

## Some Thoughts on Sexualities and Research in India

Sir,

I have read your editorial *Some Thoughts on Sexualities Research in India* with much interest. I heartily welcome your suggestion to focus on sexuality studies in Indian Psychiatry. Recent works (Foucault 1978, 1985 & 1986; Davidson 2001) have convincingly argued that sexuality is a construction and some have critically doubted the biological basis of sex (Harrison & Hood-williams 2002). So, in relation to your proposal, I would like to add that, sexuality studies in Indian Psychiatry from the very beginning needs to be interdisciplinary, involving human sciences to overcome the bias of scientific determinism. To exemplify, I am sharing some of my ideas gathered from my past research, which focus on the issue of homosexuality and the psychiatric community in India.

While working through the history of modern medicine in India one can hardly avoid noticing that our self-definitions of being modern are always characterized with a *lack*. Whenever we have tried to describe our modern medical practices, the narrative always mapped our distance with the 'advanced' and 'developed'. So it is not much surprising that, when the American Psychiatric Association (hereafter

APA) deleted homosexuality from the category of mental disorders in 1973, nothing happened here! Perhaps, the psychiatrists assumed it to be another of the 'advances' waiting to be adopted later and felt safe to keep quiet. When the psychiatric community was debating around the issue globally, we did not show any involvement! It is not that nothing was being written on homosexuality since the inception of Indian Psychiatric Society (hereafter IPS) in 1947. But I could not find any article or editorial, even after the historic decision of APA in 1973, which has questioned the validity of homosexual orientation as a disease category or raised a debate on the issue. Somehow, we have allowed the disease concept to exist in our psychiatric culture.

In 1994-95 when I was working with the emerging male homosexual and bisexual support groups in a research project, I realised that let alone *homosexuality*, there is no discussion on sexuality and gender in the post-graduate training programmes offered in our country. While presenting my research in the ANCIPS 1996 (Base 1999), I also discovered that besides students, their teachers and practicing psychiatrists were interpreting 'sex' and 'gender' synonymously! May be, few people in the audience knew about the APA decision, but all kept quiet about how should

IPS as a professional body respond to the issue. Though it was the time when HIV/AIDS prevention programmes were coming up and psychiatrists have started working with men who have sex with men, they were not concerned about the scholarly critique of psychiatry raised by the gay groups in India and had hardly any question on why a colonial and criminalising law like IPS 377 has to exist today? I also shared in my presentation that reports of ECT for 'curing' homosexuality were available in contemporary India!

Quite obviously I asked myself that, is this silence has its roots in ignorance or is it associated deeply with cultural and political factors of psychiatry? Now I think, it is both. Somehow we have accepted the division between 'advanced/non-advanced' in our practices of knowledge and constantly running for a 'progress'. So instead of utilizing our critical faculty, we are happily bypassing the debate saying 'you know actually American society is advanced.' So it has hardly made us think why homosexuality was being deleted from the nosology of mental illness, and in what context? We seem to be not at all bothered about why a colonial law like IPC 377 is not deleted and what relationship it has with psychiatry? We seem to be the docile inheritors of colonial science!

Our tendencies to categorize various marginalised communities and protesting groups outside the mainstream as non-normal or deviant is rooted in our belief that, our psychiatric practices are something neutral and apolitical. That is why I could hardly discover any intellectual engagement with the influential anti-psychiatry movement in India, except a few articles that questioned the concept of mental health but could not become a part of our knowledge practices. I think it is good to have a realisation that we are as a community political, and we need to understand that, what are our different positions in relation to the modern nation-state and governance.

There is no doubt that the issue of homosexuality and its politics is a complex one. When we have started to see homosexuality not as a psychiatric disorder, still our idea of normal is centered in heterosexuality. The discourse of science of sexuality is constituted around this. The differentiated, hierarchised and complex discourses of sexualities are continuously reduced into 'sexual behaviours' and stereotypes. And once we start considering the patriarchal attitudes and male dominance in our psychiatric society, things appear more problematic. Recently, two books by Bhargavi Davar (1999 & 2001) have brilliantly explored the patriarchal psychiatry in practice and raised crucial political questions from a feminist position. I am in much agreement with her, which are also based on empirical

data.

However, the current situation is such that how can psychiatrists come out of this contradiction of continuing "treatment/therapy" for, and at the same time not calling a disorder, homosexuality? Who is going to raise this debate in our psychiatric society? In USA, it was initiated by famous psychiatrist Robert Spitzer and his homosexual colleagues in the APA, and achieved success (Rosario, 1997). In the discipline of life sciences, well known geneticist and gay activist Richard Pillard has raised the contemporary controversy on 'gay gene' issues (Pillard & Weinrich, 1986 and Pillard, 1997) Not only about sexual politics, psychiatrists are also raising critical issues related to race and ethnicity and Fanon is being re-discovered (Gordon, Sharpley-Whitting & White, 1996).

But here we seem to remain silent on such crucial issues. Whatever the disaster, mental health offers is no more than a post-facto mass psychosocial programme. Hardly any serious analytical efforts are seen and we are less interested to express our observations and hypotheses on such important issues. We suffer from a denial to discuss those issues of our knowledge practices, which are deeply embedded in our morals and attitudes. May be that is why we sometimes overhear some cynics commenting on the transformation of our annual conferences into a festival of pharmaceutical industries and doctors.

The homosexual and bisexual communities in our psychiatric society have preferred to remain silent, I speculate, because of the prevailing homophobia. Could we really take any initiative so that their voices are heard and heard with all its exasperation? There is a published report of humiliation of a gay doctor in Mumbai (Bombay Dost, 1990). When the various professional communities in the country engaged themselves in the "Fire" & "Girlfriend" debate, I could not notice any serious discussion on the issue of lesbianism in India by the psychiatrists. Recently, we hear some discussion on the issue of sexual harassment and gender, which I think is the result of a dialogue between feminism and psychiatry. Still the issue of lesbianism remains a far-fetched one! But this move toward biopolitics opens up possibility of bringing the issue of homosexual, bisexual, transgender and other sexual identities in our psychiatric domain. Unless this move opens up organised articulation within the psychiatric community by the non-heterosexual members, I doubt whether external intervention like TV shows, newspaper articles and HIV/AIDS workshops will bring any visible change in our professional community. For that, I rely on the younger generation of lesbian, gay, bisexual and transgender psychiatrists who would open up this radical

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discourse of sexual politics as a part of our epistemic practices.

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*Ed. : The letter is very pertinent, self explanatory and needs attention. We welcome further interaction on the above and related topics.*