

# The Psychosocial Struggles of Risking Emasculation and the Becoming of Real Hijra: Recounting Nirvana Process in Transwomen Life Narratives

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**ABSTRACT--***Gender is more a cultural construct and a psychosocial identity than a biological factor. Yet, the transgender individuals face an enormous amount of social segregation and cultural stigma due to the gender to which they identify themselves. The prime cause of such a stigma seems to emanate from the fact that an apparent gap exists between the gender identity of transgender individuals and their biological sex as manifested by their body. The transgender individuals, in order to attain the perfect gender position to which they aspire for, desire hard to get rid of the sexual organs with which they were born, since the very same organs have become opposite to their gender at present. This is more the case with the transwomen or male-to-female (MTF) individuals, as their male genital organs turn out to be the source of stigma and social isolation especially in a country like India. In other words, the biological presence of male genital organs make the transwomen less female in their individual as well as sociocultural milieu. In order to get rid of their burdening male genital organ, the transwomen risk to get operated of their penis most often through a complicated surgery potential of leaving them dead or seriously ill. Within the transgender community in India, getting opportunity for this surgery is considered a huge blessing and a divine gift. The process of this surgery involves many rituals, community care and the individual's huge suffering. Indian transgender life narratives are replete with vivid narrations of this process of sex reassignment surgery (SRS). In this paper, an attempt is made to trace the emasculation process undergone by the transwomen in typical Indian conditions so as to attain their "Nirvana" and become a "real" Hijra. The emasculation is effected by the SRS process involving a lot of preparation on the part of the transwomen and their community or family, brutal surgery, shabby post-operative care and their final relief of joining their Hijra community with a lot of attention, reception and special celebrations. This Nirvana process, as evinced from the life narratives of transwomen, hinges upon medical, anthropological and cultural paradigms of transwomen's lives in India.*

**Keywords--** *Psychosocial struggles, Sex Reassignment Surgery, Hijra, Life narratives, Emasculation, Nirvana,, Transgender rituals.*

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## I. INTRODUCTION

Transwomen or male-to-female (MTF) transgender persons form the most visible group among the gender nonconforming individuals and sexual minorities in the Indian subcontinent (Revathi 2016; Nanda 1989; Reddy 2010). The MTF transgender women are popularly known as Hijras in Hindi, and as Thirunangai or Aravani in Tamil. The term Hijra refers to being a eunuch, the root of the word going back to the Arab word Hijrah which means 'flight' or 'departure (ref)'. The Tamil word 'Aravani' is derived from the Hindu mythology, from an episode in Mahabharata in which Krishna incarnates as Mohini in order to satisfy the wish of Aravan to have a wife on the night before his sacrifice for Pandavas victory in the war and moans for her husband Aravan's death after cutting off her mangalsutra (the sacred thread tied on her wedding to symbolise a woman's marital status). The word Thirunangai is a secular reference which literally means 'Mr. She'. These terms apparently refer to the effeminate males who transform themselves into womanhood and identify as females by wearing saris, growing long hair and by explicitly imitating the feminine behaviours (Rao 2016, 99). As scholars like Reddy (2010), Nanda (1989) and Cohen (1995) point out, Hijra status is not confined to one's sexual orientation and gender identity alone, it rather involves a huge network of family system, kinship network, community structure and distinct group culture. A multiplicity of relational, religious, ritual, regional and class differences also exert a strong influence on the Hijra individuals and communities in India. Within this strongly knit community structure as well as in the society, the authenticity of a Hijra is largely dependent on one's attaining of nirvana. Nirvan or Nirvana is a religious term referring to the castration or mutilation of male genital organ (penis) from the Hijra body and rituals associated with this removal process. The life narratives of Hijras in the form of autobiographies, oral narratives,, personal interviews, case studies and documentary films are replete with their perception of the nirvana as the most important factor in defining their gender identity as Hijra and transwomen. Many of them also recount their experience of undergoing the sex reassignment surgery (SRS) and its aftermath with chilling details, yet feeling proud and relieved of having undergone the nirvana. This paper explores the significance attributed to the nirvana process, the preparatory phase for the SRS, the brutal nature of SRS operations, the post-operative stage and nirvana rituals as experienced and retold by the South Indian transwomen. Though these MTF transgender persons are termed 'third sex' (Nanda 1989), phenotypic men (Rao 2016), intersex (Sharma 1989) and 'neither men nor women' (Nanda 1990), they are referred only by the terms transwomen and Hijras in this paper, since they identify and want to be known so in their life narratives.

## II. SRS And Hierarchies Of Authenticity In Hijra Identity

Though Hijra identity is inclusive of their cultural embodiment, the question of sexuality and body is central to one's status and position within and outside the Hijra community (Reddy 2005). Those who have undergone the sex reassignment surgery are considered the 'real' Hijras while those who await their chance are thought to be inferior

within the community and incapable to elevate themselves beyond the level of Chella (daughter) (Revathi, 2010). Some of the transwomen are said to have been born as intersex babies with their incomplete genital organs. They are considered to have been gifted with divine power, and their blessings are thought to carry at most benevolence (Hall, 2005). It is in this context that the sex reassignment surgery (SRS) becomes the key factor in defining the Hijra identity. Furthermore, several narratives of male-to-female (MTF) transwomen contain vivid portrayal of their intense desire to undergo the SRS process. Each of them elaborate how they hated the male genital organ present in their body as they always felt themselves as ‘women trapped inside a male body’ (Bandopadhyay & Pandey, 2017; Revathi, 2012, 2010; Vidya, 2013).

Gender is more a cultural construct and a psychosocial identity than a biological factor. Yet, the transgender individuals face an enormous amount of social segregation and cultural stigma due to the gender to which they identify themselves. The prime cause of such a stigma seems to emanate from the fact that an apparent gap exists between their gender identity and biological sex. The transgender individuals, perhaps to attain the perfect gender position to which they aspire for, desire hard to get rid of the sexual organs with which they were born, since the very same organs have become opposite to their gender in the present. This is more the case with the female transgender persons, as their male genital organs turn out to be the source of stigma and social isolation. In other words, the biological presence of male genital organs make the female transgender persons less female. This purported condition of remaining less female remains the prime perception upon which the transwoman’s status within the Hijra community is determined. Beyond these sociocultural perceptions of the Hijra community, transwomen individuals feel an enormous desire for reorienting their biological features to match the sex of their mind.

### **III. SEX REASSIGNMENT SURGERIES: AN INTRODUCTION**

The stigma associated with transgender people is far less in the developed countries and liberal societies (Hines & Sanger, 2012; Saraswati, Shaw, & Rellihan, 2017). A comprehensive medical process has been developed in such countries even to the extent of implanting wombs for the MTF individuals. Sex reassignment surgery for the MTF individuals commonly involves reshaping the male genitals into a form with the appearance of, and, as far as possible, the function of female genitalia. Before any surgery, the transwomen undergo hormone replacement therapy (HRT), and, depending on the age at which HRT begins, facial hair removal. There are associated surgeries one may elect to, including facial feminization surgery, breast augmentation, and various other procedures. Lili Elbe was the first known recipient of male-to-female sex reassignment surgery, in Germany in 1930. Christine Jørgensen was likely the most famous recipient of sex reassignment surgery, having her surgery done in Denmark in late 1952. Another famous person to undergo male-to-female sex reassignment surgery was Renée Richards. She transitioned and had surgery in the mid-1970s, and successfully fought to have transgender people recognized in their new sex. The first male-to-female surgeries in the United States took place in 1966, much later than the European countries (Stryker, 2017).

But in India, genital surgery or Vaginoplasty remains to be the only medical intervention available for the MTF persons in most of the instances, of course involving much complications potential of resulting in infections and risks to life. Only recently that such Vaginoplasty surgeries are conducted in the hospitals with anaesthesia. Earlier, such surgeries were conducted by the self-trained non-professionals, fake doctors and even transgender people themselves who are called 'Thaiyamma' (Bandopadhyay & Pandey, 2017; Revathi & Murali, 2016; Sopna, 2017; Vidya, 2013). MTF sex reassignment surgeries in India require an in-depth medical anthropological study, and there is a serious dearth for the studies of such kind. Yet, the life narratives of transgender people, especially MTF among them, offer a vivid picture of how sacred the surgery is considered and what sort of procedures are followed by the local doctors, quasi doctors and hospitals during these surgeries.

#### IV. SRS: THE PREPARATORY STAGE

Preparatory stage for the SRS process involves a huge participation and active support of the community in the case of those transwomen living within the family structure of the Hijras. First of all, the desiring transwoman should wait for her turn in order to get permission from the Guru and community members. Selection for undergoing this operation within the community is to be announced by the Guru, and it largely depends on one's luck and whether the particular transwoman is in the good books of the Guru Hijra. Revathi, in her autobiography *Truth about Me: A Hijra Life Story* recounts how blessed she felt when her Nani, her guru within the transgender family chose her to be sent for the MTF sex reassignment surgery. She explains her excitement in a lengthy narration, which is worth quoting: "She (Nani) called me to her again and asked, 'Do you want to have an operation performed by a doctor, or by a thayamma?' A 'thayamma operation' is performed by one Hijra on another; an operation performed by a doctor takes place in a hospital. I did not quite understand the import of nani's question, but felt thrilled nevertheless. I wanted to jump up and down in excitement, but instead replied, without really waiting to think about it—I was afraid that if I hesitated she might not send me—that it was all up to her and I would go wherever she sent me. In my heart of hearts I was afraid to opt for a thayamma operation. On the other hand, I knew that those who had nirvaanam done by that method enjoyed a special status and were respected. But more than anything, I was eager to become a woman and that was all that mattered to me. Back then I thought that in order to turn feminine, all I needed to do was get rid of this male object and I would become free to be a woman, like other women. 'You might not be able to bear a thayamma operation, so it is best you get it done by a doctor,' said nani" (Revathi, 2010 p. 26).

We also learn from her recounting that a lot of effort by the Hijra community is involved in getting this surgery done to an MTF transgender. Within the community, the surgery or the process of shedding one's male genital part is referred "Nirvaanam". This term certainly constructs several layers of philosophical, religious and ritual meanings to the process of becoming a biological female. The Hijra Parivar or the family arranges for a ticket and rupees seven thousand for the surgery to Revathi and her friend who are sent to Dinduggal in Tamil Nadu for the surgery to be conducted in a stealthy manner at an unsafe and unclean hospital. Likewise, Vidya (2013) narrates how

she was sent to Cuddapah for her surgery to be carried out discreetly. Vidhya considers herself somewhat fortunate when compared to other Hijras as her Nanny was kinder than the rest of her counterparts to book a Sleeper Class ticket for her. She recounts her excitement about her Nirvana the previous day thus: Nirvana! How long I had waited for it! What humiliation I had suffered! Obsessed with it, I had mortgaged my pride, my anger, my honour—I had even begged on the streets to achieve that end. How could I sleep now, with my dream about to be fulfilled tomorrow? . . . It was the most important day of my life” (Vidhya, 2007, p. 6”).

Yet in the case of transwomen who have the fortune of family support, the preparation for SRS process is more scientific and medically driven, as they understand the complexities and enormous complications that would result due to this surgery. Manobi (2017) recalls her late adolescent consultations with clinical psychiatric experts and their perplexing strives to provide alternate medications in the name of “curing” her gender dysphoria. She further recalls the finding of a physician who could understand her legitimate desire to undergo the surgical procedure in order to become a biological woman. Laxmi also belongs to this latter category of transwomen gifted with their family’s emotional and financial support for the sex change, at least with a grudging face. Revathi (2016) documents the experiences of several transwomen who opted for “Thayamma Operation” for their sex change, and such an operation is preceded by an elaborate cycle of rituals usually in a secluded village setup.

## V. THE SURGERY AND ITS AFTERMATH

Revathi narrates the shocking procedures employed by the doctor during the surgery and the worst post-operative care she receives at the hospital. She explains how the gushing blood is controlled by carton cloths and how she is left to scream in pain after the penis is removed. Back at her Hijra community however, she enjoys a special treatment and asked to stay in rest for the next 40 days. A huge celebration is hosted by the Hijra family to which she belongs in which many transgender women bless her and conduct pujas to the goddess. She fascinatingly recalls how she felt upon looking at herself at the mirror on that day as a part of the rituals: “A mirror was then thrust into my hands—I had to look at myself, and I had not looked into a mirror for forty days. The mirror was of such a size that I could view my face and Mata’s face. Beguiled by her rich beauty, I could not recognize myself. My face had changed! I felt like a flower that had just blossomed. It seemed to me that my earlier male form had disappeared and in its place was a woman. I felt exultant” (Revathi, 2010, P. 33).

She also narrates how she could luckily get a few medications for breast augmentation in the form of tablets imported from Singapore and circulated to her by her friend. The same kind of procedures and surgery processes are recounted by other transgender women in their life narratives. The Tamil documentary film *Vali* (Pain) is perhaps the best example in which the transgender women recount their pains and sufferings associated with this surgery process through oral narrations. Revathi and Murali (2016) and Revathi (2012) narrate the experiences of other transwomen who have undergone the SRS surgery in absolutely unsafe and extremely brutal conditions. The surgery is, more often than not, carried out without administering anaesthesia and just with a blade or chopping knife. In ‘Thayamma Operation’, the penis is cut out using a rope and knife by making the transwoman stand faced

against a wall upon which the portrait of Matha is hung. Be it at the hospital or at the Thayamma house, the operated transwomen are discharged and sent away to their community family within a couple of days.

What Vidya (2013) has to state about the experience of her fellow transwoman and herself serves to exemplify the typical condition of extremely brutal nature under which Nirvana operations or SRS surgeries are conducted in Indian hospitals: “I wasn’t prepared for the speed of the operation. I expected an operation to take at least an hour, and a vital one like ours at least two hours. In barely twenty minutes, a man and a woman wheeled Satya out—it was all over. Neither attendant looked like a nurse or a hospital worker. . . . They lifted Satya from the wheelchair and, spreading a couple of newspapers on a steel cot, dropped her unceremoniously on it. Their unsafe, unhygienic approach made me nervous, but there was no time to worry. They whisked me away as soon as they had dumped Satya on the cot. . . . But it was no operation theatre, I realized as soon as I entered the tiny room—it was a slaughterhouse. In the room was a solitary cot. A masked doctor stood by its side; his eyes were those of an old man” ((Vidya, 2013, P. 11).

## VI. CONCLUSION

The experiences of transwomen who live in the Hijra community setup have almost the similar stories of brutalities and final achievement of their biological “self” to narrate. Even for those transwomen with family backing and expert medical support, the surgery has not been a cakewalk in any way. Yet, almost all the Hijras feel an intense desire for converting their physique to their mental perception of a female. It is more than apparent that no one would risk such an unsafe and brutal surgery process just for the sport or fun of sex change. This risking for emasculation emanates from their intense hatred of male genital organ present in their body and a deep frustration to get rid of it. Manobi Bandopadhyay sums up this aversion of transwomen that leads to their emasculation surgery even potential risk for their life: at “I would spend hours standing naked in front of the mirror trying to inspect the image that stared back at me. I hated him. I could not relate one bit to this body. Each time I arrived at the same conclusion—this is not me. My soul and sexuality did not match the image I saw in the mirror. I would look at that otherwise perfect reflection and weep for hours. I felt like tearing away and escaping from the man’s body in which I was born. I knew that if I dressed and behaved more masculine in public I would be spared the insults and jeers that had now become a part of every waking minute of my life” (Bandopadhyay & Pandey, 2017, p. 109).

In this paper, an attempt has been made to trace the emasculation process undergone by the transwomen in typical Indian conditions so as to attain their “Nirvana” and become a “real” Hijra. The emasculation is effected by the SRS process involving a lot of preparation on the part of the transwomen and their community or family, brutal surgery, shabby post-operative care and their final relief of joining their Hijra community with a lot of attention, reception and special celebrations. This Nirvana process, as evinced from the life narratives of transwomen, hinges upon medical, anthropological and cultural paradigms of transwomen’s lives in India.

## REFERENCE

1. Bandopadhyay, M., & Pandey, J. M. (2017). *A Gift of Goddess Lakshmi*. New Delhi: Penguin Random House India.
2. Beemyn, G., & Rankin, S. (Eds.). (2011). EXPERIENCES OF TRANSGENDER IDENTITY. In *The Lives of Transgender People* (pp. 39–77). Retrieved from <https://www.jstor.org/stable/10.7312/beem14306.7>
3. Hall, K. (2005). Intertextual Sexuality: Parodies of Class, Identity, and Desire in Liminal Delhi. *Journal of Linguistic Anthropology*, 15(1), 125–144.
4. Hines, S. (2007). Transgender care networks, social movements and citizenship. In *Transgender Practices of Identity, Intimacy and Care. TransForming gender* (1st ed., pp. 161–182). Retrieved from <https://www.jstor.org/stable/j.ctt9qgpqw.12>
5. Hines, S., & Sanger, T. (Eds.). (2012). *Transgender Identities: Towards a Social Analysis of Gender Diversity*. New York, NY: Routledge.
6. Nanda, S. (1989). *Neither Man Nor Woman: Hijras of India*. Belmont: Wadsworth Publishing Co Inc.
7. Nownes, A. J. (2014). Interest Groups and Transgender Politics: Opportunities and Challenges. In J. K. Taylor & D. P. Haider-Markel (Series Ed.), *Groups, Issue Framing, and Policy Adoption. Transgender Rights and Politics* (pp. 83–107). Retrieved from <https://www.jstor.org/stable/10.3998/mpub.4883502.6>
8. RAO, R. (2015). Hijra. In G. Dharampal-Frick, M. Kirloskar-Steinbach, R. Dwyer, & J. Phalkey (Series Ed.), *Key Concepts in Modern Indian Studies* (pp. 99–101). Retrieved from <https://www.jstor.org/stable/j.ctt15zc7zj.42>
9. REDDY, G. (2003). ‘Men’ Who Would Be Kings: Celibacy, Emasculation, and the Re-Production of ‘Hijras’ in Contemporary Indian Politics. *Social Research*, 70(1), 163–200.
10. Reddy, G. (2010). *With Respect to Sex: Negotiating Hijra Identity in South India*. University of Chicago Press.
11. Revathi. (2012). *Our Lives Our Words Telling Aravani Lifestories*. New Delhi: Yoda Press.
12. Revathi, A. (2010). *The Truth about Me*. (V. Geetha, Trans.). New Delhi: Penguin India.
13. Revathi, A., & Murali, N. (2016). *A Life in Trans Activism*. New Delhi: Zubaan.
14. Sopna, A. M. (2017). *A Voiced Cry of Transgenders*. Educreation Publishing.
15. Stryker, S. (2017). *Transgender History: The Roots of Today’s Revolution*. Seal Press.
16. Vidya, L. S. (2013). *I Am Vidya: A Transgender’s Journey*. New Delhi: Rupa Publications India.
17. Raheem farista, pradeep m muragundi (2016) practical possibilities to empower patients in management of inflammatory bowel disease. *Journal of Critical Reviews*, 3 (4), 1-5.
18. Brar, G.S., & Dr. Malhotra, R. (2013). Wireless Computer Networks and Associated Energy Efficient Protocols. *The SIJ Transactions on Computer Networks & Communication Engineering (CNCE)*, 1(5), 6-9.
19. Elizabeth, T.P., Dev, P.K., & Kavitha, S. (2014). An Efficient Data Gathering Mechanism using M\_Collectors. *The SIJ Transactions on Computer Networks & Communication Engineering (CNCE)*, 2(1), 5-9.

20. SabarishaMalathi, P., Vanathi, D. A Study of Data Storage Security Issues in Cloud Computing (2019) Bonfring International Journal of Software Engineering and Soft Computing, 9 (2), pp. 5-7.
21. Devaarul, S., Iyapparaja, M. A Review of Big Data Examination in Medicinal Services and Government (2018) Bonfring International Journal of Networking Technologies and Applications, 5 (2), pp. 15-17.