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ORIGINAL ARTICLE

‘Identified as gay’—Making up queer communities and sexual selves in Mumbai

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Abstract Queer persons’ narratives tend to be silenced, ignored or overheard in clinical everyday life and medical education. This article takes the narrative and story of Ajay, a psychiatric in-patient, as a pathway into learning about Mumbai’s queer landscape and about how local identity categories are socially constructed. Ajay seems to embody a contradictory sexual orientation and gender identity from a Western psychological perspective: He loves to ‘have gay sex’ but also ‘feels female’ and adopted a feminine habitus and female roles in certain social contexts. Because of the latter, he was diagnosed with ‘Gender Identity Disorder’ by the ward psychiatrist. Psychiatric diagnosis contributes to sickness identity, individual and collective, and at the same time it fuels identities that move and rebel against biomedical categories. The article takes up Ian Hackings’ concept of ‘making up people’, which depicts how the humanities create new classifications and knowledge, how people embody and perform these categories as social meanings and thereby manage issues of a vulnerable self and identity. By diverse examples from South Asia and beyond the author illustrates that ‘gender’ and ‘sexuality’ are not self-evident experiences but rather socio-cultural tools that extract certain information and feelings from the everyday stream of life before the purposes of making meaning about, and representing, ourselves and others.

Keywords Medical anthropology · Identity politics · Knowledge production · Gender · Scientia Sexualis · Medical intervention

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„Als schwul identifiziert" – Die Erschaffung queerer Communities und des sexuellen Selbsts in Mumbai

Zusammenfassung Die Narrative von queeren Personen werden in klinischen Settings und der medizinischen Ausbildung tendenziell zum Schweigen gebracht, ignoriert oder überhört. Dieser Artikel nimmt das Narrativ und die Geschichte von Ajay, einem psychiatrisch-stationärem Patienten, als Startpunkt, um über Mumbais queere Landschaft zu lernen und die Konstruktion lokaler Identitätskategorien zu verstehen. Ajay scheint aus der westlich-psychologischen Perspektive eine sich widersprechende sexuelle Orientierung und Genderidentität zu verkörpern. Er liebt es „schwulen Sex" zu haben, „fühlt sich weiblich", hat einen femininen Habitus und übernimmt weibliche Rollen in bestimmten sozialen Kontexten. Auf Grund von Letzterem diagnostizierte ihm die Stationspsychiaterin eine „Geschlechtsidentitätsstörung". Psychiatrische Diagnosen konstituieren individuelle und kollektive Krankheitsidentitäten, und zur gleichen Zeit stellen sie für Identitäten, die gegen biomedizinische Kategorien rebellieren und diese kritisieren einen Ausgangspunkt dar. Der Artikel bedient sich des Konzepts „Making Up People" von Ian Hacking, welches beschreibt wie die Humanwissenschaften Wissen und neue Klassifikationen kreieren, wie Menschen diese Kategorien und sozialen Bedeutungen verkörpern und performen und somit Herausforderungen in Bezug auf ein vulnerables Selbst und Identität meistern. Mittels unterschiedlicher Beispiele aus Südasien und darüber hinaus illustriert die Autor:in, dass „Gender" und „Sexualität" keine selbstverständlichen Erfahrungskategorien sind, sondern eher sozio-kulturelle Werkzeuge darstellen, welche bestimmte Informationen und Empfindungen aus dem Strom alltäglichen Erlebens extrahieren. Diese Eigenschaften stehen noch vor der Funktion uns oder andere auf eine bestimmte Art und Weise zu repräsentieren oder eine Bedeutung zu verleihen.

Schlüsselwörter Medizinanthropologie · Identitätspolitik · Wissensproduktion · Gender · Scientia Sexualis · Medizinische Intervention

At the beginning of the 2010s I carried out anthropological fieldwork in a huge governmental hospital that treated around 1300 in-patients. The research setting was located in North Mumbai of the state Maharashtra, India. Together with my co-researcher Dhaval I met Ajay Raj[1], a self-identified gay, HIV-positive-tested male with a feminine gender expression and identity, in one of the 'admission wards' in the male section. In partly English and partly Hindi Ajay told us that he was not treated well by the ward boys because they knew about him having 'gay sex'. He shared with us that he worked with an NGO that distributes condoms in restrooms and that he was brought to the hospital because he suffered from 'depression'. Not long into our conversation I recognized Ajay's effeminate body movements. As if Ajay had read my thoughts, he insisted that he was "not a hijra", the so called 'third gender' in India. Saying this, though, his body movements inseparably resembled those of

[1] This Name is a synonym.

a *hijra* and I almost could see him wearing a *sari*[2]. Later during the conversation Ajay told us that he lived and worked for some time with the *hijra* community as a sex worker. Ajay seemed to embody a contradictory sexual orientation and gender identity from a Western psychological perspective: He loved to 'have gay sex' but also 'felt female' and adopted a female habitus and female roles in certain social contexts. Because of the latter the psychiatrist diagnosed him with 'Gender Identity Disorder'.

Biomedicine and psychiatry can discursively create and make up new categories in certain socio-cultural contexts to distinguish and demarcate diseases, disorders and minoritized groups in order to be able to treat their patients accordingly (Strand 2011; Blaxter 1978, p. 11). Diagnosis contributes to sickness identity, individual and collective, and at the same time it fuels identities that move and rebel against biomedical categories (Goldstein Jutel 2011, p. 29). The ways in which the social, medical and biological sciences create new classifications and knowledge and thus 'make up people' is scrutinized by Ian Hacking (1986). With diverse examples for social categories and 'kinds of people,' among them 'the homosexuals', Hacking (2004) bridged Michel Foucault's discursive and abstract methodological approach of the 'archaeology of knowledge' and Goffman's interpersonal sociology, which is concerned with how people impersonate and perform social meanings and manage issues of the vulnerable self and identity.

Diagnostic classification played a pivotal role in defining psychiatry's position relative to other medical specialities and in carving out dominant paradigms that shaped its clinical practice (cf. Gaines 1992). Psychiatric categorization of queer behaviour shaped global and Indian public health discourses and institutional practices of care. In the course of my research and interaction with Indian academics, queer activists, psychiatrists and psychological counselors I was told repeatedly that so-called 'psychiatric conversion treatments' are common—so changing, or at least suppressing sexual orientations that are perceived as 'inappropriate' (Ranade 2009). These psychiatric practices are embedded in a socio-cultural context that sees heterosexual marriage and founding a family as something every individual should achieve in their life. Leaving the traditional life course might be acceptable, if one becomes either a *sadhu* (holy ascetic living man), decides to live with the *hijra* community or becomes part of the evolving, cosmopolitan gay movement that is carried by internationally operating NGOs. The relationship between psychiatry and queer communities is an interdependent but ambivalent one worldwide. Intersexed and genderqueer bodies are visible in medical institutions and discourses merely as research objects in need of treatment and prone to be discriminated against or 'corrected' rather than cared for (cf. Lang 2006; Meer and Müller 2017). Queer persons' narratives tend to be silenced, ignored or overheard in the clinical everyday life and medical education hegemony (Giffort and Underman 2016; Robertson 2017). In contrast, I took Ajay's narrative and story as a pathway into learning about Mumbai's

[2] A typically female dress, also traditionally worn by *hijras*. It is a long piece of cloth wrapped in a particular way around the body, which provokes a certain way of swaying movement while walking with it.

queer landscape and about how local identity categories are socially constructed and embodied.

1 Becoming queer in Mumbai

According to his file, Ajay was admitted because he had repeatedly brought home men to have sex with, and people of the neighbourhood did not approve of his behaviour. At that time he was 32 years old. When we encountered Ajay, his paternal uncle was his only caretaker. Ajay felt alienated from and not accepted by others, and he had a tendency to take actions or attitudes of people towards him very personally. Hence, he seemed appreciating all kinds of attention he could get. When Dhaval and I asked him if he would like to be interviewed by us, his face brightened up.

During our conversation, Ajay repeatedly described how people came to know about or 'recognized' (पहचान हो गे) him being 'gay'. He rarely used the term 'gay' to describe as what he identified, but rather to describe how he was seen and named by others. He used the English term 'gay' throughout our conversation.[3] He described how he was 'identified' as being gay by social workers from 'The Hamsafar Trust'—an organization founded by the activist Ashok Row Kavi in 1994, which was initiated to work on gay sexualities and sexual health in India. The local bus depot, where Ajay encountered other 'gay people' and also social workers, is a famous cruising place in the locality. Here, men encounter men to engage in 'pleasure' or having 'masti' (lit. 'fun') with each other (Khan 2001, p. 102). Public places—most commonly gardens, parks or public toilets—are particularly frequented by urban non-middle class men who cannot afford private space such as owning a spacious flat or renting a hotel room, to engage in same-sex-sexual encounters (cf. Gupta 2005). Ajay described certain non-verbal processes of reading, being read and recognized by NGO activists and the interpersonal construction of space that he experienced as protecting and comforting, just as a 'mother's lap'. In cultural contexts like India—where society provides much space for homosociality on the one hand, but open homosexual encounters and relationships are tabooed and not tolerated on the other—men who seek sexual encounters with men in public depend on non-verbal and ambivalent codes of communication. These are supposed to be perceived by some but not noticed by others: "As such the male-to-male body is constructed symbolically so that it may be read (or sometimes misread) through connections achieved in public" (Boyce 2007b, p. 404). When Ajay came to the public toilet for the first time, he was not aware that 'gay people' used to meet in this place. Nevertheless, because of his body movements and feminine habitus, he was recognized as belonging 'to the line' (ibid.: 408) or as Ajay expressed it, to 'the community'.

[3] The only exception was when we discussed with him the attitude of Hindu religious leaders towards same-sex behaviour. At this point he used the Hindi term *samlingī* (समलिंगी).

Ajay used 'gay' as an umbrella term comprehending three different communities:

A.: Of us there are three, isn't it. One is 'kothi'. It's called 'kothi'. There is the 'Goda Trust', 'Udaan Trust' and a trust for *transgender* is there, it's of Lakshmi Narayan Tripathi and another trust is of *gay* people, of Ashok Row [Kavi].

'Kothi' is an identity category that came up during the 1990s and denotes effeminate men, mostly from the working or lower middle classes and who are said to prefer the receptive role when having sex with their often rather masculine and heterosexual identified partners referred to as 'panthi'. Ajay refers to certain 'trusts' within 'The Hamsafar Trust'. These are certain outreach initiatives that evolved during the recent decades and are associated with the names of those who set them up. Lakshmi Narayan Tripathi, born in 1979 in Thane to a Brahmin family, came to know about Ashok Row Kavi's activism during the early 1990s. At that time Row Kavi was the only 'homosexual' who was known in Mumbai (cf. http://www.projectbolo.com/). Then, in the mid-1990s, queer spaces exploded. The 'Hamsafar Friday Meetings' started a welcome space where gay men gathered every week and talked about 'being gay'. There were similar developments in other big metropolitan cities in India such as Bangalore, Delhi and Kolkata and these meetings were almost exclusively frequented by urban, middle-class, gay- and bisexual-identified men. During these stages, the outreach to people from the lower middle- and working-classes as well as to lesbians, *hijras*, or other effeminate communities like *kothis* was low (Gupta 2005, p. 127). In this context, 'Udaan'—meaning: 'a flight' (in the hope of liberty)—was co-founded by 'kothi'-identified queer activist Goda Bai as a support and advocacy group for MSM ('Men having Sex with Men')-identified men from the lower middle- and working-class backgrounds in 1992. Only some years later, Lakshmi Narayan Tripathi joined the local *hijra* community and finally became a public figure and activist concerning transgender rights.

The integration of the lower middle and working class and *kothis* and *hijras* into queer organisations happened majorly in the context of outreach work on HIV (cf. Gupta 2005, p. 127). *Hijras* and *kothis* were employed in large numbers by MSM-focused organisations all over the country as 'peer-educators' and 'outreach workers'. In this context Ajay also received a job with a small monthly payment at 'The Hamsafar Trust'. With these developments *kothis* and *hijras* became more and more integrated in the organizational structures, claimed more and more distinct spaces for meetings and support groups, and demanded independent recognition as sexual minorities and partners in the queer movement.

2 Making up queer people

According to the social anthropologist Lawrence Cohen (2005), the emergence and 'making up' of Indian queer sexuality labels happened mainly in the context of two "competing networks of identification" (ibid.: 270), each headed by a charismatic activist—Ashok Row Kavi ('The Hamsafar Trust') and Shivananda Khan, the prominent organizer of Naz foundation international (NFI), respectively. At an international AIDS conference in Berlin, Khan met the social anthropologist Sunil Menon

who reported about a 'kothi-panthi-binarism' that had emerged from mapping MSM spaces in Madras (cf. Asthana and Oostvogels 2001). The *kothi* concept became the basis for an extensive series of interventions in Chennai and also finally elsewhere, "an accepted and recognizable feature of 'Indian culture' cited by knowledgeable experts" (Cohen 2005, p. 284). The network around Shivananda Khan understood the 'kothi-panthi model' as the dominant non-elite form of South Asian male desire for another male and framed this as embodying 'gendered' as opposed to 'sexual' norms. 'Gay' men within this model were seen as an elite minority not rooted in local communities and with different needs when targeted by AIDS interventions.

Ashok Row Kavi framed the British-born Khan and the foreign NGO as the 'elite other', whose 'globalized' approach imagines a universal analytical distinction between sexuality and gender and discovers 'authentic' Indian culture. Row Kavi promoted a rather national and, to a certain extent, Hindu homoeroticism that he understood to be rooted in Indian history and culture. From Row Kavi's perspective, to make all Indian men who desire men 'gay' means to put them into a position of power, whereas the glorification of the 'kothi'-identity just reifies their class position. Row Kavi (2007, p. 392) criticised the fact that Asian programmes in sexual health mostly conform to an 'anthropological-cultural model' that tried to identify local and indigenous categories as target groups. He scrutinized the definition of 'kothis' as being effeminate men who are penetrated and claimed that 'kothis' also penetrate other men. During the last two decades he had observed how 'kothi'—and, to a lesser extent, also 'hijra'-identities were "constantly reinvented and constructed" (ibid.: 395) and kothis became the most visible and most empowered MSM population in Mumbai. Row Kavi understands these dynamics as part of the "various strategies to retain minority space using public health initiatives". Surveillance reports showed, however, that "[t]he two highest prevalence subgroups [of HIV infections] in the MSM sector were post-operative transgendered males (*nirvan* hijras) and non-kothi married MSM called *panthis* by the *kothis*" (ibid.: 397).

In her ethnography, Reddy (2005b) portrays hijras in Hyderabad as one of several 'kothi'-identities. She describes interaction and dual membership across these subgroups as well as a separation that was upheld by a hierarchy based on the evaluation of authenticity, as well as socioeconomic and class differences (ibid.: 53). As Reddy observed during her fieldwork, *kada-catla* (non-sari-wearing) *kotihs* often joined *kandra* (prostituting) *hijras* for sex work. Although traditionally hijras are perceived as impotent and asexual beings, the *kada-catla kothis* were said to join the kothi family for the pleasure of 'homo-sex'. When *hijras* were included into the 'MSM'-category as targets of sexual health interventions for the first time in history they were perceived as sexual rather than asexual figures (Reddy 2005a: 262). Additionally, Reddy observed that anxieties about the sexually visible body and signs of (homo)sexual stigma that were initially attached to 'Western' gay bodies in this process became associated with the supposedly indigenous transgendered body of the *hijra* (ibid.: 260).

An absence of analytical perspectives on non-hetero-sexual gender variance in South Asian anthropology until the end of the twentieth century may have fueled the development of identity and role-based perspectives in the context of HIV prevention research (cf. Boyce 2007). As a consequence of being identified and targeted by the

social sciences and public health interventions distinct queer communities evolved and consequently developed a self-understanding, identity,- and political voice. Social movements emerged, and persons entered the public arenas, who embodied yet challenged scientific understandings of 'their kinds' as it had happened before in the case of 'homosexuals' in Western contexts (cf. Hacking 2007).

3 Medical interventions and the sexual self

In the second half of the twentieth century, medical theories about the connection of same sex desire and an 'inner gender inversion' almost disappeared with the emergence of the concept of 'homosexuality' as a 'normal' sexual orientation in the West. Gay male effeminacy became an unnatural product of inequality and homophobia, and the gender variance of butches, queens, transsexuals and transvestites was framed as a product of circumstance and oppression (Valentine 2007, p. 52). Valentine argues that the rejection of gender variance comes along with a rejection of class and racial otherness. Particularly, white and middle-class gay-and-lesbian-identified people are concerned about gender conform behaviour and interested in the related politicised discourses, whereas they have rejected other sexual and gender subcultures as deviant and 'uneducated'. According to Valentine, these globalized discourses and demarcations are rooted in the tactics gay and lesbian activists adopted to achieve the depathologization of homosexuality. By insisting on 'normality' and rejecting visible gender variance, gay activists persuaded the DSM-III task force that homosexuality had no stable, visible diagnostic signs (ibid.: 55). These developments consolidated the distinction between 'gender' and 'sexuality'—a differentiation that had evolved during the nineteenth century (cf. Mak 2004).

'Gender' and 'sexuality' are not self-evident experiences but rather "linguistic tools that extract certain information, experiences, and feelings about ourselves and others from the stream of daily life before the purposes of making meaning about, and representing, ourselves and others" (Valentine 2007, p. 31). Contemporarily, in the 'West' discourses in the queer community as well as in the medical and psysciences continue to stress the rigid distinction between 'sex(uality)' and 'gender', whereas they recently started to promote a certain 'gender fluidity' (cf. Sigusch 2013). In the Indian context, the distinction between gender and sexuality is less rigid, which also explains that the psychiatrist used the label 'gay' along with 'gender identity disorder' to categorize Ajay's behaviour. Additionally, in the case of people not belonging to the Indian middle and elite classes, the priority is not a coherent and stable representation of 'self' or 'identity' but rather the fulfilment of certain social expectations and obligations towards one's kin and community. Indeed, various ethnographic examples describe the embodiment and mastering of ambiguous social and subject positions by Indian men who do not comply with gender norms and values or live their same-sex sexual desires (cf. Boyce 2007b, p. 410, 2013; Cohen 1995). It is common for MSM in India, who often lead a double life and have a wife and children, that their sense of self is rather fluid and constructed differently in 'cruising' contexts than outside these sites. An English-speaking man from Calcutta states: "'Look, inside the park I am a gay. Once I leave the park and go to the streets

that changes. Outside the park, I am a good Hindu, a married man with a good family'" (Khan 2001, p. 106). In contrast, Ajay did not succeed in consciously and unconsciously navigating the social complexities by being recognized and his feminine behaviour noticed by certain people in one context and disregarded or ignored in another. Rather, he experienced his sexual subjectivity as pervasive and the 'gay community' as separate from common people and mainstream society. Ganesh, a colleague with whom he had worked in 'The Hamsafar Trust', remembered that "he used to tell everybody that he is gay." The overtly articulation of his sexual identity suggests that for Ajay his sexual subjectivity is an important pillar that determines who he is and how he is perceived by others. Moreover, failing to 'pass' in certain social contexts caused him to feel stigmatized and not 'accepted' as he is:

> They say that 'kothi' is the code word for us people, the meaning is just 'kothi'. The 'Udaan Trust' says, we are kothis, so. Kothi people go and live with the hijras. That is 'kothi'. But in the society they are not accepted, so they go to the hijras and live there, wear a sari ...

Ajay, when denoting 'kothi' as a "'code word' for us people", illustrates that the 'call to recognize oneself' within the framework of a certain sexual identity in the Mumbaikar queer discourse is not necessarily about the adoption of an "ontology of personhood that is permanent" (Khanna 2007, p. 179), but rather about becoming a member of a certain community. Akshay Khanna (2005, p. 99) suggests that participation in politics in contemporary India is based on a politics of difference and in this context the "idea of types of people gets naturalised". The basis of post-colonial constitutions and of progressive politics in India—resembling the mechanisms of colonial administration—is the imagination of 'Indian society' "into neat and pre-existing, natural 'communities'" (ibid.) that each has a natural 'leadership' that represents the community's interest. Khanna argues that the potential disjuncture between the representation of sexual identities and perceptions of self are "'systematically' managed through local configurations of power" (ibid. 2007, p. 180):

> [T]hose who speak in idioms that fit well with the understanding of the NGO head gain access to locations of speech and participation, at the cost of those who do not 'make sense' or who provide a challenge to the dominant framing (ibid.).

Ajay, who confessed in our conversation that "'Kothi' has a meaning, but this I also don't know so well", was certainly not somebody who 'makes sense' and therefore had no preferred access to positions of speech and negotiation.

Ajay's queer narrative in the midst of the globalized socio-medical discourses represents a minority subject position in manifold ways: he self-identifies as gender-variant gay, belongs to a non-Western, non-middle-class queer community, is an inpatient in a psychiatric hospital and was admitted because of his promiscuous life style. Ajay's self-awareness and narratives on the one hand are moulded by globalized (psychiatric) categories that frame 'sex' and 'gender', but on the other also by local terms, concepts and practices emerging from Mumbaikar queer activism and identity politics originally fuelled by HIV/AIDS interventions. Certainly, queer

categories and experiences diversify further within contemporary local and global movements and discourses and particularly in the context of recently flourishing media cultures (cf. Dasgupta 2014).

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