what people would say. Her son would be a butt of jokes across the country. He could not make any woman pregnant, so he got himself pregnant.

In his essay 'The Order of Discourse', Foucault talks about how the discourse is regulated by power structures. He opines, 'in every society the production of discourses at once controlled, selected, organised and redistributed by a certain number of procedures whose role is to ward off its powers and dangers, to gain mastery over its chance events, to evade its ponderous, formidable materiality (Foucault 1999:52)

The royal codes and conducts are fixed. The King cannot be pregnant. But in this unusual and strange case if King is pregnant, then the problem of public perception is important. Shilavati represents power structures. King's pregnancy changes the dynamics of power structures in the kingdom. His pregnancy ends his right of ruling the kingdom. The change of gender can invalidate Yuvanshava's birth right to rule the kingdom as he becomes a woman.

In the book *Shikhandi and other Tales, They Don't Tell You* (2014) Devdutt Pattanaik laments that there are no significant retellings of

the epics told from the perspectives of trans-gender characters such as Shikhandi.

Shikhandini, who became Shikhandi, is what modern queer vocabulary would call a female-to-maletranssexual, as per body goes through a very specific change genitally. But retellers avoid details and end to portray him/her either as a eunuch (castrated male), a male-to-female transsexual (a man who rejects his male biology), a male-to-female transgender (a man who wears women's clothes as he feels like a woman), an intersexed hermaphrodite, or simply a man who was a woman (Amba) in his past life. It reveals a patriarchal bias even in the queer space.

No author has yet explored the relationship of Draupadi, the complete woman, and Dhristadhyumna, the complete man, with Shikhandi, who is neither a complete woman nor a complete man. Who will inherit Drupada's throne? The elder Shikhandi or, the younger Dhristadhyumna? And what about Shikhandi's relationship with his wife? How does it feel to know that your husband was a woman on the wedding night and then is a man in the following nights, sporting someone else's genitalia?

Foucault's discussion of external exclusion is very relevant in the study of marginalisation. In his article 'The Order of Discourse' Foucault demonstrates the procedures of exclusions in a

discourse. The procedures he suggests, consist of three external exclusions, and they are taboo; the distinction between the mad and the sane; and the distinction between true and false.

Taboo is a form of prohibition since it makes it difficult to speak about certain subjects such as sexuality and death and constrains the way that we talk about these subjects. The second external exclusion is the distinction between the speech of the mad and the sane, as Foucault has shown in his book *Madness and Civilisation* (1976) since the speech of those people who have been considered to be insane is not attended to. It is treated as if it did not exist. [...] In this sense, only the statements of those considered sane are attended to. The division between true and false is the third exclusionary practice described by Foucault; those in positions of authority who are seen to be 'experts' are those who can speak the truth. Those who make statements which are not in positions of power will be considered not to be speaking the truth. The notion of the truth must not be taken as self-evident; he shows in his work how truth is something which is supported materially by a whole range of practices and institutions: universities, government departments, publishing houses, scientific bodies and so on. All these institutions work to exclude statements which they characterise as false, and they keep in circulation those statements which they characterise as false, and they keep in circulation those

statements which they characterise as true. (Mills, 57-58)

The above statement is relevant to analyse the exclusion of Yuvanashva based on his gender identity. His pregnancy is seen as an 'illness'. He is denied his right to rule unless he fathers a child. The discourse which has been manipulated by Shilavati is the testimony of Yuvanashva's marginalisation. The people who control the discourse are considered as speaking truth. The discourse declares Yuvanshava as insane. His opinions are not taken into consideration.

The present study is extremely relevant when the Supreme Court of India has given a verdict by decriminalising same-sex marriages on 6th September 2018, on Article 377 of the Indian constitution, which criminalised same-sex relations. The court has underlined the supremacy of 'constitutional morality' over 'societal marginality'. Justice Malhotra, one of the judges of the Bench who has given this historic verdict says, "History owes an apology to the members of this (LGBTQ) community and their families for the delay in providing redressal for the ignominy and ostracism that they have suffered through centuries. (Indian Express 2018: Online). The above verdict is considered as the major victory of LGBTQ rights in the country. This chapter throws light on the mythological characters such as Yuvanashva, Shikhandi, Brihannala, Illeshwara etc. which are marginalised based on their gender identities.

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Erik Lamontagne is Senior Economist at UNAIDS. He is specialised in three topics: i) Cost-benefit analysis of the AIDS response; ii) The economics of discrimination; and iii) Economic analysis of integration of HIV and other health-related activities. Prior joining UNAIDS, Erik worked as economic advisor for ministries of Health in several low- and middle-income countries. He started his career working with non-governmental organisations such as Première Urgence and Handicap International.

Simaran Shaikh, a Trans woman, has dedicated her professional life to human rights advocacy. She has been a pioneer in India in raising the issues of people living with HIV (PLHIV) in the context of transgender communities. She is a strong advocate for Right to Health for all. She is an Experienced Program Officer with a demonstrated history of working in the non-profit organization management industry, including Indian HIV/AIDS Alliance. She is Skilled in managing Non-profit Organizations, Capacity Building, International Development, Program Development, and Community Development. Simran has developed the capacity of LGBT community-based organizations (CBOs) and networks that work for human rights of gender minorities. She has been a consultant

to national and international organizations on issues of gender and sexual minorities and intends to continue her work on health & human rights for the most marginalized communities in future. She is also the ex- UNAIDS PCB Member from Asia Pacific region (2015-2016). A graduate from Mumbai University currently pursuing her PhD in Trans Physiology. She is currently working with India HIV AIDS Alliance as a senior Program officer in Sexuality Gender and Rights team. She is also the co-founder of RWS – India's diverse chamber to foster Entrepreneurs among LGBTQIA.

Usha Kiran is an Emerging Scholar engaged with mental health issues, well being, social injustice, gender discrimination, mental disorder, caste discrimination and aims to nurture Peace and Harmony. She received training in the areas of such as Clinical psychology, Clinical Neuropsychology, Psychological Assessment, Counselling and Psychotherapy, social psychology. However, she is passionate in the area of mental disorders e.g. Depression, Suicide, social issues like Gender discrimination, and Social justice. She has a B.A Psychology Hons from Patna Women's college and a Master's in Clinical Psychology from Central University of South Bihar. An excellent MA Thesis, entitled "Depression and Suicidal Ideation among Higher Secondary School Students Patna, India" exemplifies her interest in Mental Health.

How to cite the articles

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1. Invited Expert Commentary

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