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Author(s): Michael J. Sweet and Leonard Zwillig

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# The First Medicalization: The Taxonomy and Etiology of Queerness in Classical Indian Medicine

MICHAEL J. SWEET

*Department of Psychiatry  
University of Wisconsin—Madison*

LEONARD ZWILLING

*Department of English  
University of Wisconsin—Madison*

SINCE FOUCAULT FIRST proposed a mid-nineteenth-century origin for the concept that male homosexuals are members of a separate “species” with a specific underlying nature rather than the voluntary performers of sodomitical acts presumably available to all men,<sup>1</sup> many writers have paid attention to the role of medical and psychiatric professionals in the social construction of the gay male identity as known in the industrialized West.<sup>2</sup> Although historical research has pushed back the era when a separate gay male identity began to coalesce under various names,<sup>3</sup> there as yet has been little discussion of the construction of homosexual and other sexually variant or atypical (that is, queer) gender-role identities in the great non-Western classical cultures

<sup>1</sup>Michel Foucault, *The History of Sexuality*, vol. 1, *The History of Sexuality: An Introduction*, trans. Robert Hurley (New York, 1980), pp. 42–43.

<sup>2</sup>For an overview of scholarship on the medicalization of homosexuality, see David F. Greenberg, *The Construction of Homosexuality* (Chicago, 1988), pp. 397–488.

<sup>3</sup>See, for example, Randolph Trumbach, “The Birth of the Queen: Sodomy and the Emergence of Gender Equality in Modern Culture,” in *Hidden from History: Reclaiming the Gay and Lesbian Past*, ed. Martin Bauml Duberman, Martha Vicinus, and George Chauncey, Jr. (New York, 1989); and Giovanni Dall’Orto, “‘Socratic Love’ as a Disguise for Same-sex Love in the Italian Renaissance,” in *The Pursuit of Sodomy: Male Homosexuality in Renaissance and Enlightenment Europe*, ed. Kent Gerard and Gert Hekma (New York, 1989), pp. 33–65. Homosexual men in the eighteenth-century Netherlands also had well-developed social networks, special language codes, meeting places, and other subcultural attributes, despite their apparent lack of any validating ideology, as described in Theo van der Meer, *De wesentliche sonde van sodomie en andere vuyligheeden: Sodomietenvervolgingen in Amsterdam 1730–1811* (Amsterdam, 1984). Recent surveys of the field of gay studies have recognized that essentialist and medicalized views of homosexuality existed in the West from classical antiquity on, although they were submerged by the dominant ideology of voluntarism (see Greenberg, p. 404).

such as China, India, and the premodern Islamic world;<sup>4</sup> and there has been even less consideration of the role that medical conceptualizations may have played in forming such identities.<sup>5</sup> Medicalization has thus been considered an exclusively Western and modern phenomenon in contrast to the largely undifferentiated and unlabeled sexuality of the premodern and non-Western world.

This essay is an effort to elucidate the role that medicalization has played in at least one non-Western culture, that of classical India. We will examine the typologies of non-normative sexual orientation, sexual behavior, and gender role, primarily as discussed in the two major extant Sanskrit medical compendia that form the basis of the traditional Indian medical system (*āyurveda*): the *Carakasamhitā* (*Caraka*) and the somewhat later *Sūśrutasaṃhitā* (*Sūśruta*),<sup>6</sup> both of which date from approximately the first two centuries C.E., but which include much earlier

<sup>4</sup>Possible reasons for this lack include the generally Eurocentric interests of researchers in the history of sexuality, the inaccessibility of texts in classical Asian languages, and the exclusion of gender and sexuality issues from the traditional purview of scholarship in classical non-Western cultures. The same bowdlerization, exclusion, and distortion that Western classical scholarship suffered until recently (which is described in John Boswell, *Christianity, Social Tolerance, and Homosexuality: Gay People in Western Europe from the Beginning of the Christian Era to the Fourteenth Century* [Chicago, 1980], pp. 17–22) has been applied to Sanskrit and other Asian classics. Some notable exceptions exist, such as the still unsurpassed, diachronic survey of sexual culture in classical China (marred only by the author's putting the racier passages into Latin), by Robert H. van Gulik, *Sexual Life in Ancient China* (Leiden, 1961). Several interesting books in this area by American scholars have recently appeared, dealing with premodern China, Japan, and Buddhist Asia, respectively: Bret Hinsch, *Passions of the Cut Sleeve: The Male Homosexual Tradition in China* (Berkeley, CA, 1990); Paul G. Schalow's annotated translation of Ihara Saikaku, *The Great Mirror of Male Love* (Stanford, CA, 1990); and José I. Cabezón, ed., *Buddhism, Sexuality, and Gender* (Albany, NY, 1992).

<sup>5</sup>While there is no work directly bearing on medicalization and the construction of gay or other queer identities in the non-Western classical cultures, there is excellent source material regarding traditional Chinese medical and alchemical lore connected with sexuality, discussed in van Gulik, especially pp. 91–169. Homosexuality was not considered an illness or disorder in Chinese medicine; see Giovanni Vitiello, "Taoist Themes in Chinese Homoerotic Tales," in *Religion, Homosexuality, and Literature*, ed. Michael L. Stremmel and José I. Cabezón (Dallas, 1992), p. 96.

<sup>6</sup>All references here to the *Carakasamhitā* and its commentary by Cakrapānidatta are from the edition of Vaidya Jādavaji Trikamji Āchārya, *The Charakasamhitā of Agniveśa revised by Charaka and Dridhabala with the Āyurveda-Dīpikā Commentary of Chakrapānidatta* (1941; rpt. New Delhi, 1981). The text of the *Sūśrutasaṃhitā* used here is that edited by Vaidyā Jādavaji Trikamji Āchārya and Nārāyam Rām Āchārya, *Sūśrutasaṃhitā of Sūśruta* (Varanasi, 1980), which also contains the *Nibandhaśaṅgraha* commentary by Dalhaṇa. All translations from these and other Sanskrit and Pali works are our own; citations to the *Caraka* and the *Sūśruta* will be furnished in parentheses in the text.

material.<sup>7</sup> These sources will be supplemented with references to Sanskrit and Pali Buddhist religious literature, as well as to non-Buddhist Sanskrit texts such as those devoted to erotics, ritual, and the drama. We will argue that the body of closely connected ideas on the etiology and nature of sexual and gender difference found in that literature constitutes an enduring attitude that is confirmed by modern ethnographic research. Finally, we will briefly look at the implications of these findings for the study of the medicalization of gender and sexuality.

It should be borne in mind that the Indian medical tradition is comparable to that of the Hellenic and Islamic worlds, China, and the premodern West, in that it combines philosophical and metaphysical speculation with empirical observation.<sup>8</sup> Indian physicians in the classical era underwent lengthy training and were able to perform numerous sophisticated surgical procedures, although their knowledge of internal anatomy was hampered by ritual prohibitions against contact with cadavers.<sup>9</sup> The medical literature, therefore, is of some value as evidence for the actual phenomena observed by Indians two millennia or more ago, as filtered through their particular cultural and scientific schemata. Corroborative references from other sources help to confirm the widespread diffusion of medical beliefs and the sexual and gender behavioral patterns to which they refer.

#### TERMINOLOGICAL DISTINCTIONS AND SEXUAL PRACTICES

There are a number of terms used in the Indian medical literature that partially overlap with the semantic fields of modern terminology, such as “homosexual,” “transvestite,” and “impotent.” Gender-variant individuals of both biological genders are referred to in the medical literature variously by the Sanskrit terms *klība*, *ṣaṇḍha(ka)*, and *napuṃsaka*. According to the context in which they are used, these terms appear to refer to individuals whom we might view as gay men, lesbians, bisexuals, and transvestites; the impotent; those with sexual dysfunctions other than impotence; those with sexual paraphilias or unconventional sexual behavior; and the sexually anomalous, anatomically or physiologically (for example, hermaphrodites).

It is indicative of the attitude of the Indian medical literature toward

<sup>7</sup>M. Winternitz, *History of Indian Literature*, trans. Subhadra Jhā (Delhi, 1967), pp. 626–35; and Jean Filliozat, *The Classical Doctrine of Indian Medicine*, trans. Dev Raj Chanana (Delhi, 1964), pp. 11–25.

<sup>8</sup>Filliozat, pp. x–xv.

<sup>9</sup>A. L. Basham, “The Practice of Medicine in Ancient and Medieval India,” in *Asian Medical Systems: A Comparative Study*, ed. Charles Leslie (Berkeley, CA, 1973).

gender variation that it is discussed in the context of embryology and that these variations are ascribed to “genetic” abnormalities. The *Caraka* (4.2.17–21) contains a list of eight such gender/sexual abnormalities (*vikṛti*):

1. The true hermaphrodite, having both male and female genitalia. This condition is believed to result from the parents contributing equal portions of the male and female generative fluids, semen and blood, the predominance of which was held to determine the offspring’s gender, as male or female, respectively
2. The man with a “windy organ” (that is, having no semen)
3. Those who employ special means such as aphrodisiacs for obtaining sexual potency
4. The effeminate homosexual male
5. The masculine lesbian female
6. The man with a bent penis, which is believed to result either from the mother’s lack of desire for intercourse or from the weakness of the father’s seed
7. The voyeur
8. The man born without testicles and therefore sterile.<sup>10</sup>

We find a similar list in the *Suśruta* (3.2.37–43), following the discussion of conception. This list describes six types of *śaṅḍha*-s, three of which coincide with the *Caraka*’s categories. These are:

1. The fellator
2. The “olfactory erotic,” that is, a man who is exclusively aroused by genital odors
3. The anal receptive male
4. The voyeur (see no. 7 above)
5. The effeminate homosexual male (see no. 4 above)
6. The masculine lesbian female (see no. 5 above).<sup>11</sup>

By current scientific standards these lists are a motley aggregation of physical sexual anomalies and dysfunctions (having a bent penis, being aspermatic or anorchidic); atypical gender-role behavior (stereotyped as the effeminate homosexual male or mannish lesbian); and sexual behav-

<sup>10</sup>Sanskrit: (1) *dviretas*; (2) *pavanendriya*; (3) *samskāravāhin*; (4) *nāraśaṅḍha*; (5) *nāriśaṅḍha*; (6) *vakṛīdhvaja*; (7) *irśyābhībhūta*; and (8) *vātikaśaṅḍha*.

<sup>11</sup>Sanskrit: (1) *asekya puruṣa*; (2) *saughandika*; (3) *kumbhika* (literally, “jar”); (4) *irśyaka*; (5) *striceṣṭikākāra*; and (6) *nāriśaṅḍha*.

ior variations or paraphilias (voyeurism, using special means, olfactory eroticism, those enjoying anal receptive sex or performing fellatio). As we will consider in detail below, for the classical Indian authors all of these seemingly disparate categories share a commonality of deviation from normative expectations of sexual anatomy or physiology, gender-role behavior, or sexual behavior—what we call here the quality of “queerness”—as well as some deficiency of procreative interest or ability.

As to homosexuality, in the sense of same-sex sexual behavior or orientation, several of the *Suśruta*'s and the *Caraka*'s categories would seem to correspond, at least partially, to contemporary Western homosexual types who appear in the medical literature and in popular beliefs: that is, the fellator; the anal receptive; the effeminate homosexual male; and the mannish lesbian.

We may infer that fellatio was at the least a common practice among the sexually sophisticated, given the space devoted to its elucidation in the major work on Indian erotics, the *Kāmasūtra* of Vātsyāyana, as well as its frequent representation in Indian erotic sculpture.<sup>12</sup> In the medical literature fellatio is mentioned as a cause of both venereal disease and impotence, and teeth wounds on the penis occasioned by fellatio are discussed.<sup>13</sup> The etiology of this practice is also considered; for example, gaining an erection through the enjoyment of semen ejaculated in one's mouth is regarded as a congenital condition, according to the *Suśruta* (3.2.38), and is ascribed to the extreme paucity of the father's semen.<sup>14</sup> This suggests that the fellator's sexual activity stems from his need to compensate for a deficiency of semen, which is in some respects similar to the rationale for this practice among some New Guinea highland groups.<sup>15</sup>

The “effeminate” condition in which a male with feminine appearance and behavior takes the bottom (“passive”) role in sexual intercourse with another male, who ejaculates on the upper surface of his penis (possibly referring to frottage), likewise is viewed as a congenital condition and is thought to be due to the father's having played the fe-

<sup>12</sup>Discussion of this subject is contained in the chapter on fellatio (*aupariṣṭakaprakaraṇa*) of the *Kāmasūtra* (2.9). All references to this text and Yaśodhara's commentary are from *Kāmasūtra: Together with the Jayamangala Commentary of Yaśodhara*, ed. Pandit Madhavacarya (Bombay, 1935).

<sup>13</sup>On impotence and teeth wounds see *Caraka* 6.30.265 and 6.30.167, respectively. On fellatio as a cause of venereal disease (*upadamśa*), see *Suśruta* 2.12.7.

<sup>14</sup>See the commentary on this passage by Ḍalhaṇa, who lived sometime between the eleventh and twelfth centuries C.E. (Filliozat, p. 12).

<sup>15</sup>See Gilbert H. Herdt, *Guardians of the Flutes: Idioms of Masculinity* (New York, 1981), especially pp. 232–39.

male role (that is, being on the bottom) in the coitus that conceived the future effeminate male.<sup>16</sup> As with the fellator, this is another example of the use of analogical reasoning to explain causality. The *Caraka* also regards this condition as congenital, although its origin is ascribed to constitutional or physiological factors: sluggishness; weakness; paucity of semen; absence of sexual desire in the parents during conception; or damaged semen (*Caraka* 4.2.19). This reasoning illustrates the caution that we must exercise in conflating sexual or gender categories from other cultural systems with our own. For us, it is same-sex object choice and sexual behavior that would be the most salient markers for labeling a person as homosexual or gay; for the Indians, as for the Greeks and other cultures, it was rather the atypical gender behavior and coital role of such an individual that would be crucial in perceiving him as queerly different.<sup>17</sup> In India the partners of such individuals, who met cultural norms of social and sexual behavior, were not (and are not among contemporary non-Westernized Indians) regarded as other than normative males.<sup>18</sup>

Given the frequent error of Western Indologists in translating terms denoting homosexuality, transvestism, and transsexualism as “eunuch,” it is noteworthy that none of the forms of variant sexual or gender-role

<sup>16</sup>See Dalhaṇa’s commentary on *Suśruta* 3.2.42.

<sup>17</sup>Many historical and contemporary cultures have recognized a category of male deviance based on nonconformity to an expected gender role. In patriarchal societies this deviance is usually stigmatized, as valued male identity is damaged by association with disvalued female characteristics, especially that of being penetrated. A good example is the Greek *kimaidos*, a man “socially deviant in his entire being, principally observable in behavior that flagrantly violated or contravened the dominant social definition of masculinity” (John J. Winkler, *The Constraints of Desire: The Anthropology of Sex and Gender in Ancient Greece* [New York, 1990], pp. 45–46). The traditional Muslim cultures of North Africa had a similar attitude toward gender crossing and anal receptive males, and they made use of a late classical text suggesting a physiological cause for this condition (Greenberg, pp. 150, 172–83). Analogous stigmatized categories are found (to mention only a few) in the molly of London; the *banci* of Indonesia, described in Rob Oosvogels, “Vrouwen met een pik: Derde gender in Jakarta,” *Homologie* 14 (1992): 4–9; and the *maricón* in Mexico, in Walter Williams, *The Spirit and the Flesh: Sexual Diversity in American Indian Culture* (Boston, 1987), p. 150.

<sup>18</sup>For example, the customers of the masseurs, both nontransvestite and transvestite, discussed in the *Kāmasūtra* (2.9) are considered normative males, who would also patronize female prostitutes. It is also noted (*Kāmasūtra* 2.9.31) that some of these urban libertines (*nāgārika*) may practice fellatio with a friend for the purpose of mutual sexual pleasure. Such people are not considered to be part of the non-normative sexual/gender categories, doubtless because of their conformity in other respects to expected masculine gender roles and social behavior. In modern India, males who cohabit with or who are clients of *hiñjra*-s, male transvestite prostitutes and dancers, are similarly regarded as normative males; see Serena Nanda, *Neither Man nor Woman: The Hijras of India* (Belmont, CA, 1990), pp. 76–79, 93–96, 136; G. Morris Carstairs, *The Twice Born: A Study of a Commu-*

behavior in the medical literature is associated with castration.<sup>19</sup> Castration—the severance of the penis and/or the excision of the testicles—is mentioned by the *Caraka* (7.30.187) as an incurable form of impotence. Castration, either of men or of animals, was regarded with disapproval and at times legally forbidden in Indian tradition prior to Muslim rule. Therefore, the use of “eunuch” as an equivalent translation for terms found in classical texts denoting individuals who are not normative in their sexual or gender-role behavior is rarely appropriate.

Anal intercourse does not appear as prominently in Sanskrit sources as fellatio; the practice is barely touched on in the *Kāmasūtra* and the other extant treatises on erotics, and then only in a heterosexual context. Historically, this practice is known to have aroused strong negative feelings among the Indians, perhaps because of the Hindu horror of the pollution attached to defecation,<sup>20</sup> as well as the belief in the general ritual impurity of all orifices below the navel.<sup>21</sup> The preference for passive anal intercourse, unlike fellatio, is seen as an acquired behavior and not as congenital; anal intercourse is practiced, according to the *Suśruta* (3.2.39), by the “unchaste and others [*abrahmacāryādi*] who treat their own anus as a man does women.” According to Ḍaḥaṇa’s commentary, anal intercourse may be practiced as a preliminary to heterosexual vagi-

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*nity of High Caste Hindus* (Bloomington, IN, 1967), pp. 59–61; and James Freeman, *Untouchable: An Indian Life History* (Stanford, CA, 1979), pp. 294–315. The same normative assumptions are held with regard to (among others): the husbands or sexual partners of third-sex males (berdache) among many Native American groups (Williams, pp. 92–109); the *activo* partners of effeminate males in Mexico (Joseph M. Carrier, “Gay Liberation and Coming Out in Mexico,” *Journal of Homosexuality* 17 [1988]: 225–52); and the male sexual partners of the transvestite *kathoe* described in Peter Jackson, *Male Homosexuality in Thailand* (Elmhurst, NY, 1989), pp. 194–228.

<sup>19</sup>The misconception of homosexuals and transvestites as being eunuchs is discussed by George Artola, “The Transvestite in Sanskrit Story and Drama,” *Annals of Oriental Research*, vol. 25, ed. K. Kunjunni Raja (Madras, 1975), pp. 56–68; and Leonard Zwilling, “Sexual Terminology Dealing with Sexual Variation and Dysfunction with Special Reference to Homosexuality” (paper presented at the annual meeting of the American Oriental Society, Boston, March 1981), pp. 2–3.

<sup>20</sup>This is clear, for example, from the attitude of an Indian ruler conquered by the Muslims, who agreed to conversion to Islam only on condition that he not be required to eat beef or practice sodomy, as recounted in Edward C. Sachau, *Alberuni’s India*, 2 vols. (1914; rpt. Delhi, 1964), 2:157. There is a widespread belief in India that homosexuality, and specifically sodomy, are un-Indian practices introduced by Muslims. Indian gay activists are at pains to refute this position: see Siddhartha Gautam, *Less than Gay* (New Delhi, 1991). This belief may have been influenced by the Muslim rulers’ introduction of eunuchs and the confusion of the eunuch with the third-gender categories discussed below.

<sup>21</sup>On this attitude see *Manusmṛti* 5.132. Citations from the *Manusmṛti* are from the *Mānava Dharma-śāstra*, ed. and trans. Julius Jolly (London, 1887).



nal intercourse by the lascivious or by those of weak libido (compare the fellator, above). In addition, one may bugger oneself with one's own flaccid penis.<sup>22</sup> The possessor of a "bent penis," no. 6 in the *Caraka's* list above, corresponds to the latter. The *Suśruta* (3.2.44) explains that although the fellator and the anal receptive have the capacity for potency, they are still called *ṣaṇḍha-s*, because their potency derives from their pleasure in deviant (*viprakṛti*) practices.<sup>23</sup>

Lesbians (*nārīṣaṇḍha*, *ṣaṇḍhā*, *ṣaṇḍhi*) are considered by both the *Suśruta* (6.38.8) and the *Caraka* (6.30.33–34) to be suffering from a disease of the female generative organ (*yoniroga*). The *Caraka* explains the origin of lesbianism in two different ways:

1. As due to the same causes that produce the effeminate male homosexual, that is, "reversed" intercourse during conception
2. As a consequence of embryonic damage resulting from faulty conception.

For the *Suśruta* (3.2.45) the etiology of lesbianism lies in the mother having played the male role in the conceptive coition (the same origin as that of the anal receptive male), leading to the consequent stereotypically male gender-role behavior of the lesbian. In his comment on this passage Ḍalhaṇa explains such behavior: "Although feminine in form she mounts the woman like a man and rubs her own vulva [*yoni*] against that of the other." The *Caraka* (6.30.34) describes the lesbian as "man-hating" (*nrdveśini*) and breastless (*astanī*), similar to Western stereotypes of the virago or amazon lesbian. Furthermore, the lesbian does not menstruate (*Suśruta* 6.38.18). When two women "approach each other sexually, and somehow ejaculate, emitting semen (*śukra*), a boneless thing is produced" (*Suśruta* 3.2.47).

#### GENDER AND SEXUALITY IN BUDDHIST LITERATURE

While there is no distinctly Buddhist medical literature per se, there is much discussion of pharmacological and other treatments in the early

<sup>22</sup>It is a seemingly implausible act, but by no means an impossible one, depicted occasionally in gay male pornographic films.

<sup>23</sup>*Viprakṛti*, meaning "deviant" or "unnatural," consists of the privative suffix *vi* added to the noun *prakṛti*, a very common Indian philosophical term, usually translated as "nature." Thus, *viprakṛti* is quite similar to the pre-Augustinian sense of *contra naturam*. On the meaning of this term for Roman Christians, see Boswell, p. 149: "It probably suggested something . . . like 'uncharacteristic' or 'atypical'" (see also pp. 312–13). Ancient Indians, like the Greeks and Romans, did not idealize nature. On the Greek term that is parallel to *prakṛti* and *natura* (*phúsis*), see *ibid.*, pp. 13–14 and n. 22.

monastic literature; Buddhist monks in the classical period were full participants in Indian medical practice and scholarship.<sup>24</sup> Indeed, some of the most important medical treatises and commentaries, including the *Suśruta* itself, have been ascribed to Buddhist authors, and many Buddhist monks were renowned for their skills as physicians.<sup>25</sup> The Buddhist texts that yield supplementary material on our subject are compendia or commentaries on psychology and metaphysics (*abhidharma*) and monastic law (*vinaya*). Texts from different doctrinal traditions contain largely identical categorizations of sexually anomalous individuals.<sup>26</sup> Instead of the terms *ṣaṇḍha*, *klība*, or *napuṃsaka* used in the medical literature, most of the Buddhist commentators use *paṇḍaka*, the etymology of which is uncertain, but which may mean “without testicles,” in the metaphorical sense of “having no balls.”<sup>27</sup> The five types of *paṇḍaka*-s found in these lists may be summarized as follows:

1. The congenitally impotent man
2. The man who, out of frustration, satisfies his sexual desires through voyeurism
3. The man who is temporarily impotent during the waning half of the lunar month but regains his potency in the period from the new to the full moon
4. The man who satisfies his sexual desires through fellation of another man to orgasm

<sup>24</sup>See Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (New York, 1991). He proposes that classical Indian medicine was derived from the practices and methodology of Buddhist and other heterodox sects, systematized and given a Hinduized veneer by Brahmanical redactors (pp. 3–37, 117–19).

<sup>25</sup>The most important medical text in the Buddhist tradition is Vāgbhaṭa's *Aṣṭāṅgahrdaya*, which exists in both the Sanskrit original and in Tibetan translation; it was annotated and translated into German by Luise Hilgenberg and Willibald Kirfel, *Vāgbhaṭa's Aṣṭāṅgahrdayasambhitā: Ein Altindisches Lehrbuch der Heilkunde* (Leiden, 1941). However, this text contains little about our subject and nothing that alters the essential picture given by the *Suśruta* or the *Caraka*. On the influence of Buddhist monks on Indian medicine, see Zysk, pp. 38–49.

<sup>26</sup>The principal texts consulted in this regard are: Buddhaghosa, *Samantapāsādikā: The Commentary on Vinaya*, ed. Birbal Sharma, 3 vols. (Patna, 1964); Asaṅga [and a commentary of uncertain authorship], *Abhidharmasamuccayabhāṣyam*, ed. Nathmal Tatia (Patna, 1976); and Yaśomitra's commentary on Vasubandhu's *Abhidharmakośa*, ed. Swami D. Sastri, 2d ed. (Varanasi, 1981), written from the viewpoints of the Theravāda, Yogacāra, and the Vaibhāṣika-Sautrāntika schools, respectively. On the distinctions between these schools see Herbert Guenther, *Buddhist Philosophy in Theory and Practice* (Berkeley, CA, 1971), pp. 31–122. The list of the five types of *paṇḍaka*-s is also found in the Sanskrit-Tibetan lexicon *Mahāvīryūtpatti*, 3d ed., 2 vols., ed. Ryōzabrō Sakaki (Tokyo, 1970), 1:564.

<sup>27</sup>See the remarks on this word in Leonard Zwilling, “Homosexuality as Seen in Indian Buddhist Texts,” in Cabezón, ed., p. 204, and Zwilling, “Sexual Terminology,” p. 6.

5. The man who attains orgasm through some special effort or artifice.

It should be noted that nos. 2, 4, and 5 in the list of types of *paṇḍaka* correspond to descriptions in the medical literature (see nos. 1 and 4 in the *Sūśruta* and nos. 3 and 7 in the *Caraka*, above). The Buddhist categories, like those of the medical literature, encompass what we would classify as sexual dysfunctions (nos. 1 and 3), paraphilias (nos. 2 and 5), and sexual orientation (no. 4).

The Buddhist scholastic typology does not directly refer to the non-normative gender role of the *paṇḍaka*. However, the *paṇḍaka*'s atypical gender role is clearly indicated in other portions of the Buddhist literature, notably in the treatises on monastic rules (*vinaya*) and their commentaries. A tale in the monastic literature presents *paṇḍaka*-s as lascivious seekers of passive anal sex, and the great Theravāda commentator Buddhaghosa describes them as full of defiling passions and unquenchable lust, as being dominated by their libido and by a desire for lovers, just like prostitutes or vulgar young girls.<sup>28</sup> This commentary illustrates how the male with cross-gender characteristics can be assimilated to a misogynistic female stereotype.<sup>29</sup>

#### BEYOND THE BINARY: THE THIRD GENDER

For Indians of the classical era, the various forms of queerness that have been catalogued above—gender-role atypicality, homosexuality, impotence and other sexual dysfunctions, paraphilias, and hermaphroditism—were not viewed as discrete and unrelated instances of pathology. Rather, they were seen as instances of a general term, known variously as *kliba*, *ṣaṇḍha*, *napuṃsaka*, and *paṇḍaka* (to mention only the chief examples which have been cited so far). Despite the etymological differences in meaning that may be distinguished among these terms, they came to be used nearly synonymously.

We must turn to the nonmedical literature to get an idea of how classical India viewed the gender status of these non-normative individuals. In doing so, we are not going beyond the medical literature so much as supplementing it, because gender role and identity as such were not considered to be within the province of these texts, just as in the present day we would usually consider the nonphysiological side of this subject

<sup>28</sup>Zwilling, "Homosexuality," pp. 207–8; and Buddhaghosa, *Samantapāsādikā*, 3:1042.

<sup>29</sup>Such a conflation has been made in the West as well. See remarks by Marjorie Garber, *Vested Interests: Cross-Dressing and Cultural Anxiety* (New York, 1992), p. 139.

to be more properly within the purview of psychology, literary criticism, or sociology, rather than that of medicine. It also is to be noted that accepted ideas about erotics, drama, and language were integral parts of the intellectual universe of those who wrote the medical treatises; in a less specialized world, all scholars were ideally supposed to possess a global knowledge of the arts and sciences, and a wide background was assumed for the readers as well, who were by and large members of the same male scholarly elite.

Perhaps the most telling of the terms designating queerness is the one used in the *Kāmasūtra* and other texts on erotics, as well as in the drama and in treatises on dramaturgy: *trītiyā prakṛti*, literally, “the third nature.”<sup>30</sup> This is viewed as a true third category, “a neuter [*napuṃsaka*] bereft of either a masculine or feminine nature.”<sup>31</sup> Despite such a definition and the much earlier conceptions of a third gender upon which it was based (see below), there certainly are tendencies to assimilate the third gender to the male or female poles of a gender binarism.<sup>32</sup> Such an assimilation is found within the *Kāmasūtra* itself, which distinguishes those members of the third gender who look, dress, and behave like women from those who look, dress, and behave like men.<sup>33</sup> Both these types are *biologically* male, although they may display the anatomical or physiological abnormalities discussed in the medical literature, and both gain sexual satisfaction from performing fellatio.<sup>34</sup>

Although female-female sexual activity is noted in the *Kāmasūtra*, it is viewed there as situational behavior found among otherwise normative women in sexually segregated environments (such as the womens’ quarters), rather than as an essential characteristic or pathology of certain peculiar individuals.<sup>35</sup> Even in the medical literature, lesbians are not considered as a separate fourth gender, as they are in some cultures,<sup>36</sup> but are subsumed as a subcategory of the third. The general lack of attention paid to lesbianism in this literature may be ascribed to

<sup>30</sup>The use of *prakṛti* in the sense of gender is found uniquely in this context; the otherwise highly multivalent term is not so utilized, as far as we are aware, in other texts, and the commentators are silent on this matter. It is interesting to note the use of the Greek and Latin terms parallel to *prakṛti* (that is, *phúsis* and *natura*) to refer to male and female genitalia, cited in J. N. Adams, *The Latin Sexual Vocabulary* (London, 1982), pp. 59–61.

<sup>31</sup>This definition is found in Yaśodhara, *Jāyamaṅgala*, on *Kāmasūtra* (1.5.27).

<sup>32</sup>See the discussion of the transvestite as a third gender in Western literature, religion, and arts in Garber, pp. 10–13, 134–36, 186–209, 213–17, and *passim*.

<sup>33</sup>*Kāmasūtra* 2.9.1.

<sup>34</sup>Yaśodhara on *Kāmasūtra* 1.5.27.

<sup>35</sup>*Kāmasūtra* 2.9.37.

<sup>36</sup>One example would be the *hwame*, who occupy a fourth distinct gender status among the Mohaves. See Williams, pp. 239–42.

the male authors' greater anxiety about those who transgress customary male gender roles.

The origins of a three-gender system can be found in the earliest beginnings of systematic, rationalistic speculation in India, which grew out of the grammatical analysis of Sanskrit. Perhaps as early as the eighth century B.C.E., in the *Śatapathabrāhmaṇa*, an important collection of mythic and ritual lore, there is an awareness of the existence of male, female, and neuter gender.<sup>37</sup> The *Śatapathabrāhmaṇa* attempts to tie grammatical gender to natural gender, by defining neuter (*napuṃsaka*) as emasculate, like a castrated bull, which "is neither female nor male, for being a male it is not a female, and being a female [that is, emasculate] it is not a male."<sup>38</sup>

Even in the earliest speculations about a third gender, there was a waver between viewing it as a true third category, "neither male nor female," or as assimilated to a defective (that is, female) pole of the male gender, erasing its uniquely androgynous characteristics. In the *Śatapathabrāhmaṇa* the third sex individual (here, *klība*) is defined as "neither female nor male," to which, however, it is added that this individual is "a defective man."<sup>39</sup> The nature of this defect is spelled out in a slightly later, related text as the "inability to procreate with semen."<sup>40</sup> The female third-sex individuals are seen in an analogous light, as unable to menstruate and therefore incapable of bearing children.<sup>41</sup> The conception that the third gender comprises defective males, and in certain cases defective females, who are unable to fulfill their procreative duty because of congenital physiological, anatomical, and psychological anomalies is the view that is fully developed in the later medical literature. This medicalized viewpoint, which appears to dominate in secular texts as well as in the traditional Indian social context, coexists with other Indian beliefs about the androgyne ("both male and female") and

<sup>37</sup>Citations from the *Śatapathabrāhmaṇa* are from *The Śatapatha Brāhmaṇa in the Madhyandina-Cakha with Extracts from the Commentaries of Sayana, Harisvamin, and Dvivedaganga*, 2d ed., ed. Albrecht Weber (Varanasi, 1964).

<sup>38</sup>*Śatapathabrāhmaṇa* 5.5.4.35.

<sup>39</sup>*Śatapathabrāhmaṇa* 12.7.2.12: "na vā eṣa strī na pumān yat klībo . . . vyrddham u vā etan manuṣyeṣu yat klībo." See also the treatment of this subject by Jacob Wackernagel, *Kleine Schriften* (Göttingen, 1953), pp. 80–81.

<sup>40</sup>This is found in the *Brhadāraṇyaka-upaniṣad* 6.1.12, following the edition of Kasinatha Bala Shastri, *Brhad-Āraṇyaka Upaniṣad, Edited with the Commentary Entitled Mīṭākshara of Nityānanada* (Poona, 1895).

<sup>41</sup>See *Sūsruta* 6.38.18 (above, p. 597). The absence of menstruation, and hence procreative ability, is considered to be the essential characteristic of a female third-sex individual (*hiñjra*) in India today (Nanda, pp. 15, 18), as well as for those women belonging to alternative gender categories among Native American groups (Williams, pp. 239–44).

the unique third category, which is neither of the other two genders, that are found in religious texts and contemporary folk beliefs.<sup>42</sup>

Some writers on this topic have claimed that impotence or transvestism is the essential underlying mark of the third gender.<sup>43</sup> They ignore the distinction between impotence and procreative inability or disinterest. The medical tradition, as discussed above, recognizes that many types of third-gender individuals are capable of potency, at least under some circumstances. Similarly, only a few of the third-gender categories include cross-dressing and other atypical gender-role behavior among their defining characteristics. There is also the erroneous belief, traditional in India as well as among some Western writers, that the third sex (in the classical texts as well as in the contemporary example of the *hiñjra*-s) always refers to actual eunuchs, that is, castrated men.<sup>44</sup> As we have argued, eunuchs were rarely found in classical India. Nevertheless, this institution was introduced later by Muslim rulers, and Nanda's groundbreaking ethnographic study of the *hiñjra*-s, a pan-Indian class of male transvestite prostitutes, definitively established that some, although by no means all, of them are indeed castrated.<sup>45</sup> However, the underlying thread in all of the conditions discussed as belonging to the third gender in the medical and other literature is a lack or limitation of procreative ability or inclination, which is associated in some cases with

<sup>42</sup>The rich Indian religious folklore dealing with the androgyne is comprehensively surveyed by Wendy Doniger O'Flaherty, *Women, Androgynes, and Other Mythical Beasts* (Chicago, 1980), especially pp. 283–334. Nanda discusses the “neither man nor woman” view that is part of the belief world of some of her informants (pp. 15–19). The androgyne in religious myth (for example, the half-male, half-female deity Ardhanārīśvara) can carry a strong positive valence as a symbol of the *coniunctio oppositorum* (Doniger O'Flaherty, p. 296), and androgyny can be accepted as part of the holiness of a human religious figure, such as Caitanya (ibid., pp. 298–99) and Śrī Rāmakrishna (see Christopher Isherwood, *Ramakrishna and His Disciples* [London, 1965]); and Jeffrey J. Kripal, “Ramakrishna's Foot: Mystical Homoeroticism in the *Kathāmrta*,” in Stremmeler and Cabezón, eds.). However, in the secular social context the medicalized view of defective maleness appears to prevail, bringing with it stigma and ridicule. One interpretation of this seeming contradiction cites the dangerously polluting nature of sacred anomalies, which pose a challenge to existing cultural categories; see Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London, 1966).

<sup>43</sup>For example, Nanda states that “impotence is the force behind both the words *eunuch* and *hermaphrodite* as they are used in India, and impotence is central to the definition of the hijra as not man” (p. 154). See also Morris E. Opler, “The Hijara (Hermaphrodites) of India and the Indian National Character: A Rejoinder,” *American Anthropologist* 62 (1960): 505–11; and Laurence W. Preston, “A Right to Exist: Eunuchs and the State in Nineteenth-Century India,” *Modern Asian Studies* 21 (1987): 371–87. On transvestism as the essential characteristic of the third gender, see Artola, pp. 57–59, 68.

<sup>44</sup>See the works cited in n. 19 above, as well as A. M. Shah, “A Note on the Hijadās of Gujarat,” *American Anthropologist* 63 (1961): 1325–30.

<sup>45</sup>Nanda, pp. 24–37.

both physiological and behavioral signs of variance in gender-role or sexual behavior.

A rare portrait of the third gender (designated as *tr̥t̥iyā-prakṛti*) occurs in the play *Ubhayābhisārikā* (Both go to meet) by Vararuci.<sup>46</sup> Set in a contemporary urban setting (ca. first century B.C.E.–second century C.E.), it may be the best evidence we have of how the third gender was viewed in an actual social context. The third-gender character, called Pretty Girl (Sukumārikā), is facetiously praised as having wide buttocks, breasts that do not get in the way of a close embrace, no menstrual periods to impede passion, and no danger of pregnancy to ruin “her” youthful beauty. Pretty Girl is depicted as a high-class prostitute: vain, capricious, lustful, and histrionic in personality. We see here the association of procreative inability, anatomical anomaly (wide buttocks), and personality characteristics that the third-gender male is believed to share with the disorderly female. Pretty Girl is reviled and despised by the play’s narrator; a similarly dismissive attitude toward the third gender is also found in other classical sources as well as in modern India.<sup>47</sup>

On the exhaustively debated and perhaps unanswerable question of the essentiality versus the social construction of homosexuality and other queer identities, the classical Indian literature clearly opts for a congenital, organic etiology.<sup>48</sup> It is significant that most of the discussions of this topic in the medical texts follow directly after discussion of either conception or fetal development. Queerness (*kl̥ibatva*, *napuṃsakatva*) is regarded in these treatises as an embryological abnor-

<sup>46</sup>Vararuci, *Ubhayābhisārikā*, ed. and trans. Amiya Rao and B. G. Rao (New Delhi, 1979).

<sup>47</sup>There is an episode of the *Mahābhārata* (4.18.11) where Arjuna has disguised himself as a transvestite dancer; this role is described as “despised by the world”; see Alf Hiltebeitel, “Śiva, the Goddess, and the Disguises of the Pāndavas and Draupadī,” *History of Religions* 20 (1980): 147–74. The social stigmatization of the third gender led to those individuals being barred in some Buddhist traditions from monastic ordination, as described in Zwilling, “Homosexuality,” pp. 207–9. On social disabilities faced by the *hijra*, see Nanda, pp. 8–9, 22–23, 97–112. Their already low social position was further debased by the British colonial rulers in the nineteenth century, who were determined to stamp out “barbarous practices” in the name of “public decency” and stripped the *hijra*s of many of their customary privileges (Preston, pp. 372, 377–82).

<sup>48</sup>As representative of the vast quantity of writing on this debate, one may consult, for the social constructionist side: John Hart and Diane Richardson, eds., *The Theory and Practice of Homosexuality* (London, 1981); Thomas Weinberg, *Gay Men, Gay Selves: The Social Construction of Homosexual Identities* (New York, 1983); and Greenberg, pp. 301–433. For the essentialist, biological viewpoint, see John Money, *Gay, Straight and In-Between: The Sexology of Erotic Orientation* (New York, 1988); and John A. W. Kirsch and James D. Weinrich, “Homosexuality, Nature, and Biology: Is Homosexuality Natural? Does It Matter?” in *Homosexuality: Research Implications for Public Policy*, ed. John C. Gonsiorek and James D. Weinrich (Newbury Park, CA, 1991), pp. 13–31.

mality, which usually is given what may be regarded as a protogenetic etiology.<sup>49</sup>

For example, the *Caraka* (4.4.30–32) regards all of the gender variants discussed above as resulting from defects in the parents' seed (*bija*)—the father's semen and the mother's blood, which were believed to combine in procreation. Thus, a defect in the mother's seed may result in the birth of a baby that is female in appearance but not a true female (that is, an individual of the third gender), while a defect in the father's seed may result in a similarly defective male birth. A variation is the belief that a third-gender individual is conceived when the amounts of the male and the female seed are equal, as opposed to a preponderance of one or the other, which results in a child of the respective gender.<sup>50</sup> The third-gender status of the child is believed to be detectable through examination of embryonic shape (*Caraka* 4.4.10).

Discussions in the Buddhist commentarial literature indicate the belief in an inherent gender "power" (*indriya*) that determines masculine and feminine primary and secondary sexual characteristics, as well as gender-role behavior, which is expressed by girls playing with dolls and boys with toy vehicles and farm tools, differences in male and female gait, and the like.<sup>51</sup> Furthermore, there is a passage in the Pali scriptures that has been interpreted to mean that changing a man into a third-gender individual, or vice versa, is an unseemly activity for a mendicant (*śramaṇa*).<sup>52</sup> These conceptions are very much in accordance with an essentialist viewpoint.

<sup>49</sup>A somewhat analogous present-day medical view of homosexuality as an embryologic abnormality, in this case attributed to prenatal androgen deficiency, is found in Günther Dörner, "Hormone-Dependent Brain Development," *Psychoendocrinology* 8 (1983): 205–11.

<sup>50</sup>Vāgbhata, *Astāṅgahrdaya*, ed. Ācārya Maudgalya (Lahore, 1933), p. 369. This view bears a strong resemblance to Parmenides' that a mixing of male and female seeds results in the birth of individuals with cross-gender characteristics, as outlined in P. H. Schrijvers, *Eine medizinische Erklärung der männlichen Homosexualität aus der Antike* (Amsterdam, 1985), pp. 52–62. Such ideas may have developed independently, but there was extensive interchange between the Indian and Greek cultural worlds in the domains of medicine, astronomy, and other arts and sciences; see Romila Thapar, *A History of India* (Baltimore, MD, 1966), 1:73, 118–19, 122–23; Filliozat, pp. 196–257.

<sup>51</sup>See, for example, Yaśomitra's commentary on Vasubandhu's *Abhidharmakośa*, pp. 136–39; and Buddhaghosa, *Path of Purification*, trans. Bhikkhu Ñānamoli (Colombo, 1964), p. 21.

<sup>52</sup>See Buddhaghosa's comment in *The Sumaṅgala-Vilāsinī*, ed. T. W. Rhys Davids and J. Estlin Carpenter, 2d ed. (London, 1968), p. 97.



## MEDICALIZATION EAST AND WEST

India presents us with the earliest historical example of a systematic, medicalized taxonomy that encompasses homosexuality, transvestism, impotence, and other queerness.<sup>53</sup> The varied individuals described by these terms are considered to belong to a third, biologically determined gender, with a common lack of procreative ability or intention, and are treated as a somewhat stigmatized class, although one with a definite place within the larger Indian social world. There are many striking similarities to the views of the late nineteenth- and early twentieth-century European medical and psychiatric specialists who created Western ideas of homosexuality, transvestism, paraphilia, and sexual dysfunction.<sup>54</sup> Not only those who pathologized and stigmatized homosexuality and other variant sexual or gender phenomena, but also some of the early pioneers of the sexual liberation movement, such as Magnus Hirschfeld, held similar ideas about a third or intermediate gender. They regarded homosexuals as a subclass of constitutionally determined sexual variance, which included transvestites, androgynes, and hermaphrodites.<sup>55</sup> This must be viewed as an instance of independent discovery, since In-

<sup>53</sup>This is not to deny that there were other medicalized views in the ancient world, some of which were contemporary with or may even have antedated the Indian taxonomies. For instance, Aristotle, in *Nicomachean Ethics* 1150.12–16, contrasts those who take the receptive role in anal intercourse because of heredity or disease to those who yield to these pleasures out of incontinence. A much later work ascribed to Aristotle, *Problemata Physica*, presents more elaborate biological and behavioral speculations on the etiology of anal receptive homosexuality. A blockage of ducts to the testicles and penis and consequent detour of semen to the anus results in the desire for friction in this area (879b1–14). Those who are effeminate “by nature” are assimilated to women who “suffer from unsatisfied desires” (879b28), and those who take both the inserter and receptive roles are believed to have semen going to both the genitalia and the anus (189b33–34). The behavioral explanation relies on habituation to pleasurable sensations and orgasm, although even here there is noted to be a predisposition to such habituation in those who are “both lustful and effeminate” (880a5). These views, however, were not as systematized as in classical India and the nineteenth-century West.

<sup>54</sup>For example, influential late nineteenth-century sexologists such as Havelock Ellis and Richard von Krafft-Ebing connected cross-gender roles with same-sex object choice; their views are summarized in George Chauncey, Jr., “From Sexual Inversion to Homosexuality: Medicine and the Changing Conceptualization of Female Deviance,” *Salmagundi* 58/59 (Fall 1982–Winter 1983): 114–45.

<sup>55</sup>Hirschfeld propagated the view that homosexuals were a third or intermediate gender (*das Zwischengeschlecht*), comparable to androgynes, hermaphrodites, and transvestites, all of whom were subsumed under the rubric of “intermediate types” (*Zwischenstufen*); see Magnus Hirschfeld, *Geschlechtskunde: Auf Grund dreißigjähriger Forschung und Erfahrung bearbeitet*, 2 vols. (Stuttgart, 1930), 1:543–601. This is essentially the same array that we find in the Indian third-sex typologies. On Hirschfeld and other medicalizers in nineteenth-century Germany, see Harry Oosterhuis, “Homosexual Emancipation in Germany before 1933: Two Traditions,” in *Homosexuality and Male*

dian medical views on this subject were unavailable, for all practical purposes, to European physicians and psychiatrists at that time.

Although both Indian and Western medical systems viewed gender atypicality as a congenital pathology, Indians did not take the step of attempting to cure or confine queer people, as did Europeans and Americans, with medical sanction, from the late nineteenth to the middle of the twentieth centuries.<sup>56</sup> The legal penalties for homosexual behavior in the Indian traditional lawbooks are generally mild, and we have no evidence of their actually being enforced.<sup>57</sup> Neither do we have any Indian texts that refer to curing or converting third-sex individuals, who at times even have been given special privileges by Indian rulers and credited with possession of special religious or magical potency.<sup>58</sup>

For an explanation of the different uses made of medicalized views of sexuality in India and the modern West, we have to look at the interaction of these views with the larger fabric of cultural belief: with the generally positive or neutral attitudes toward sex of Hinduism and Buddhism in the case of India, and with negative attitudes toward sex on the part of Christianity in the nineteenth-century West.<sup>59</sup> Despite its

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*Bonding in Pre-Nazi Germany*, ed. Harry Oosterhuis and trans. Hubert Kennedy (New York, 1991), pp. 1–2, 12–15.

<sup>56</sup>For numerous examples of medically sanctioned confinement and treatment of homosexuals (including castration) in the nineteenth century, see Jonathan Ned Katz, *Gay/Lesbian Almanac: A New Documentary* (New York, 1983), pp. 183–249. For a summary of biological theories and treatments for homosexuality, see Gunther Schmidt, “Allies and Persecutors: Science and Medicine in the Homosexuality Issue,” *Journal of Homosexuality* 10 (1984): 127–40. Until the psychiatric establishment changed its policy in 1973, it was the chief proponent of various treatments for the supposed disorder of homosexuality; for a general survey of this topic see Charles Silverstein, “Psychological and Medical Treatments of Homosexuality,” in Gonsiorek and Weinrich, eds., pp. 101–14. Martin Duberman’s autobiography, *Cures: A Gay Man’s Odyssey* (New York, 1991), offers a vivid personal account of the destructive effects of psychiatric treatment for homosexuality.

<sup>57</sup>Penalties for male same-sex sexual behavior include a ritual bath (*Manusmṛiti* 9.174) and payment of a small fine (*Arthaśāstra* 3.18.4) (see *The Kautiliya Arthaśāstra*, ed. and trans. R. P. Kangle, 2d ed. [Bombay, 1969]). Female same-sex behavior is not generally mentioned in the legal texts, although forcible defloration of a girl by another girl (*kanyā*) is strictly punished by a heavy fine, payment of a double dowry for the girl, and ten lashes with a rod (*Manusmṛiti* 8.369–70). The severity of the punishment in this case almost certainly is because of the forcible violation, rather than the same-sex nature of the act. It is true, however, that one passage in the *Manusmṛiti* (9.68) prescribes loss of caste for male homosexual behavior, and in fact it does happen to those who become *hiñya*-s in modern India (Carstairs, p. 60; Nanda, p. 42).

<sup>58</sup>See Preston, p. 381; Hildebeitel, pp. 162–65; Nanda, pp. 29–37.

<sup>59</sup>The terms “positive” and “neutral” are clearly relative. The classical Indian religious traditions—Buddhism, and even more so Hinduism and Jainism—place a strong value on an asceticism that suppresses or sublimates sexuality; see Thomas J. Hopkins, *The Hindu*

different forms and applications, medicalization is neither an exclusively Western nor a purely modern development; it springs from the universal human propensity to distinguish and explain phenomena that challenge our usual cognitive set.<sup>60</sup> We may anticipate that future studies of other historical and cultural areas, such as China and the Islamic world, will elucidate in greater detail the varieties of medicalization and their effects on the phenomenology of gender and sexuality.

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*Tradition* (Encino, CA, 1971), pp. 48–50, 52–55. However, this ascetic trend coexists with an acceptance of the erotic (*kāma*) as a component of religious practice as well as one of the recognized aims of life (*puruṣārtha*); see William Theodore de Bary, ed., *Sources of Indian Tradition* (New York, 1958), 1:206–8. The *liṅgam*, Śiva's generative organ, is worshipped widely by Hindus, and both Buddhist and Hindu tantrism incorporate sexual symbolism and in some cases activity; see Agehananda Bharati, *The Tantric Tradition* (Garden City, NY, 1970), especially pp. 199–278. Moreover, the profusion of sensual subjects and forms (including nudity and sexual activity) in Hindu and Mahāyāna Buddhist painting and sculpture sends a very different message from the general avoidance of open sensuality in Christian (as well as Islamic and Jewish) art. Perhaps the Hindu and Buddhist monism that views the sacred as immanent in the physical world was more hospitable to the sexual, as compared to the Christian (and Platonic) dualism of body and soul, which fostered a disgust for and rejection of sexuality, as detailed by Peter Brown, *The Body and Society: Men, Women, and Sexual Renunciation in Early Christianity* (New York, 1988). An example of this interaction between Christian sexual morality and medicalized views is discussed in John C. Fout, "Sexual Politics in Wilhelmine Germany: The Male Gender Crisis, Moral Purity, and Homophobia," *Journal of the History of Sexuality* 2 (1992): 388–421. A similar dynamic can be seen in the ancient world. In the Christianized Roman Empire, homosexuality (specifically cross-gender and anal receptive behavior) was reconceptualized by the medical literature in a very negative manner, as an incurable psychopathology rather than an inherited biological disorder; see Caelius Aurelianus, *On Acute Diseases and On Chronic Diseases*, trans. I. E. Drabkin (Chicago, 1950), pp. 901–5.

<sup>60</sup>See Douglas, pp. 36–38.