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Discourses of (De)Medicalization in Social Media Awareness Campaigns on Homosexuality and Mental Illness

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Abstract

Medical epistemology and biomedical hegemony are crucial analytical bridges interlinking queer studies and disability studies. While the heterogeneity of queerness and disability is undeniable, a central common feature of both these categories is their being subjected to pathologization. Efforts to prevent, cure and eliminate queerness and disability are predicated on this pathologizing in which medical discourse plays a significant role. Queer studies, disability studies, and scholarship exploring the interlinkages between the two have critically interrogated the hegemony of medical epistemology, biomedicine in particular, in constituting the pathological. This paper explores how queer and disability rights activists have challenged medical epistemology and biomedical hegemony. This paper uses two social media awareness campaigns and the visual-lexical repertoire of the campaigns in order to analyse the heuristics of the critiques of biomedical logic of pathology. The analysis demonstrates the unwillingness of the campaign managers to formulate a strong critique of biomedical rationality and reveals how biomedical hegemony functions.

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The interconnections between queer studies and disability studies are well explored particularly in American academia in the works of Robert McRuer, Alison Kafer, Mark Sherry, Jasbir Puar and several others. However, queer disability studies as an area of enquiry is in its nascent stages in the Global South and is being explored by scholars such as Janet Price, Niluka Gunawardena and Fiona Kumari Campbell. One of the foundational political, epistemological and ethical concerns of both queer studies and disability studies is the production of queerness and disability as medical aberrations in need of prevention, cure and elimination (UPIAS, 1976; Sweet & Zwilling, 1993; Shakespeare & Watson, 2002; Campbell, 2013; Kafer, 2013; Narrain & Chandran, 2016).

Disability is the "quintessential post-modern concept" (Shakespeare & Watson, 2002, p. 19), owing to its heterogeneity. The same could be said of queerness, which comprises an infinite spectrum of gender and sexual forms beyond the narrow confines of heteronormativity. Given this heterogeneity, various forms of disability and queerness have been pathologized differently. However, medical disciplining and pathologizing are common processes to which they are subjected. For instance, ethical debates around cochlear implants are closely related to sexual reassignment surgeries performed on intersex children. Electroconvulsive therapy as a form of treatment for severe mental illnesses is used as a form of reparative therapy for homosexuality. Confinement in psychiatric institutions has affected people with various kinds of mental disabilities and queer people. The classification of "gender dysphoria" as a mental disorder aligns queerness with various kinds of psychosocial disabilities and perpetuates the pathologizing of the transgender experience. Moreover, the disproportionate weightage given to diagnosis and cure over all other aspects of the patient's life compromise the legitimacy of queerness and disability as ways of being in the world. It denies the patient autonomy and foregrounds medical expertise. Therefore, the role of medical epistemology and biomedical hegemony[1] in the pathologization of disability and queerness merits attention.

The pathologizing of queerness and disability creates a rationale for the project of eugenic world-building, which is premised on heteronormativity and ableism. As queer disability studies emerge in India, it is worthwhile to foreground the critiques of medical discourse as common areas of academic and political concern. In India, as with several other parts of the world, the process of pathologizing links queerness and disability in terms of the ethical question of defining whose life is worth living and which lives need to be eliminated. Despite a dimension of universality that undergirds this question, its conception and answer must always be developed from the bottom up. Hence, the nuances of the processes of pathologizing and its relevance for queer studies and disability studies needs to be established through a close engagement with empirical realities.

Eujung Kim's (2017) concept of "curative violence" is a useful analytical bridge to explore the commonalities in the medical pathologization of queerness and disability. Kim

defines curative violence as "the exercise of force to erase differences for the putative betterment of the Other" (p. 14). The eugenic rationale underlying curative violence against queerness and disability also shows the commonalities between both these forms of marginality. Regarding curative violence in the context of queerness, Kim (2017) observes, "Cure operates with the social compulsion of gender conformity and heterosexuality as conditions of recognition and belonging, as well as the normative pressures that vary with context" (p. 10). She makes a similar observation about curative violence in the context of disability, "Curative violence occurs when cure is what actually frames the presence of disability as a problem and ends up destroying the subject in the curative process" (Kim, 2017, p. 14). The imperative to subscribe to normativity constitutes the crux of curative violence. As discussed earlier, it is through a close engagement with the empirical realities and logics prevalent in India today that the functioning of pathologizing and the forms of curative violence can be understood. Two social media awareness campaigns in India by a queer rights organization and a mental health organization in recent years offer insights into how such curative violence has an impact on those marginalised on account of their sexual orientation in the Indian context.

The first campaign entitled #QueersAgainstQuacks was launched by a queer rights organization called the Humsafar Trust. The Humsafar Trust is one of the largest and oldest queer rights organizations in India that was founded by queer rights activist Ashok Row Kavi in Mumbai in 1994. The Trust commenced its advocacy efforts with HIV/AIDS preventive counselling and medical advisory services for gay men and has since expanded its efforts to various other aspects of LGBT rights. In 2016, the Trust organised the #QueersAgainstQuacks campaign from May 1st to May 17th, the International Day Against Homophobia and Transphobia. This was primarily a social media campaign that used the "name and shame" strategy to expose medical professionals and religious figures who considered homosexuality to be a medical disorder. This was accompanied by images of people sharing their experiences of having survived conversion therapy, entailing medical interventions to make them heterosexual. The campaign also involved the compilation of a gay affirmative therapy manual for mental health practitioners.

The publicity material used in the social media campaigns offers insights into how homosexuality is pathologized. The terms "disorder", "mental disorder" and "disease" are used (and criticized) to describe homosexuality. The terms "quacks" and "quackery" used in the campaign reveals the stand of the campaign on biomedical rationality and what it considers to be "good" or "evidence-based" medicine.

The second campaign is entitled #NotJustHormones, launched by a mental health organization called the White Swan Foundation. The White Swan Foundation was established in Bangalore in 2014 and focuses on providing pertinent information on various aspects of mental health in order to raise awareness and facilitate informed decision-making. It does so through its website, which includes articles and blog posts on mental health issues in six languages. The aim of the campaign was to foreground social factors that adversely impact women's mental health and to question the attribution of mental illness in women to hormonal causes. The campaign comprises a number of "posters" (which resemble the design and function of memes), each one specifically mentioning a form of inequality or violence affecting women's mental health.

A detailed analysis of the content of these memes and the heuristics of the critique of biomedical rationality that they formulate provides an opportunity to analyse how pathologization of homosexuality and disability is panning out in the Indian context.

But before proceeding to the analysis, a word on the use of memes is in order. Limor Shifman, in his study on memes, observes that memes are "small units of culture that spread from person to person by copying or imitation" (Shifman, 2014, p. 2). He further observes that memes diffuse from person to person, but they also shape and reflect general social mind-sets (Shifman, 2014, p. 4). This is also true of the objectives of the campaigns: they seek to question the pathologizing of queerness and mental illness but also reflect the ideas around this pathologizing that already exist in society. The popularity of memes as a medium of mass communication today makes them a particularly useful form to analyse negotiations around pathologization of 'otherness', curative violence and biomedical rationality.

In the #QueersAgainstQuacks campaign, each meme comprises a photograph of a medical professional or an alternative medicine specialist along with a witty statement capturing the person's stance on homosexuality as a pathological condition. Each of these memes is titled #QuackoftheDay. One of these memes is of the yoga guru, Baba Ramdev, who publicly declares homosexuality a "disease" and recommends yoga as a "cure" (The Humsafar Trust 2016, *hereafter THT*). Over the years, several newspaper reports have covered Ramdev's (and his followers') pathologizing of homosexuality (Nelson, 2009; Agarwal and Dam, 2017). The meme reads, "I invite the gay community to my yoga ashram and I guarantee to cure them of homosexuality" (THT, 2016). The retort to the meme by the campaigners is "Make your Patanjali [Ramdev's brand of Ayurveda products] 'cure' something else, but in this matter, there is #NothingtoCure" (THT, 2016).

Another meme on a sexologist and it reads, "Here we have another Quack who says homosexuality is a disease [capitalization removed]" (THT, 2016). The explanation of the meme reads: "He insists on finding out if the person has been through child abuse before deciding how to 'treat' him/her. He thinks of Homosexuality as a mental and genetic disorder" (THT, 2016).

Here, homosexuality is spoken about not only in terms of the mental but also the physiological ("genetic") pathology. The retort to this sexologist reads, "Someone, please inform Dr _____ that there is nothing to 'treat'. #Nothing to Cure" (THT, 2016).

The consistent use of the terms "disease" and "disorder" in these memes appears deliberate and precise in its message. The term "illness" is seldom used in the memes. The two terms appear to be used synonymously and interchangeably. A look at the list of conditions covered by the *Diagnostic and Statistical Manual of Mental Disorders Version V*, published by the American Psychiatric Association, reveals that all conditions are expressed in terms of "disorders", "dysfunctions" and "dysphorias". "Illness" is not used as a psychiatric condition most likely because disease (as well as disorder and dysfunction) is a purely biomedical category unlike illness which evades the precision of biomedical diagnostic criteria. Medical anthropologist Arthur Kleinman (1981) best articulates the distinction between disease and illness. To Kleinman, disease is the "malfunctioning of biological and/or psychological processes" while illness is "the psychological experience and meaning of perceived disease"

(1981, p. 72). Kleinman further elaborates that, "Illness includes secondary personal and social responses [emphasis added] to a primary malfunctioning (disease) in the individual's physiological or psychological status (or both). While the medical professional and the healthcare system that Kleinman critiques direct their attention to *the disease and its manifestations (i.e. symptoms, role impairment, etc.), the experience of illness for the patient involves much more*. (Kleinman, 1981, p. 72). The extraction of illness from disease is the primary objective of the healthcare system, Kleinman argues.

The #QueersAgainstQuacks campaign is arguably predicated on the recognition of the difference between disease and illness and therefore uses "disease" and "disorder" and not "illness" which would involve recognition of the personal and social responses in the individual's physiological and psychological status. In this context, it would mean also attending to how the persons and those around him constitute homosexuality.

Another important tendency captured in the campaign is the representation of psychosocial conditions in physiological terms. Another meme on a sexologist reads, "The problem with homosexuals is that they have female hormones. The cure is to increase male hormones in them" (THT, 2016). No mention of the social or psychological aspects of homosexuality is made. Instead, causality is established entirely in terms of hormones. This is an exemplary illustration of the "biomedicalisation" of human experience by rendering these phenomena in terms of physicality.

The dominance of the biomedical model in the contemporary world is evident in its emergence as a logic for all kinds of therapeutic systems beyond biomedicine itself. This is evident in Baba Ramdev's claim about homosexuality being a disease in need of cure using yogic, and not allopathic, interventions. This dogmatic view might not adhere to biomedical criteria of objectivity but it follows an important logic of biomedicine, which locates the pathological condition within the body and deems it pathological, independent of individual experience. This is further illustrated in a meme about a sexology clinic which "provide[s] treatment to get rid of this homosexuality habit" (THT, 2016). The clinic claims to provide treatment by doctors who are qualified Graduate in Ayurveda Medicine and Surgery (G.A.M.S.), Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.) and Bachelor of Homeopathic Medicine and Surgery (B.H.M.S). The mention of three different systems of medicine indicates the appropriation of so-called "alternative" medicine within the logic of the biomedical framework, thus dismissing any subversive potential that could be associated with these medical systems (Sujatha, 2014 and Anand, 2018). The meme is a striking parody of medical pluralism given the unseemly alliances between these apparently diverse medical traditions. The clinic pathologizes homosexuality as a "habit", which in this context is more closely aligned to the language of disease than that of illness. To elaborate, the classification of homosexuality as a disease simultaneously entails its pathologization and its separation from the person and their experiences with homosexuality. In fact, experiences are completely discounted in the privileging of the conception of disease over illness. This is an example of how the language of biomedicine can take on several forms and its logic can percolate into alternative systems of medicine, too.

Furthering this critique of physiological reasoning is a meme of a religious leader who

attempts to use genetic rationality to pathologize homosexuality. The meme reads, "What dis gay gene? [capitalization removed]" (THT, 2016). The meme provides an important illustration of the dominance of physicality and "geneticism" in biomedical reasoning:

> _____ addresses the, apparent, need for research and science to look into this 'Gay gene'.
> Here are some of the pressing questions he is asking:
> How many homosexuals are there in animals??
> What % of homosexual behaviour can be attributed to Nature vs Nature??
> A Huge majority is having apprehension, can there be meaningful engagement & debate??
> Mr. _____ , do let us know once you have your answers.
> #Nothing2Cure (THT, 2016).

This concern over the gay gene is not unique to lay persons, the subject has received scholarly attention, too (Brookey, 2002 and Hamer & Copeland, 2011). The genetic model of medical *thinking* is particularly relevant here. Jackie Leach Scully (2002) observes a shift in the method of conceptualising disease through the transition from the molecular to the genetic model of disease. The latter is much more deterministic than the former in the identification of the causality of the disease in the individual's genetic constitution. Elsewhere, Scully (2008) explores the apprehensions and hopes that medical interventions premised on genetics have for people with disabilities. Fears about eugenics, the undermining of contributing factors to disability beyond genetics, and the discounting of disabled people's experiences are among the apprehensions about genomic medicine identified by people with disabilities. Scully observes that "geneticization", which is "a term coined to denote the tendency to explain phenomena, and particularly aspects of human life, in terms of gene action alone" (2008, p. 799) is one of the major ethical concerns with genetics and genomic medicine. Although she does not elaborate this point significantly, Scully suggests that a better understanding of genetics might also serve to legitimize disability (and arguably, queerness) through a facilitation of a better understanding of various disabling conditions. But given the apprehensions about genetics and the absence of dialogue between people with disabilities and geneticists, any possible benefits of genetics for disabled people seem unlikely.

Scully's observation about the deterministic causality associated with genetics and misconceptions about its objectivity and unambiguity are mirrored in the religious leader's rhetorical questions. The findings of a genetic study of homosexuality would be undisputed owing to the privileged status accorded to genetic information, according to the religious leader. But it is not genes alone to which he looks to for scientific truth. He also seeks quantitative information in the form of analogical evidence on homosexuality in animals and aetiological studies on homosexuality in humans. His final question "can there be meaningful engagement & debate??" seems to suggest that questions of genetics, animal behaviour, biostatics, and quantitative data on socialization are pre-requisites for "meaningful engagement and debate". Questions of ethics, human rights, personal experiences, bioethics, the sociology of biomedicine, and other such subjective questions are kept out. Thus, the religious leader's statements are another illustration of how biomedical rationality is used in the service of so-called alternative forms of reasoning. The campaigners are evidently unconvinced about the need for any

research pertaining to the gay gene as is revealed in the use of the term "apparent", which is preceded and followed by commas to slow down the pace of the sentence with the intention of questioning the utility of such a project (the use of double question marks further highlights this scepticism). The absurdity of these demands as revealed in the impossibility of appropriate responses is arguably a sarcastic exaggeration. Nevertheless, absurdity functions as a rhetorical device to accentuate the unreasonableness of arguments that pathologize homosexuality.

The rendering of homosexuality as a social aberration without any mention of medical pathology could still contribute to the pathologization of homosexuality. This is revealed in the meme of a prominent psychiatrist that reads "I am unaware of this term 'Homo Club'" (THT, 2016). One of the lines from the explanation states, "She believes 'our society doesn't talk about sex' and considers homosexuality unnatural" (THT, 2016). This is apparently her rationale for a curative imperative for homosexuality. This psychiatrist does not use either the term illness or disease but uses "the social" as the hermeneutic space to question the acceptability of homosexuality.

The concepts of "treatment" and "cure" are employed across the memes and the title "NothingToCure" emphasizes the critical regard towards attempts to eliminate homosexuality. Kleinman and Csordas in their essay 'The Therapeutic Process' (1996) define "a successful therapeutic outcome" (p. 9) as the complete elimination of the Parsonian sick role while both acknowledge that this is not necessarily the actual, intended or even feasible outcome of every therapeutic process. Cure or the complete elimination of homosexuality appears to be the conception of a successful therapeutic outcome for the people satirized in the memes. But the recurrent use of the term "treatment" indicates that it does not guarantee the elimination of homosexuality but instead offers to control its effects. The certainty of elimination is perhaps too great a promise for these practitioners to make, which results in their willingness to guarantee possibilities of regulation.

Treatment and cure do not have a chronological relationship and are, in fact, mutually exclusive in the therapeutic contexts under discussion. They are conceived and marketed separately and are constituted in very specific monetary terms. For instance, a sexology clinic charges Rs 2100 for the treatment (which also claims that it "has no side effects and "can be used in all weathers") (THT, 2016) and another sexologist mentioned charges Rs 1.1 lakh "for the whole package" (THT, 2016). Another possible reason for the emphasis on treatment is the fact that conversion therapy for homosexuality has had a core of behaviourist rationality (Yergeau, 2018) with the emphasis being laid on the coercive subversion of homosexual *behaviour* rather than the elimination of homosexuality at the level of any kind of biological substrate. Although not explicitly addressed in this campaign, the language of treatment suggests that some of the subjects mocked in the memes are attempting to suppress the expression of homosexuality rather than eliminate it altogether. The campaign is also against making the social *sui generis* a viable alternative to the place of the biomedical pathologization of homosexuality.

Besides the "name and shame" memes, the campaign comprises a collection of personal narratives of people who have survived conversion therapy or attempts to convert them to adhere to cisgender, heterosexual norms. This set of images comprises photographs of these people holding a placard over their faces with a comment emphasizing the demedicalisation of homosexuality and self-acceptance. Beneath the photograph is a short narrative of the person's

experience with conversion therapy.

One of the images is of a man, who identifies as gay, holding a placard over his face that reads "I accept myself #Nothing2Cure [capitalization deleted]" (THT, 2016). His narrative reads as follows:

> When I realized I was attracted to men, I was depressed and even considered killing myself. I felt that nobody would accept me the way I am. One day I read the book 'The Power of the Subconscious' and I was convinced that if I controlled my subconscious, I would be able to change everything. I felt that I could change my attraction towards men and be done with this life. I tried and tried to 'yoga the gay away'.
>
> But it didn't work.
>
> I am still attracted to men. Today, I can accept myself as a gay man. I have also accepted that there is #Nothing2Cure (THT 2016).

The second image is of a person who is assigned male at birth but identifies as a woman. It is significant that the labels of transgender, transwoman, nonbinary, etc. are not used to describe this person. The image is of the person holding up a placard that reads "The pills didn't work. Now I know. #Nothing2Cure [capitalization removed]" (THT, 2016). The narrative reads as follows:

> *One day I came home and things seemed different. My mother wouldn't speak to me, my father told me to sit down quietly. I realized soon enough that someone had told my parents about my second life.*
>
> I loved living as a woman and when I was alone I wore saris with the grace of a dancer. I felt most myself when I was a woman.
>
> But my family did not agree. They beat me up, they wanted me to change and be a Man. Eventually they got less violent. They decided to take me to a counsellor to get rid of this 'disease'.
>
> They left me at the hospital for ten days. I was woken up at 7 am every day and given an injection. I don't remember anything else. I have no memory of what was done to me. Nothing changed.
>
> I realised since then that what I have is not a sickness. I am who I am. The pills didn't work because I am not diseased. #Nothing2Cure (THT, 2016).

In the first case, it appears that the person pathologized his own sexual orientation and subjected himself to conversion therapy through yoga and attempts at self-control. This is an exemplary case of illness existing in the absence of disease: the depression and suicidal tendencies have no clear biomedical causes and are apparently the result of the internalization of the social stigma surrounding homosexuality. Kleinman (1981) specifically used homosexuality

as an illustration of illness existing in the absence of disease owing to social stigma and this is reflected in the case of this person.

The Enlightenment notion of the rational, autonomous individual receives apt representation in the first narrative. The onus that the person places on himself to cure his homosexuality is reminiscent of the neoliberal ethic of selfhood that places the responsibility for self-preservation on the individual. The medical sociologist, Michael Bury, observes that consumer choice is manifested through the creation of an imperative for common people to be highly aware of various forms of lifestyles and treatments in various fields including health. Based on this knowledge, they are required to make "informed choices" (1998, p. 4), which makes them likely consumers themselves and is also conducive to the formation of consumer networks. It is within this context of the nexus between biomedicine and neoliberalism that the person's perceived need to take control of his own treatment can be read.

The second person faces a more violent and coercive form of conversion therapy from external sources including physical abuse and forceful medical treatment. The fact that the person does not mention the contents of the pills and injections indicates the lack of information and the complete deprivation of personal autonomy. As with the previous memes, the person uses the terms "disease" and "sickness" to describe the pathologizing of queerness (since it is not homosexuality alone that is pathologized) and not the term "illness". This signifies the specificity of their critique against the logic of biomedicine. The failure of the treatment seems to be the ultimate evidence of the limitations of the logic of biomedicine.

The choice of the two images could be interpreted as the attempt of the campaign to capture diverse experiences with conversion therapy beyond coercive medical treatment administered to homosexual people. However, even these campaigns exclude some marginal groups in their choice of subjects. Both subjects are people assigned male sex at birth, which raises questions about the concerns of women and people assigned female sex at birth. Similarly, sexual corrective surgery on intersex children, electroconvulsive therapy and corrective rape are some of the forms of conversion therapy that remain unaddressed.

The term "quack" used in the memes designed by the campaigns is also significant in raising questions about the legitimacy of biomedicine. The Oxford Dictionary defines a quack as "A person who dishonestly claims to have special knowledge and skill in some field, typically medicine" (Oxford University Press, 2018). While this definition of a quack might apply to Baba Ramdev and the other religious leader who are not certified medical professionals, all the other people in the memes have 'appropriate' qualifications. So, the term "quack" refers to anyone who pathologizes homosexuality and proclaims the need to eliminate it. The inclusion of a psychiatrist who pathologized homosexuality on the grounds that it is socially unacceptable is particularly interesting since she was a former president of the Indian Psychiatric Society (IPS), which has issued a statement clarifying its stand in favour of de-pathologizing and decriminalising homosexuality (IPS, 2016). Some of the important excerpts from the statement that denounce conversion therapy read as follows:

> The Indian Psychiatric Society considers same-sex attraction, orientation and behaviour

> as normal variants of human sexuality. It recognises the multi-factorial causation of human sexuality, orientations, behaviours and lifestyles. It acknowledges the lack of scientific efficacy of treatments, which attempt to change sexual orientation and highlights the harm and adverse effects of such therapies (IPS, 2016).

Adhering to the logic of quackery adopted by the campaign, this psychiatrist is regarded as a quack because her beliefs about homosexuality do not reflect the stand taken by the IPS. The IPS, in turn, at the beginning of its statement cites the declassification of homosexuality as a mental disorder in 1974, the de-pathologization of homosexuality by the World Health Organization (WHO) and the recognition of LGBT rights by the United Nations Human Rights Council (UNHRC).

As mentioned at the beginning of this paper, the Humsafar Trust has also developed a manual on gay affirmative therapy for mental health professionals and there is no specific attempt to reach out to religious leaders and alternative healers. There is no attempt to raise fundamental questions about the nature of the psy professions[2] , their diagnostic criteria or their epistemological legitimacy. Quackery is also defined in terms of deviance from discourses of modern psychiatry, thus precluding an examination of the fundamental premises of modern psychiatry. The potential of formulating a queer critique of biomedical rationality is not fully realized and the critique of the pathologizing of homosexuality remains incomplete. Perhaps the nature of the campaign – the use of memes, the goal of going viral, and the imperatives of simplicity, brevity and wittiness – are antithetical to deep engagement with complex issues of medical epistemology and ethics. Nevertheless, the analysis indicates the difficulties involved in challenging biomedical hegemony.

Medicalisation of Mental Illness in the #NotJustHormones Campaign

The main theoretical concerns raised in the previous section including the distinctions between illness and disease and the appropriation of the latter by biomedicine, the reasons for the predominance of the terms "disease" and "disorder" over "illness", the pervasiveness of the logic of biomedicine across various alternative medical systems, the bias towards physicality in describing psychological phenomena, the geneticization of psychological phenomena, the nexus between neoliberalism and biomedicine, and the undermining of personal experiences in favour of aprioristic diagnostic categories are used to study the posters designed by the #NotJustHormones campaign.

The #NotJustHormones campaign comprises a number of animated silhouettes of women and the sentence "It's probably just hormones" (The White Swan Foundation, 2018) written on top. The phrase "just hormones" is struck out with a red line and various kinds of oppression women experience such as "spousal violence", "curbed autonomy", "discrimination", "violence and abuse", "lack of financial access", "street harassment" and so on are written around it. At the centre of each poster is an explanation of the purpose of the campaign: "Often mental health issues in women are attributed to physiological factors. It is time to look at the psychosocial factors women face that make them susceptible to mental health issues. This women's month let us look deeper" (The White Swan Foundation, 2018).

The campaign aims to challenge the stereotypical reductionism of mental illness among women to hormonal causality by illustrating the social and cultural factors that affect women's mental health. It foregrounds the legitimacy of the psychosocial, which tends to be undermined in favour of the physiological.

Hormones emerge as a common site of medical determinism and pathologization for both homosexual people and women with mental illness. This pathologization undermines the complex embedded networks that contribute to the stigmatization of homosexuality and the mental distress that women experience. The campaign draws attention to a significant relationship between endocrinology and the psy disciplines in matters of diagnostics and the process of pathologization, thus depicting the intersectoral structure and operation of biomedical rationality and the nexus between neoliberalism and biomedicine. While the campaign is a critique of hormonal causality, it alludes to the need for greater dialogue between the psy disciplines and other specialities within biomedicine in order to facilitate a holistic analysis of mental illness. Endocrinal determinism like geneticization identifies the location of the diagnosed condition with certainty and administers treatment at this specific location.

One of the important aims of the #NotJustHormones campaign, like the #QueersAgainstQuacks campaign, is to rescue the body (and the mind) from the biomedical gaze. One of the hallmarks of biomedicine is its location of disease within the body of the person and away from the social factors responsible for the condition (Roberts, 2005; Bradby, 2012; Funke, 2016). Drawing on Michel Foucault, Hannah Bradby observes that the pathologizing of individual bodies brings these bodies within the purview of the medical gaze and further creates possibilities for individuals to subject themselves to the hegemony of medical expertise (Bradby, 2012, p. 126). Echoing Bury's (1998) argument about lay expertise where ordinary individuals are expected to possess advanced knowledge about health and take appropriate measures, in accordance with the principle of neoliberalism. In emphasizing the social over the biological, the #NotJustHormones campaign attempts to disperse the responsibility for mental health onto a range of social factors rather than consolidate it within individual bodies, thus resisting biomedical hegemony in defining mental health. The use of the phrase "look deeper" to explain the purpose of the campaign, which is a call to consider the social factors responsible for mental illness, appears ironic since it actually is a call to look *outwards* and *more broadly* beyond the body.

The emphasis on the social is a critique of the biomedical concept of cure. Issues such as "street harassment", "lack of financial access", "discrimination", "curbed autonomy" and "spousal violence" among other forms of structural violence cannot be eliminated through biomedical interventions. Hence, the foregrounding of the social in the therapeutics of mental illness subverts the biomedical imperative to treat or cure and shifts the responsibility for women's mental health onto a range of social institutions.

Anthropological studies on women with mental illness in India have explored the decentring of the body as the primary site of mental illness. In their ethnographic study of three women with disabilities, two of whom have psychiatric disabilities, Das and Addlakha (2001) observe how the notions of disability, impairment, defect and deviance are created. They foreground the domestic sphere and allied discourses of kinship and sexuality on the

one hand and the role of the state and citizenship on the other. They establish that disability is located "not in (or only in) individual bodies, but rather "off" the body of the individual and within a network of social and kin relationships" (p. 512). Other Indian scholars have observed how women with mental illness are claimed to be possessed by chandi or the Goddess Kali when they are afflicted with bouts of rage. (Mehrotra & Nayar, 2015). This cultural practice like the popular notions of *upari hawa* or mental illness as the result of demonic possessions shift responsibility away from the individual and onto social factors or the cosmic order. When spoke to, women or their families are often able to identify social factors that contributed to their mental illness. (P. Bindhulakshmi, 2012). These factors could be insults by other children at school, the death of a loved one, abusive families, fights with neighbours, and other such factors that are *external* to the body. While the medical terms for their conditions such as bipolar disorder, schizophrenia or depression often appear in the women's routine conversations, they continue to identify social factors as being primarily responsible for their mental health conditions. This gives women scope for making meaning of their conditions beyond the medical rationality that places the root cause of the 'disease' in the body.

Deviance from norms of appropriate feminine body comportment is often the primary reason why family members suspect the onset of mental illness in women and seek appropriate treatment (P. Bindhulakshmi, 2012; Das & Addlakha, 2001). Das and Addlakha (2001) observe "idealized norms of feminine appearance and feminine behaviour slide into the idiom of "defect", with individual body-selves becoming inscribed as more or less defective through speech acts and other performative acts negotiating the demarcation of the domestic and different kinds of publics." (p. 529)

These studies suggest that the primary identification of a phenomenon as pathological takes place within a social context. In the case of the women, the family pathologizes her behaviour prior to the medical establishment. Usually, the therapeutic event begins with a diagnosis of the pathological condition and this diagnosis initially takes place outside medical institutions. (Kleinman, 1981). In the case of the queer people who were subjected to conversion therapy, it was similarly observed that the pathologization of their identity took place outside the medical establishment – by the person himself in one case and by the family in the other. These instances foreground the assertion of the #NotJustHormones campaign that social factors deserve adequate attention in grasping the therapeutics of mental illness.

It is important to note, however, that the role of physiological factors in diagnosing mental illness is not entirely denied in the campaign. Consider the text in the body of each image "*Often* mental health issues in women are attributed to physiological factors. It's time to take a look at the psychosocial factors women face that make them susceptible to mental health issues [emphasis added]" (The White Swan Foundation, 2018). The word "often" seems to create a space of ambiguity, which allows for the possibility that hormones *might* affect women's mental health in some cases. Similarly, in another image the statements at the head of the image read "It's *probably* just hormones" with "just hormones" struck off and replaced with "spousal violence". Therefore, the sentence now reads "It's probably spousal violence". Other changed statements read, "It's probably curbed autonomy [emphasis added]", "It's *probably* street harassment [emphasis added]", and so on. The campaign evidently intends to foreground the *possibility* of social factors contributing to mental illness without entirely

denying the role of physiological factors. Thus, as with the #QueersAgainstQuacks campaign, the #NotJustHormones campaign refrains from a strong critique of biomedical rationality.

Efforts in the Direction of "Strong Objectivity"

Both the campaigns could be regarded as exercises in the practice of "strong objectivity", (Harding, 1995). Harding conceptualises the concept of "strong objectivity" as follows:

> [Strong objectivity] draws on feminist standpoint epistemology to provide a kind of logic of discovery for maximizing our ability to block "might makes right" in the sciences. It does so by delinking the neutrality ideal from standards for maximizing objectivity, since neutrality is now widely recognized as not only not necessary, not only not helpful, but, worst of all, an obstacle to maximizing objectivity when knowledge-distorting interests and values have constituted a research project (1995, p. 331).

Despite the absence of an in-depth critique of biomedical rationality, the #QueersAgainstQuacks campaign is in accordance with the enterprise of subjecting scientific claims to scrutiny based on marginalised people's experiences and what they consider evidence-based medicine (the Indian Psychiatric Society's statement on the validation of homosexuality). Countering attempts to pathologize homosexuality through the experiences of queer survivors of conversion therapy is in accordance with the crux of standpoint epistemology, which privileges knowledge emerging from marginalized groups. The psychiatrist Robert L. Spitzer, who played a key role in the declassification of homosexuality as a mental disorder from the DSM in 1973–74, arrived at this realization through interactions with gay rights activists in New York. From his interactions he identified a marked distinction between homosexuality and other mental disorders "like depression and alcohol dependence" (Carey, 2012) – the absence of distress among homosexual people. Accordingly, Spitzer, who was then a junior psychiatrist at the American Psychological Association (APA), played a key role in declassifying homosexuality as a mental disorder and replacing it with "sexual orientation disturbance" to include specifically those conditions where a person's sexual orientation was a source of distress (Carey, 2012). This is an important moment in the history of queer studies where the experiences of queer people contributed to shifts in the understanding of homosexuality as a pathological condition. However, as mentioned earlier, the queer standpoint in the Indian case does not translate into a strong critique of the science – in this case, the psy disciplines – that has simultaneously pathologized and de-pathologized homosexuality at different points of time.

The #NotJustHormones campaign is also an exercise in strong objectivity. The emphasis on physical causality is replaced by a consideration of social factors based on women's experiences of various forms of discrimination, exclusion and violence. The methodological difference of the two campaigns are significant in this context. The #QueersAgainstQuacks campaign uses individual personal narratives while the #NotJustHormones campaign considers experiences at the level of women as a social group. However, both campaigns harness the epistemological richness of marginalised experiences albeit in different forms. The campaigns acknowledge the value-ladenness of gender discourse within which causality is embedded and evades biological reductionism. However, biomedical rationality is not dispensed with altogether and a space of liminality is created where biomedical reasoning is accommodated.

Conclusion

The paper analysed medical epistemology and discourses of biomedicine, particularly biomedical hegemony, as analytical fields for queer and disability studies through the medium of memes. The tussle between biomedical conceptions of "disease" versus more subjective conceptions of "illness" that entail a serious consideration of personal experiences as well as the blurring of the distinction between the two reflects the tenacity of biomedical rationality. In this tussle, biomedical rationality is simultaneously subverted and reinforced.

The #QueersAgainstQuacks campaign critiques all forms of pathologizing of homosexuality based both on personal experiences of queer people and the Indian Psychiatric Society's position statement that depathologizes homosexuality. The campaign reflects the ubiquity of biomedical rationality in alternative forms of healing and cautions against "the social" as an a *priori* site of resistance against biomedical hegemony. It acknowledges the possibility of biomedical practitioners using social sanctions against homosexuality as a rationale to pathologize homosexuality. The campaign, however, does not attempt a fundamental critique of the functioning of biomedical rationality. This could perhaps be on account of the nature of memes that preclude nuanced analyses. But the absence of this form of critique could also reflect a reluctance to dismiss biomedical rationality altogether.

The #NotJustHormones campaign particularly seeks to foreground the psychosocial as the site for legitimate knowledge production in the field of mental health. As with the previous campaign, physiological causal factors are critiqued and personal experience is accorded precedence over them. However, an accommodation is made for the possibility of biomedical reasoning to account for some forms/aspects of mental illness.

Social awareness campaigns capture the tensions around the pathologizing of homosexuality and mental illness. They are exercises in "strong objectivity" while retaining space for the prevalence of biomedical explanations. This is reflective of the manner of functioning of biomedical hegemony whose grip over the imagination is so tenacious that it forecloses possibilities of an alternative conceptualization of rationality.

End Notes

[1] Biomedical hegemony refers to the priority accorded to modern medical discourses of a phenomenon over all other kinds of discourses.

[2] Psy professionals refer to psychologists, psychiatrists, counsellors or any other workers in the mental health professions

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