CHAPTER –II

CONCEPTUAL FRAMEWORK
SEX WORKERS

For years, ‘Sex work’ has been a major theme in discussions about the global AIDS and HIV epidemic. The media often run stories about HIV that focus on sex workers, individuals who sell sex, and both governments and HIV-related organizations frequently talk about sex workers and sex work in the context of HIV & AIDS.

Violence is a manifestation of the stigma and discrimination experienced by sex workers. In all societies, sex work is highly stigmatized and sex workers are often subjected to blame, labeling, disapproval and discriminatory treatment. Laws governing sex work and law enforcement authorities play a key role in the violence experienced by sex workers. In most countries, sex work is either illegal or has an ambiguous legal status (e.g: Sex work is not illegal or has an ambiguous legal status but procurement of sex workers and soliciting in public is illegal). Sex workers are therefore, frequently regarded as easy targets for harassment and violence for several reasons (Rekart M, L, 2005).

The AIDS epidemic has added another layer of stigma and discrimination against sex workers one in which they are often blamed for spreading the virus to the rest of society. This combination of violence and AIDS related stigma and discrimination also undermines HIV prevention efforts by affecting the psychological well-being of sex workers. Violence and lack of control over one’s life means that sex workers may give lower priority to their health needs and behavioral change, over more immediate concerns for safety and survival.

Many sex workers experience low self-esteem, emotional stress and depression associated with living with violence and fear of arrest some resort to alcohol and drug use to cope with their situation behavior that are linked to violence, lack of control and HIV risk (Alexander, P, 1998).
Sex work is one of the oldest professions of the world practiced since the birth of the organized society. Sex work is practiced in all most all the countries and every type of society. In India, the Vedas the earliest of the known Indian literature are abound in references to sex work as an organized and established institution. In Indian mythology there are many references of high-class Sex work in the form of celestial demigods acting as Sex workers. They are referred to as menaka, rambha, urvashi and tilothamma. They are described as perfect embodiments and unsurpassed beauty and feminine charms. (Biswanath, 1984).

Sex workers were common during the reign of the pandavas and kauravas (Historical Indian rulers). Kautilya’s famous ‘Arthashastra’ contains rules for sex workers and their activities and gives an account of how sex workers should behave and how their lives are ordered. Vatsyayana, the noted Indian sage of the 3rd B.C devoted a number of pages on sex workers and their amorous ways of life in his monumental treatise Kamasutra. His classification of the sex workers indicates that the common, private, and the clandestine sex workers of today had their prototypes in those olden days. (Biswanath, 1984).

The sanctified sex work in the 3rd A.D in the Sanskrit works of Mahakavi Kalidas. Religious sex workers were attached to the famous temples of Mahakala of Ujjain and the system of holy sex workers became common. This class consisted of girls who had been offered by the parents to the service of the god and their religion. In the South India, they are known as devadasi and in North India as mukhies, these dancing girls were considered essential at the time of offering of prayers and were given a place of honor. Gradually due to the laxity of morals among the priests, they misused the systems for immoral purposes. Under the garb of religious dedication of girls to temples, clandestine sex work developed.

The medieval period gave great importance to women and wine. The Muslim rulers with the exception of Aurangzeb recognized sex work and the profession flourished under royal patronage. The place of women in India did not improve during the British regime, conditions continued to deteriorate and in the
absence of state control and regulations, sex work thrived on a large commercial
scale. Social disabilities and economic hardships of women made them as easy
victim to the gangsters of this profession. (Biswanath, 1984).

This shows that sex work existed in India in some form or other from time
period to period but the evil has continued to persist. Today sex work exists almost
in every big city of the country. Women from third world countries are given
allurement to work in India, as waitresses, models, artists are performers which
subsequently lead to their exploitation by the flesh traders. If the traditional
brothels or red light areas are on the wane, the evil of sex work has manifested
itself in posh localities of metropolitan cities in the guise of singing and dancing
schools. Sex work in India can therefore be called as an “Ancient vice in modern
garb”.

HISTORY OF THE CONCEPT:-

The term “sex worker” was coined in 1980 by sex worker activists Carol
Leigh. Its use became popular after publication of the Anthology, sex work;
writings by women in the sex industry (Fredererian Delacoste and Priscilla

The term “sex worker” has since spread into much wider use, including in
academic publications, by NGO and labor unions, and by governmental and
intergovernmental agencies, such as the World Health Organization. “Violence
against sex workers and HIV prevention”, report published by the world health
organization”. The term is listed in the oxford English dictionary. (Oxford English

TERMINOLOGY:-

The English word whore, referring to (female) sex workers, is taken from
the old English word hora(from the indo-European root ka meaning “desire”) but
usage of that word is widely considered pejorative and sex worker is considered a
less vulgar and value laden term. The great degree of social stigma associated with
sex work, of both buyers and sellers, has led to terminology such as 'commercial sex trade', 'commercial sex worker' (CSW) or sex trade worker. In Germany most sex workers' organizations deliberately use the word Hure (whore) since they feel that sex worker is a bureaucratic term.

A sex worker is a person, "who allows her body to be used for lewd purposes in return for payment". Sex work is the sale of sexual services, such as oral sex or sexual intercourse, for money. Sex work the word itself speaks about the plight of a woman. It is not a problem which exists in India but exists throughout the world. Sex work was a part of daily life in ancient Greek. In the more important cities, and particularly the many ports, it employed a significant proportion of the population and represented one of the top levels of economic activity. In the ancient city of Heliopolis in Syria, there was a law that stated that every maiden should sex work herself to strangers in the temple of Astarte.

**HISTORICAL CONSTRUCTIONS OF THE SEX WORKER:--**

Sex work was not always seen as deviant behavior. The earliest records of sex work show that it took place in temples; to visit a sex worker was to make paens to the goddess. In fact, one of the earliest known deities was In Anna- a female sex worker (Bassermann, 1993). Later forms took place in religious that were referred to as ‘cults’ of Venus, and all through ancient history there is evidence of temple sex work across Mesopotamia and the near east. Though goddess worship persisted, resistance to sex work began in around 1200B.C when ancient Israel disapproved of erotic religions in surrounding societies (Eisler, 1995). In 350AD Christians succeeded in prohibiting temple sex work in Rome and, as time went on, the systematic denigration of sexuality, particularly female sexuality, engendered increasingly intolerant attitudes towards Sex workers. Since then, sex workers have been organizing for their rights and staging resistance to oppression sporadically throughout history.
Sex work came under harsher regulations during the Victorian era and even more so in times of war, as sex workers were blamed for the venereal diseases prevalent among soldiers. The current discourses and laws regulating sex work are framed by these puritanical campaigns that sought to regulate the morality and hygiene of sex workers and led to the making of an outcast group.

Historical constructions of 'the sex worker' in literature, media, political and official discourses have been fascinated with the 'whore' image which has dominated the cultural imagination. Peterson (1989; 231) neatly summarizes; the sex worker is the prototype of the stigmatized woman defined by unchastity which casts her status as impure. The 'sex worker', or 'the whore', is contrasted to the female mirror image of the 'Madonna' which portrays the image of pure femininity: that is sacred and holy. The Madonna/whore binary project the status of the sex worker woman as a failed example of womanhood defined by her immoral sexual behaviors and someone to be avoided.

A HISTORICAL PERSPECTIVE ON COMMODIFIED SEX:-

Several writers have discussed sex work as a phenomenon that reflects the collapse of "traditional morals" (cf. Acquah 1972; Busia 1950). On the other hand some Western researchers (Caldwell et al. 1989; Dinan 1983) have concluded that the exchange of sexual services for material gain has its roots in the traditional society. The institution of sex work in traditional African societies, it would seem, existed basically to meet the (sexual) needs of unmarried men and was not generally considered socially acceptable; sex workers were usually either slaves or outcasts. According to Jones in his study of European references to sex work on the Western Gold Coast between 1660-1860, it would appear that the institution existed in historical times specifically to meet the sexual needs of young unmarried men (Jones 1990). This form of institutionalized Sex work existed among the Southwest Akan of the Gold Coast and the Ivory Coast (Akyeampong 1997; Jones 1990). In this form the political elite acquired female slaves to meet the sexual
needs of unmarried men. Essentially the women, known variously as abrakree, or abelere. Were public property, "coerced into what was definitely a social institution designed to alleviate sexual pressures among unmarried men" (Akyeampong 1997: 146). Jones cites the French adventurer, Jean Gadot, who spent three months at Assinie in 1710, and who claimed that married men accused of "having dealings with these creatures are punished very severely and in addition pay a fine to the king." Jones (1990) goes so far as to speculate whether "institutionalized rape" would not be a more appropriate term to describe the practice than Sex work. These women were even initiated into, and confirmed for, this work by a series of religious rituals. As is increasingly becoming the case with contemporary forms of Sex work in Africa, the women's sexuality, as well as their earnings, was not controlled by them, but by their owners. The abrakree, according to Godot a French voyager reporting on a visit to Assini (Gold Coast) in 1701, were required to be distinguished from other women by wrapping their heads in white linen. Further, they were obliged to receive every bachelor or face severe punishments (as cited in Jones 1990). These "public women" were paid a nominal fee by their "clients", however, they were obliged to turn over these earnings to the king. In exchange, they were allowed to take food from people's homes, or the marketplace, for their sustenance for the rest of their lives. In other words, the institution did not provide for the accumulation of wealth among these women, but simply provided a service to unmarried men. The practice of sex work by any woman in the community who had not been set apart for this work constituted an infraction of custom and was frowned upon. Such women were required to "purify" themselves from the malevolent spirits sure to inundate them, and others, as a result of their numerous contacts with strangers (Akyeampong 1997). When they became too old to work the abrakree received a pension from the king and were allowed to "live the rest of their lives in peace" (Jones 1990: 132).7 Thus we see evidence of the conceptualization of sex as a natural, biological male need that requires satisfaction in order to maintain social order. That the ideal location for sex is within marriage was also recognised; however there is also an apparently
pragmatic recognition that not all men will be married, hence the need to provide
for them. There is no evidence of any such socially sanctioned arrangement for
females, presumably because women do not need sexual satisfaction to the extent
that men do.

SEX WORK IN DIFFERENT CITIES OF INDIA FROM EARLY TO
MODERN

Sex work as a business is flourishing in different cities of India. Mumbai,
Kolkata, Pune, Banaras, New Delhi and Nagpur are hubs of sex work in India
(Mandelbaum, 1970). It is noticed that sex work as a trend in more favorable in
Indian cities rather than in villages (Sithannan, 2006). The fact which is quite
interesting about Indian sex work is that from ancient times India has been
following a system of sex work in cities (Sanger, 2006). These early cities possess
unique characteristics of them and cannot be compared to the modern cities of the
world (Smith, N.D, 2000). These early cities were particularly known as ‘Nagars’
and were the core units of the important kingdoms from where all the
governmental and economic affairs were controlled and regulated. There was a
concept of ‘Nagar vadhus’ or “city brides” in these early cities of India (Singh,
1997). They were basically sex workers serving the common man’s sexual need
and desires while kings had their own personal harem. This explains that sex work
as a phenomenon has also been a regular feature in the ancient cities of India.
According to “Arthashastra” a famous ancient Indian manuscript a code of law was
laid down on the sex worker for their proper conduct in public
(Sithannan,2006).This proves that sex work in early cities was controlled and
regulated by a proper system of law.

Women in early cities of India had no rights on themselves and were
basically considered the property of men (Sithannan, 2006). Sex workers acted as
gifts of negotiations between kings and nobles in ancient days (Sanger, 2006).
Even during the British colonization in India, cities such as Kolkata and Mumbai
were hubs of sex work (Levine, 2003). Many Indian women were captured and
pushed into this profession for the entertainment of British officials and military men (Sanger, 2006). The capital city of Goa, Panaji was under Portuguese domination during this time and had a small community of Japanese girls who were basically captured during war and were forced to sex work by Portuguese officials (Aronowitz, 2001).

Many historical documents mention about the dancing girls and the practice of “Devdasi” i.e. divine prostitution which is still followed in different parts of the countries. (Singh, 1997)

Sex work has been a common trait in both the ancient and modern cities of India and is increasing in number with time (Aronowitz, 2001). The main reason behind this is basically poverty, social dogmas and different mental and physical oppression on women (Sithannan, 2006).

The growth of urbanization in modern cities such as New Delhi, Mumbai, Kolkata and Banaras had also increased different kinds of sex work (Ringdal, 1997, 2004). According to a survey there are 2.4 million women in Mumbai alone who has adopted Sex work as their profession. Nowadays particular streets and places in the cities are best known for availability of Sex workers there (Sithannan, 2006). Places such as Shivdaspur in Banaras, Kalighat in Kolkata, G.B road in New Delhi and Kamathipura in Mumbai are quite famous as red-light areas of India. Sex work as a profession has become more popular in this cities due to various reason. Women who are not well educated and suffer from acute poverty, this profession provides lot of money to sustain. More over most of the children of these Sex workers are forced to become a sex worker (Mandelbaum, 1970). A survey conducted by Human right students in the year 2001 came up with an interesting data which shows that 30% of women in India adopt sex work before age of sixteen and are sold to brothels by their parents or guardians for huge ransom of money. Most number of sex workers can be found in major cities rather than in rural areas (Basham, 1978). Cities have more huge market for sex industry.
Poverty is one of the important key factors behind sex work which is sometimes also defined as urban crisis (Eames & Goode, 1977). Anthropologists have done an extensive work on the study of poverty as a culture of urbanization. Oscar Lewis was the first one who focused on the concept of poverty in cities and did a huge work on the culture of poverty (Eames & Goode, 1977). It is interesting to note that one of the basic trends of study of urban anthropology is to focus on the problems related to urban social life and find means to overcome it. This was argued by Gulick who believed that poverty is not only an important factor in cities but also play a major role in rural areas of the country (Eames & Goode, 1977). Lewis suggested that poverty is a kind of culture rather than a phenomenon, where people who become poor follow certain way of life and trends which they pass on from one generation to another generation (Lewis, 1966). This statement of Lewis was vehemently argued by Judith Goode who believed that there is no such “culture of poverty” and justifying poverty in a cultural basis is completely unacceptable (Goode, N.D, 1977). According to modern anthropologists the study on poverty have not been very full proof because most of the scholars have concentrated themselves in studying the downtrodden segment of the society only, without concentrating much on the sources of the culture of poverty (Basham, 1978). This has provided opportunity for the new urban anthropologists to focus more on the sources and reasons behind poverty and also work on other aspects of the society which are caused due to poverty such as crime and Sex work. Poverty has been a very big problem for Indian society and has given birth to lot of health problems and crimes in different cities of India (Basham, 1978). Ethnographers has noticed through Participant observations in their research in India that slums in cities are hubs of most of the problems giving rise to gang culture and crimes. These slums have very low income rates, low hygiene and lower rate of education (Eames & Goode, 1977). It can be very well concluded that illiteracy and poverty together is giving rise to sex work in different parts of the country.
The differences of social status between people in cities are huge and it is this competition for survival that forces women and children to follow the path of sex work (Barry, 1979). This has also lead to a rise in huge number of sex transmitted diseases such as HIV (AIDS) among people. Many Non Governmental Organizations are working for the betterment of the health of sex workers in the cities and educating them more about the consequences of uncontrolled sex and measures to prevent it (Tripathy & Pradhan 2003).

SEX WORK AS AN URBAN CULTURE IN INDIA

Sex work as an urban culture in India is accepted and challenged by many Indian scholars. All the data and documentaries have proven so far that sex work has been a part of early cities and modern cities in India. Sex work is one of the oldest forms of urban trends in cities that have been passed on from one generation to another (Levine, 2003). It is very interesting to note that children of these sex workers tend to become sex workers too. It is a kind of urban culture that has been always present with the realms of city. (Sanger, 2006). The view of sex work as an urban culture is not extensively defined by anthropologists. It is very hard to say that sex work is the consequence of urbanization or sex work has always been a part of urbanization (Basham, 1978). Almost 73% of the sex workers in India stay in city. (Sithannan, 2006)

The view of Sex work as an urban culture have been argued by many anthropologists who believe that Sex work is not a urban phenomenon alone and can be found in all the rural areas of India (Singh, 1997). Considering Sex work as culture is not justifiable because this is not accepted and acknowledged by all the people of the city as a whole (Barry, 1995). The view that has been presented against the view of sex work as an urban culture basically advocated sex work as a menace to society rather than a culture which everybody likes to follow. The most fascinating fact about sex work is that though it is rejected and discarded by every section of society it has always existed as an integral part of the society. It is
noticed that sex workers bear lot of resentment against the society and people as a whole. They believe that it is the society who compels them to follow the profession and it is the society as a whole that humiliates them the most (Tripathy & Pradhan, 2003).

The ugliest face of the sex trade in many Asian countries is child sex work. A 2004 UNICEF report estimates 500,000 child sex workers in India alone given the phenomenal increase in sex tourism, the number is bound to have risen to frightening proportion poor families are tricked into selling their children to such work for meager sums as 4 or 5 USD. Their family members thrust sometimes girl children who are victim of incest into this trade.

A prevailing myth that having intercourse with a virgin cures sexually transmitted diseases (STD) continues to create a demand for very young girls. (vishweshwar Gaonkar., 2008).

Commercial sex work has no ethnic basis; is not culture specific; and its magnitude at any given time, in any given place, is usually a function of socio-economic circumstances (Ngugi et al., 1999). Nepal and Bangladesh are the two principal source countries for illegal immigration of CFSWs into India. Most such immigrants are children bought/ stolen from their families in these countries and many undergo forcible hysterectomy in clandestine surgical operations soon after being sold as a preparation for their role as CFSWs (Shukla. A., Phadke.A., 1999). Many children are sold into sex markets elsewhere in the world (UNICEF. 2003). Estimates of numbers of children/ women illegally immigrating into India as CFSWs vary widely. The Central Advisory Committee of the Government of India first attempted to assess the magnitude of child prostitution but found no reliable statistics. However estimates by non-governmental organizations (NGO's) indicate that roughly 12.15% of sex workers in India are children (National Workshop on Involvement of NGOs in Prevention and Sexual Abuse with Child, 2000).
A study conducted by Central Social Welfare Board of India in the year 1990 recorded that about 40% of the CSW population entered the sex trade as minors i.e. below 18 years of age (Out of the shadows. Child trafficking Report, 2002). In India there are an estimated 3.5 million people in sex work, a quarter of who are minors (under 18 years of age). UNICEF estimates that India has more than 100,000 child sex workers in the six metropolitan cities of Mumbai, Kolkotta, Chennai, Delhi, Hyderabad and Bangalore who are one third of a total of 300,000 child sex workers in India.

The major causes of sex work in India are:

1. Ill treatment by parents, bad company, family sex workers, social customs, inability to arrange marriage, lack of sex education, media, prior incest and rape, early marriage and discretion, lack of recreational facilities, ignorance and acceptance of sex work, economic causes include poverty and economic distress and psychological causes include desire for physical pleasure, greed and dejection.

Notorious red light districts of India include GB road in Delhi, sonagachi in Kolkotta, Kamathipura in Mumbai, Budharpeth in Pune and Reshampura in Gwalior. There are around 2.8 million prostitutes in the country and their number is increasing, as informed by Government. Most of the girls are brought from Nepal and Bangladesh. “Young girls are trafficked from Nepal to brothels in Mumbai and kolkotta at an average age of twelve. They are trapped into the vicious cycle of prostitution, debt and slavery. By the time they are in their mid-twenties they are at the dead end.

2. The popular stereotype of entry into sex work for women is of the young girl being enticed or coerced by an older man the traditional ‘pimp’. While this may be the case for some sex workers who enter the trade, particularly at a younger age, it is by no means the only route into sex work. As O’ Neill (1997) notes, women have many different reasons for entering sex work and do so under different circumstances. While for many the prime reason is economic need, some women
make independent rational choices to enter the sex industry and some may ‘drift in’ through being introduced to the option by friends who are already working, either as sex workers or in other jobs associated with the sex industry, such as receptionists or maids in indoor establishments (O’Connell Davidson, 1998; O’Neill, 1997, 2001; Sanders, 2005). For many sex workers their decision to enter sex work is based on consideration of the limited alternative options available to them.

An oft-repeated cause of sex work is poverty. But poverty is not the only reason. The helplessness of women forces them to sell their bodies. Many girls from villages are trapped for the trade in the pretext of love and elope from home, only to find themselves sold in the city to pimps, who take money from the women as commission. The other causes of sex work include ill treatment by parents, bad company, family sex workers, social customs, inability to arrange marriage, lack of sex education, media, prior incest and rape, early marriage and desertion, lack of recreational facilities, ignorance and acceptance of sex work. Economic causes include poverty and economic distress. Psychological causes include desire for physical pleasure, greed and dejection.

Most enter involuntarily. India, along with Thailand and the Philippines, has 1.3 million children’s in its sex-trade centers. The childrens come from relatively poorer areas and are trafficked to relatively richer ones. India and Pakistan are the main destinations for children under 16, who are trafficked to south Asia. What is causing alarm both in Governmental and Non Governmental Organizations circles is the escalation in trafficking of young girls, in the last decade. NGO’s like STOP and MAITI in Nepal, report that most trafficking in India (both trans-border and in-country) is for sex work. And 60 percent of those trafficked into sex work are adolescent girls in the age group of 12 to 16 years. These figures are corroborated by a study done by the Department of Women and Children in 13 sensitive districts of Uttar Pradesh. It revealed that all sex workers who formed a part of this survey had entered the profession as young girls. Many transsexuals, called hijiras, are sex
workers. The families of hijiras reject them. They face opposition from the public, and with the denial of employment, they take to begging and then enter the sex market.

3. In modern India different kinds of Sex work is prevailing apart from prostitutes in brothel there are; Street sex workers, call girls, bar dancers, religious sex workers, escort girls, road side brothel, child sex workers, fricatrice sex workers, gimmick sex workers and beat sex workers. Every hour, four women and girls in India enter Sex work, three of them against their will. Sex work is a problem in itself and child sex work is making it more complex.

Sex work leads to many health problems for the Sex workers like, cervical cancer, Traumatic brain injury, HIV, STD and psychological disorders.

4. The Law governing sex work in India is Immoral Traffic (Prevention) Act which is a 1986 amendment to the primary law passed in 1950 (known as the Immoral Traffic (Suppression) Act). The law does not criminalize sex work per se but only organized form of sex work is against the law. If a woman uses attributes of her body voluntarily and individually she goes unpunished. But the law prohibits/criminalizes,

- Seduction/solicitation of customer
- Sex work anywhere near a public place
- Publication of phone number of call girls
- Organized form of Sex work i.e. a brothel, pimps, Sex work rings etc.
- A sex worker being below 18 years of age
- Procurement and trafficking of women

**De-merits in the Indian law governing Sex-work:**

In India, sex work is legal, (BBC News, 2001) but a number of related activities, including soliciting in a public place, keeping a brothel, pimping and pandering are outlawed (Human Rights Report, 2008).
Sex work vaguely Defined

The definition of sex work in the law governing it in India is vague and ambiguous. The main statute dealing with sex work or sex workers in India is the Immoral Traffic (Prevention) Act 1956, the amended version of the Suppression of Immoral Traffic in Women and Girls Act 1956, which came into force on 26th January 1987. The law was intended to limit and abolish sex work in India by gradually criminalizing various aspects of sex work.

The law does not refer to the practice of selling one's own sexual service as "sex work". So the act, as of now, does not criminalize sex work per se, but it intends to punish acts by third parties facilitating sex work like brothel keeping, living off earnings and procuring. A sex worker can legally practice her profession inside a house but cannot solicit clients on the streets. What this essentially means is that a woman is free to use her body for material gains. But a brothel - a house or room - shared by two or more sex workers is illegal. Brothels normally consist of several rooms or chambers, with grilled windows, where women are locked up.

Any adult who knowingly lives on the earnings of the sex work of any other person shall be punished. If any adult is proved to be living with a sex worker in aiding her sex work, it shall be presumed that such person is knowingly living on the earnings of sex work of another person.

The law penalizes those sex workers who solicit customers by words or gesture or willful exposure of her body. This can be punished with imprisonment of up to six months and/or fine of up to Rs. 500. The persons such as pimps and procurers soliciting on behalf of a commercial sex worker in a public place can be similarly punished. But this law is being used illegally to harass sex workers charging wrong things on them. Any person involved in the recruiting, transporting, transferring, harboring, or receiving of persons for the purpose of sex work is guilty of trafficking.
The act provides for the appointment of a special police officer for investigating offences with inter-state ramifications. Police can enter and search any premises on suspicion. This has only led to increased harassment of sex workers.

The punishment for procuring, inducing or taking away persons for sex work is a minimum of three years and a maximum of seven years of rigorous imprisonment. Forcible detention for sex work can also be punished with imprisonment for seven years to a life term. The law provides for engaging special police officers, non-official advisory bodies and police officers to stop trafficking and to establish special courts to deal with cases under the act. It also provides for establishment of protective homes for rescued girls who can stay there for not exceeding three years. The law does not provide for punishing the client. All this has contributed to the woes and psychological problems of Commercial female sex workers.

Gays (Homosexual men)

Section 377 also conveys the message that gays are of less value than other people, it demeans them and unconstitutionally infringes upon their right to live with dignity. Section 377 IPC also creates structural impediments to the exercise of freedom of speech and expression and other freedoms under Article 19 by homosexuals or gays and is not protected by any of the restrictions contained therein. The society must accept them as a part and parcel of it and S. 377 of IPC should have been repealed much earlier as it was creating hurdles for gays to live a dignified life. After the Naz Foundation Case surely the gays would be able to live a dignified life. Furthermore, morality by itself cannot be a valid ground for restricting the right under Articles 14 and 21. Public disapproval or disgust for a certain class of persons can in no way serve to uphold the constitutionality of a statute.
Section 377 has become a weapon in the hands of the police to harass those who have alternative sexual orientations. The IPC which was drafted in the 19th century is bearing Sections like 377 which are completely obsolete and repugnant to modern emerging trends. In an age where there is growing acceptance of the idea that LGBTs (lesbian, gay, bisexual, transgendered) must be allowed to live in dignity and respect, it is shame that India cannot bring itself to legalize gay behavior (Amit kumar sinha, 2013).

HOMOSEXUALITY (HOMOSEXUAL MEN/GAY)

The scientific study of homo-sexuality began in this period of western European history, and in this cultural climate, is a tribute to the scientific and humanitarian interests of physicians, particularly such pioneers as Richard von Krafft-Ebing, Sigmund Freud, Havelock Ellis, and Magnus Hirschfield. Their theories were largely concerned with etiology and were based on clinical observations and influenced by developments in the biological sciences, including evolutionary theory. Although by this time cross-cultural observations of homosexuality were also accumulating, together with the rudiments of a general theory, they had little effect on the mainstream of research, which continued to focus on the etiology of homo-sexuality among individuals of western culture.

Increased research on homo-sexuality in the western countries since world war 2nd has been coupled with more open discussion of the subject. Although there is no reliable evidence that the incidence of homo-sexuality is increasing, some forms of it are more socially visible. In part, this may be accounted for by the publicity given to scientific investigations of homosexuality and to discussions of the controversial, social, legal, moral and mental health issues related to it. Emergent homosexual “communities” in large urban centers and “homophile” organizations openly protesting public policy further contribute to this heightened visibility and increased public awareness. These developments reflect radical changes in the attitudes of the public and of homosexuals, in the social character of homosexuality, and in the volume and focus of scientific research.
Homosexuality (homo-derives from the Greek root meaning ‘same’) includes an extraordinary diversity of dyadic relations and of individual mental status and action patterns. The patterns of social organization that develop when homosexuals seek each other out also vary greatly. Because of this diversity, “homosexuality” is an ambiguous term with many meanings. Some investigators, such as Ford and Beach, limit the term to overt sexual relations between individuals of the same sex. For others, notably Kinsey and his associates the degree of psychic arousal and the frequency of overt sexual response to individuals of the same or opposite sex determine ratings on a heterosexual-homosexual continuum that ranges from exclusively heterosexual to exclusively homosexual, with several inter-mediate ratings.

Research on homosexuality is also of major significance for the light it throws on the relation of social structure and cultural norms to patterns of human sexuality; on the origins, development, and essential features of normal and abnormal personality; on masculinity and femininity; and on social and on social deviance and deviant subcultures.

The realization of being homosexual occurs in a variety of ways: sometimes through processes of introspection, sometimes through falling in with other homosexuals who act seductively and sometimes through sexual-contacts with other males who finally become defined as homosexual. It is after the point of conscious admission that one is a homosexual an admission that ranges from the traumatic to the delighted that the search for sexual partners begins. This search usually requires entry into the world of homosexual bars, development of the argot of homosexual life, and gradual learning of the modes of approach and retreat that are related to the satisfaction of sexual needs. Study of this zone of the homosexual’s adjustment is beginning to result in a literature that suggests that adult homosexual commitments are not re-enactments of early pathological relations between parents and children. These studies have begun to outline the processes of adult socialization that are involved in the development of the
homosexual commitment. There now also exists a literature on particular aspects of the homosexual life.

Most of us channel our sexual energy toward members of the other sex. But, in all societies, minorities of individuals channel their sexual energy toward members of the same sex. In 1948, Alfred Kinsey and his associates astounded the world with their finding that a substantial portion of their male interviewers reported at least one homosexual contact in their lives. This finding began the modern day discussion of the varieties of human sexual adjustment.

Most of us tend to think of individuals as either heterosexual or homosexual. But two category classifications can be overly simplistic. We also tend to simplify in another way that is erroneous, that one is defined as homosexual or heterosexual based solely on copulatory behavior. Sexual behavior takes place on many levels, including the all important cognitive and emotional levels. These levels should also be included in any comprehensive definition of sexual orientation.

Homosexuality is formally defined, at least in terms of sexual behavior. Feldman and Maccullough(1980) define homosexuality as “sexual behavior between members of the same sex, accompanied by sexual arousal, carried out recurrently and despite the opportunity for heterosexual behavior. This definition excludes individuals in prisons, but it includes individuals who may also engage in heterosexual activities. Feldman and Maccullough further define individuals as primary homosexuals if they have never experienced arousal from heterosexual activity at any point in their lives. Secondary homosexual they define as those who have experienced substantial heterosexual arousal. Feldman and Maculloh do this because the variety of individuals who are homosexuals runs the gamut from those who are exclusively homosexual to those who are both homosexual and heterosexual, that is, bisexual.
Sexual orientation is a component of adult sexuality characterized by attraction towards members of a particular gender. Homosexuality is a sexual preference wherein a person feels sexually attracted to another person of the same sex. It is not a sexual perversion, nor is it a disease. Just like most people are attracted to members of the opposite sex and are called heterosexuals, a minority is attracted to members of the same sex and is called homosexuals.

Homosexuality is more open in today’s society than it was years ago. This is in part due to the fact that gay and lesbian groups have learned how to represent themselves politically and to stand up for their rights as citizens. But at the same time, a lot has not changed imagine how you might feel if you were threatened because you openly expressed your feelings toward someone of the other sex. This is how many homosexuals feel living in a society that remains largely disapproving of same sex relationships. Forced with personal or professional discrimination, many gays and lesbians feel that they must hide even simple expressions of their love and sexuality. Some things have changed in our society regarding homosexuality—but much as not.

Homosexuals are defined as people who are sexually attracted by other persons of the same sex. The words “gays” or “gay people” are also common terms used instead of “homosexuals”, whereas “lesbians” are only used to describe female homosexuals. These fundamental definitions of homosexuals already indicate that this group is evenly distributed throughout the entire society. Homosexuals can be both men and women, they exists in all classes, social groups, races, positions, and countries, regardless of their age or origin. As far as historians can trace back the past, homosexuals have always been in existence, including Julius Caesar, Plato, and Alexander the great (Sloan 1, 1997).
HOMOSEXUAL DEFINITIONS:-

**HOMOSEXUAL:**

People whose sexual and romantic feelings are primarily for the same sex. Those who feel this way often identify as gay, lesbian or bisexual.

**GAY:**

People whose sexual and romantic feelings are primarily for the same sex. Depending on the country you are in this can mean men or women, although it tends to be used mainly for men. In this study it is used for men.

**LESBIAN:**

Women whose sexual and romantic feelings are primarily for women.

**Homosexuality as non-pathological variation:-**

Around 1950, the view of homosexuality as sickness began to be challenged by both scientists and homosexual people themselves. Scientific blows to the pathology position included Alfred Kinsey’s finding that homosexual behavior was more common than had been previously believed (Kinsey et.al., 1948; Kinsey et.al, 1953). Influential studies also demonstrated that trained psychologists could not distinguish the psychological test results of homosexual subjects from those of heterosexual subjects. (e.g, Hookes, 1957).

Gay men and lesbians also began to challenge the psychiatric orthodoxy that homosexuality is a mental disorder. The 1960’s saw the birth of the radical gay liberation movement which took the more uncompromising stance that “gay is good”. The decade closed with the famous stonewall riot in New York City, sparked by police mistreatment of gay men, which sent a clear signal that homosexual people would no longer tolerate being treated as second class citizens. By the 1970’s openly gay psychiatrists and psychologists were working from within the mental health profession to have homosexuality remove from DSM-II (1968).
After acrimonious debate in 1973 and 1974 the American psychiatric association (APA) voted in 1974 by a vote of 5,854 to 3,810 to remove homosexuality from DSM-II. This episode was both a milestone for gay rights and an embarrassment for psychiatry.

The American psychological association states that sexual orientation "describes the pattern of sexual attraction, behavior and identity. e.g. homosexual (gay, lesbian), bisexual and heterosexual (straight) it says. "There is no consensus among scientists about the exact reasons that an individual develops a heterosexual, bisexual, gay or lesbian orientation. Although much research has examined the possible genetic, hormonal, developmental, social and cultural influences on sexual orientation, no findings have emerged that permit scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles.

Historical evidence of homosexuality in India:-

Vatsayana’s Kamasutra (written between the first and the fourth century AD) refers to the practice of eunuchs and male servants giving oral sex to their male patrons and masters respectively. Some erotic sculptures of medieval Hindu temples depict lesbian acts. The Muslim rulers in India are reported to have maintained harems of young boys. During the British rule, sodomy (Anal intercourse) was made illegal under section 377 of the Indian penal code, enacted in 1861; this legislation is still in force. Indian homosexual activists think that because of this legal provision, gays are often subjected to harassment and blackmail.

Current situation of homosexuality in India:-

Very little is known about the practice of homosexuality in contemporary India. According to Ashok Row Kavi, a self-acclaimed homosexual activist, the number of exclusively or predominantly gay men in India may be over 50 million. His estimate is based, however, on the assumption that the prevalence of
homosexual behavior is not less than what Kinsey et.al found for white American males in 1938-1947. However, recent surveys, as shown above, have shown that Kinsey et.al overestimated the number of homosexuals in the USA.

Homosexuality in India is generally considered a taboo subject by both Indian civil society and the government. There are 2.5 million gays in India, according to National AIDS Control Organization (NACO) estimation. Public discussion of homosexuality in India has been inhibited by the fact that sexuality in any form is rarely discussed openly.

A vast majority of them are married and living with their wives, reflecting the cultural situation in south Asian countries, which obliges men and women to marry members of the opposite sex, whatever may be their sexual orientation. The most common locations of the first homosexual experience in both regions were parks and toilets. Relatives, mostly male cousins and uncles, were the second most common category of first homosexual partners, strangers being the most common category. Mutual masturbation was mentioned as the most common type of homosexual act.

Strong prejudices against homosexuality in India, enhanced by the popular misconception that it is at least partly responsible for the spread of HIV/AIDS in India, and the awareness among some Indian homosexual activists that the government should not continue to ignore homosexual’s needs in its AIDS prevention programs, prompted them to organize homosexuals in formal groups for social and political purposes. The government of India has already recognized the needs for intervention programs among homosexuals and has taken the initiative to collect information necessary for the purpose.

On 2nd July 2009, the Delhi high court decriminalized homosexual intercourse between consenting adult throughout India, where section 377 of the Indian penal code was adjudged to violate the fundamental right to life and liberty and the right to equality as guaranteed by the constitution of India.
Several organizations like the Naz foundation (India) Trust, the National AIDS control organization, law commission of India, union health ministry, National Human Rights Commission and the planning commission of India have either implicitly or expressly come out in support of decriminalizing homosexuality in India, and pushed for tolerance and social equality for gay, lesbian, bisexual and transgendered people. India is among countries with a social element of a third gender.

Religion has played a role in shaping Indian customs and traditions. While homosexuality has not been explicitly mentioned in the religious texts central to Hinduism, the largest religion in India, Hinduism has taken various positions, ranging from positive to neutral or antagonistic. Rig-Veda one of the four canonical sacred texts of Hinduism says Vikruti. Evam Prakriti (what seems unnatural is also natural), which some scholars believe recognizes the cyclical constancy of homosexual/ transsexual dimensions of human life, like all forms of universal diversities. Historical literally evidence indicates that homosexuality has been prevalent across the Indian subcontinent throughout history, and that homosexuals were not necessarily considered inferior in any way.

The question of Homosexuality is a very sensitive issue in the Indian cultural context. In India, notions of gender and power play a dominant role in shaping sexual lives and sexual identities. In a highly patriarchal society, the Indian family remains a crucial institution that defines both gender and sexual relations.

THEORIES OF HOMOSEXUALITY

Psychoanalytic theories:

In 1935, Freud wrote: 'Homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness; we consider it to be a variation of the sexual function produced by a certain arrest of sexual development. Many highly respectable individuals of ancient and
modern times have been homosexuals, several of the greatest men among them (Plato, Michelangelo, Leonardo da Vinci etc.). It is a great injustice to persecute homosexuality as a crime, and cruelty too.

Most psychoanalytic theories stress the role of parental and family dynamics, not the society as a whole. Behaviorists believe that some sexual and gender identification differences (Gender ID) result from roles imposed by family and friends upon children, such as the masculine and the feminine stereotypes. Problems with this are there is no evidence, social or biological, to support that homosexual children were raised differently than were the heterosexual children. Also, with reinforcement of gender identification norms, one would be led to logically deduce that all of the stereotype reinforcement would ensure a heterosexual outcome.

**PLANOPHYSICAL THEORIES:**

The planophysical theories are those, which cast homosexuality as an error of nature, a freak- produced, no doubt, by nature, but not in accordance with her grand plan. D. Halperin (1967) believed in planophysical theory. His theory follows in the tradition of psychological theory on this subject. Halperin was a Freudian psychologist, and places stock in Freud’s idea that homosexuality is derived from an unresolved Oedipus complex. Although Halperin has gained interest from such as Christian coalitions, but the psychological community at large disrespects his theory, as it provides only a result, not a cause. He fails to produce any scientific evidence. He does, however, provide examples. He postulates that a weak father and strong mother, with an unresolved Oedipus complex will lead to a weak, and then homosexual, son, because the mother has too strong of an image, compared to the weak state of the father. Psychologists argue that this same arrangement would also possibly lead to a stronger son, striving for compensation of his father’s weakness.

J. Foucault, another social theorist, argued, homosexuality became because we made it so. Foucault gives root to the social derivation of homosexuality
believing that homosexuality appeared as one of the forms of sexuality, only after it was transposed from the practice of sodomy into a kind of interior androgyny, a hermaphroditism of the soul.

Two predominant social theorists on homosexuality are D. Halperin and J. Foucault. Both have largely contrasting ideas on the environmental contributions to the formation of an individual's homosexuality. The theorists believe that the homosexual has an aberration, and then become a species, justifying itself with a new word.

**BIOLOGICAL THEORIES:**

A number of theories can be found regarding the root of homosexuality, as far back historically as ancient time. Biological theorists have found substantial instances of anatomical, genetic, and endocrine evidence to support their argument. The current debate is whether or not homosexuality is a result of nature: a person's environment and surroundings, or of his biology and genetics.

Homosexuality was originally thought by the American Psychological Association (APA) to be a mental disorder. Consequently, researches into its causes, origins, and development have led to its removal by the APA from its list of diagnoses and disorders. Hooker's finding (Hooker.E., 1957) contributed to the APA removal of homosexuality from its Diagnostic and Statistical Manual of Psychological Disorders in 1973. In 1975 APA then released a public statement that homosexuality was not a mental disorder. In 1994, two decades later, the APA finally stated, 'homosexuality is neither a mental illness nor a moral depravity. It is the way a portion of the population expresses human love and sexuality.'

Late in 1930's, Alfred Kinsey carried out a research on human sexuality. Kinsey had two goals for his tests:

1) To find out how many adult males engaged in homosexual behavior, and
2) To suggest theories about it came to be.
When asked if they had engaged in homosexual sexual relations, a large percent of the population tested answered 'no', however when asked if they had engaged in same-sex sexual relations, the percentage answering 'yes' nearly doubled. The experiment yielded that 30% of males had experienced at least orgasm in a homosexual act. The results of this research became the widely popularized Kinsey Scale of Sexuality. This scale rates all individuals on a spectrum of sexuality, ranging from 100% heterosexual to 100% homosexual, and everything in between (Pillard., et al., 2003). While establishing that as many as 10% of adult males reported having sexual relations with a same-sex partner, this research did little more than to put the word homosexual into common language.

**Ellis' Theory:**

Early in the twentieth century, the biological basis of sexual orientation were first raised about a century ago when the British sexual liberator Havelock Ellis argued that homosexuality was inborn and therefore not immoral, that it was not a disease, and that many homosexuals made outstanding contributions to society (Robinson.P., 1976). Havelock Ellis and Edward Carpenter argued that laws against same-sex sexual activities should be dropped because people engaging in such activities were biologically different from those with opposite-sex partners: they called such people 'inverts'. The use of the word 'homosexual' as a noun designating a certain kind of person, rather than an adjective referring to specific activities, dates from that period.

**Hooker's study:**

Hooker's (1957) study was innovative in several important respects. Karen Hooker executed the first psychological test done to test for biological determinism in 1957, on a grant from the National Institute of Mental Health. The study was meant to explore the relationship between homosexuality and psychological development and illness. Hooker studied both homosexuals and heterosexuals. Both groups were matched for age, intelligence quotient (IQ) and education level,
and were then subjected to three psychological tests. First, rather than simply accepting the predominant view of homosexuality as pathology, she posed the question of whether homosexuals and heterosexuals differed in their psychological adjustment. Second, rather than studying psychiatric patients, she recruited a sample of homosexual men who were functioning normally in society. Third, she employed a procedure that asked experts to rate the adjustment of men without prior knowledge of their sexual orientation. This method addressed an important source of bias that had vitiated so many previous studies of homosexuality.

**Gene Studies:**

The most quoted study was conducted by molecular biologists at the National Institutes of Health under the direction of Dean Hamer. He examined the possibility of homosexuality being an X-linked trait, and then examined the family trees of openly gay men, and thought he saw a maternal link, leading him to investigate his theory of X-linkage. He took 40 DNA samples from homosexual men, and genetically examined them. He found that there was a 'remarkable concordance' for genetic markers on section of the X-Chromosome called Xq28 (Ryan.D.Jhonson., 2003).

Family trees study, along with the discovery on Xq28, led his findings to be dubbed the 'gay gene study'. The statistical probability of the 5 genetic markers on Xq28 to have matched randomly was calculated to be 1/100,000, lending even more support to his findings. This finding of a possible 'gay gene' prompts a look into two evolutionary concepts, and how they are affected. The Superior Heterozygote Theory states the phenotypic (actual) expression of homosexuality is the result of Homozygosity for recessive genes. In simplification, if the person's genetic code is Heterozygotic (one homosexual gene and one heterosexual gene), if the homosexual allele (half of the genetic code) is the allele passed on to the next generation, it will become the phenotypel. Heterozygotes are only capable of being passed through to the next generation by mothers (as the Y-chromosome is
incapable of Heterozygosity), this again links homosexuality to X-linkage (Johnson, R.D., 2003).

Suprachiasmatic nucleus (SCN), the interstitial nuclei of the anterior hypothalamus (INAH), and the anterior commissure (AC): In 1990 D. F. Swaab conducted an experiment, which became the first to document a physiological difference in the anatomical structure of a gay man's brain. Swaab found in his examination of a gay's brain that a portion of the hypothalamus of the brain was structurally different than a heterosexual brain. The hypothalamus also controls body temperature, hunger and thirst, and circadian cycles. In the homosexual brains examined, a small portion of the hypothalamus, termed the suprachiasmatic nucleus (SCN), was found to be twice the size of its heterosexual counterpart. In 1991, S. Levay reported that the third interstitial nucleus of the anterior hypothalamus (INAH-3) was also smaller in homosexual men than in heterosexual men. S. Levay concludes the 'homosexual and heterosexual men differ in the central neuronal mechanisms that control sexual behavior', and agreed that this difference in anatomy was no product of upbringing or environment, but rather prenatal cerebral development and structural differentiation. In 1992, L. S. Allen made a similar discovery in the hypothalamus as well; and found that the anterior commissure (AC) of the hypothalamus was also significantly larger in the homosexual subjects than that of the heterosexuals. Both Swaab's and Allen's results became a standing ground for the biological argument on homosexuality. The very fact that the AC and the SCN are not involved in the regulation of sexual behavior makes it highly unlikely that the size differences results in differences in sexual behavior. Rather the size differences came prenatal during sexual differentiation. The size and shape of the human brain is determined biologically and is impacted minutely, if at all by behavior of any kind.

Causes for Homosexuality:-

The American psychological association, American psychiatric association, and National association of social workers stated in 2006:
“Currently, there is no scientific consensus about the specific factors that cause an individual to become heterosexual, homosexual or bisexual, including possible biological, psychological, or social effects of the parents sexual orientation. However, the available evidence indicates that the vast majority of lesbian and gay adults were raised by heterosexual parents and the vast majority of children raised by lesbian and gay parents eventually grow up to be heterosexuals.

The royal college of psychiatrists stated in 2007,

“Despite almost a century of psychoanalytic and psychological speculation, there is no substantive evidence to support the suggestion that the nature of parenting or early childhood experiences play any role in the formation of a person’s fundamental heterosexual or homosexual orientation. It would appear that sexual orientation is biological in nature, determined by a complex interplay of genetic factors and the early uterine environment. Sexual orientation is therefore not a choice.”

The journal of American Academy of Pediatrics (2004), stated that,

“Sexual orientation probably is not determined by any one factor but by a combination of genetic, hormonal, and environmental influences. In recent decades, biologically based theories have been favored by experts although there continues to be controversy and uncertainty as to the genesis of the variety of human sexual orientations; there is no scientific evidence that abnormal parenting, sexual abuse, or other adverse life events influence sexual orientation. Current knowledge suggests that sexual orientation is usually established during early childhood.

Homosexuality is actually a simple psychological problem prevalent in many societies. However the recognition of homosexuality as a serious psychological problem that requires counseling and therapy is often strongly impeded by its very own denial as a serious psychological problem.
The reason for denying Homosexuality as a psychological problem lies with individuals who cannot accept their own mistakes and adopt self-preservation measures to shift responsibility. The causes for a person to take on homosexuality are varied and diverse, as different people are affected differently by different nature and nurture aspects of life.

Some common causes of homosexuality are due to factors in family upbringing such as deficient parental or poor fatherly skills. Many homosexuals are brought up with deficient adult male identities caused by lack of interactions with good male adults. The lack of positive male adult role-modeling would later cause them to be seen as effeminate males when they grow up.

CIVIL RIGHTS - The history of gay rights:

We refer to basic human rights like the freedom of speech and association, liberty, and equal treatment in court as civil rights, because they are fundamental rights that each and every citizen should not be denied on the basis of their sex, race, or religious belief. Though it has been proven that homosexuality—the sexual desire for those of the same sex as oneself—has existed since humans have begun documenting human history, the framers of the constitution did not include the unconstitutionality of discrimination against citizens on the basis of sexual preference, thus, making this discrimination against citizens on the basis of sexual preference, perfectly legal.

Inspired by the African American civil rights movement, homosexuals in America began to organize themselves and to fight for the equality and the justice they did not have yet. With the rise of gay rights activists, gay-rights opponents appeared, and the issue about homosexuals rights turned into a controversial, legal battle, which today is still fought with neither party entirely winning.

History has also shown that gay people have always been discriminated against. Not only were gay people denied of equal treatment in court ("dejure"), but they also have been victims of violence and harassment in our own society on
the basis of their sexual orientation. Homosexuality was labeled a felony crime in
the past, existing “sodomy laws” which prohibit oral and anal sexual intercourse,
even between consenting adults, were primarily used to target homosexuals, and
the current federal government denies openly gays employment to federal
institutions like the CIA, FBI, the army- nation’s biggest employee in the united
states – or the national security agency. The government even regularly removes
openly gay officials from public positions, and so do a lot of other employees in

In individual cases, homosexuals are often harassed, insulted, kicked,
punched, and thrown at by fellow classmates, co workers and even family
members just for being gay. These discriminations base on prejudices and
stereotypes that society has of the gay community.

Among the most common stereotypes are those which carry fear and
ignorance. Gays are said to be “sex-crazed maniaes”. They are considered
extremely “immoral” because they do not follow social customs, “unnatural”
because homosexuality violates the basic functions of genitals and contradicts the
nature.

Gayness is considered by opponents a voluntary “act” and “behavior”,
which a person can act on. Some opponents go that far that, since homosexuality is
from their point of view a matter of choice, their sexual practices are “crimes”
which make homosexuals criminals.

On the other hand, gays defend themselves by arguing that homosexuality
is a characteristic with which they are attached in the early childhood or even with
birth. Gays do not have a choice over their homosexuality as heterosexuals do not
have a choice over their heterosexuality. Hence, gayness is a condition over which
they do not have, just as no one has control over his or her ethnic race, origin, outer
appearance, or the class they he or she is born in. In addition, empirical research on
adult sexual orientation and molestation of children has shown that gay men are not more likely to molest children than heterosexual men.

Based on this argumentation, homosexuals urged the government to ban discrimination of people on the basis of their sexual preference. However, up until the decades after the Second World War, in which Hitler did not only murder Jews, but also homosexuals, there has been no powerful and effective gay rights movement. The reason for the ineffectiveness of the first movements lies in the fact that the gay community represents a so-called “invisible minority”, that is a minority which “due to the fear of public in acceptance and disadvantage (losing one’s job/public humiliation) do not openly reveal themselves” (Mohr.84). Just like the demand for freedom by slaves in the past resulted in more discrimination by the slave-owners, homosexuals faced the same vicious circle.

The gay rights movement is rooted in the so-called stonewall riots, marking the first major attempt of gays to organize themselves and to resist discrimination. In the summer of 1969 policemen in New York started to raid unlicensed bars, resulting in closings of five gay bars with minor street disturbances. The stonewall Inn, an unlicensed and Mafia- operated bar in Greenwich Village, was raided by nine policemen in the early mornings of June 28th 1969. As the policemen arrested and escorted five employees and customers, they faced an unexpectedly angry and violent mob outside the stonewall inn, yelling, throwing coins, rocks, beer bottles, and bricks at the policemen. During the following forty –five minutes, the nine policemen were involved in a violent struggle, in which the protesters were beaten by policemen and in which the crowd tried to set the bar with the policemen inside on fire. As police reinforcement arrived, the crowd which had already close to about 400 angry protesters, finally spread out, but re-gathered for two additional nights around the then-closed stonewall inn to protest against the police’s discrimination of gay bars’, shouting slogans like “gay power”, “legalize gay bars”, and “gay is good”.

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The significance of this local incident however is tremendous, and it had an enormous influence on the national level. New gay rights groups were formed within days, “gay power” meetings were held in Greenwich Village, and existing gay rights groups started a series of activities to call for national, organized resistance against discrimination.

This rapid rise of organization in the entire nation achieved to change, at least, a part of the mainstream’s cultural view on homosexuality. Empirical data obtained by experiments, combined with this changing social norm, led the board of directors of the American psychiatric association to finally remove homosexuality from the Diagnostic and Statistical Manual of mental disorders in 1974, marking this first major success of the gay community. It opened up doors for a series of new political campaigns of organizations, pushing for changes in the way gays were viewed by society, and for protection from discrimination in jobs and housing.

However, with the rise of the pro-gay activists, anti-gay activists started to organize themselves. One of the most famous anti-gay activists is Anita Bryant, who successfully campaigned to repeal an ordinance in St. Paul in 1978 to prohibit anti-gay discrimination. In her campaign named “save our children”, she opposed the fact that homosexuals have been allowed to work as to work as teachers in elementary schools and claims that they not only lead their children into homosexuality, but also portray threat to our vulnerable society.

In a similar fashion, homosexuals have been targeted when AIDS became a worldwide problem in the early years of the eighties. Gay men were primarily infected with HIV due to the fact that their sexual activity, which includes the semen transmission between two men, makes them extremely vulnerable. As females who have sexual contact with HIV infected men were infected, and as children, drug addicts who share infected needles, became potential targets of AIDS, homosexuals have been blamed as a threat to the innocent society. They were labeled disease carriers, and were said to “pollute” an innocent part of the
human population. Once more, recent empirical studies were needed to show that “the assumption that all or most gay people have AIDS is simply wrong” (Bender 84). In fact, heterosexual sex is nowadays the main cause for the virus to spread, representing 90% of the new AIDS-cases.

As homosexuality is becoming more and more socially accepted during the eighties, gay rights groups started to shift their campaign towards equal political treatment. Basically, gay rights movement is defined as the demand of gays to be treated as equal citizens with the same rights, privileges, and treatment as heterosexuals do.

Progressive success did the gay rights movement gain during the last decades concerning the military issue. In 1942 the U.S military took side in the controversial issue about homosexuality, as it banned homosexuals and denied them the right to enter military service by arguing that their presence would make heterosexual soldiers feel “uncomfortable” and decrease their efficiency and productivity.

Although gays have been asking for equal rights since then, it was President Clinton who took the first pro-gay step. Being lobbied by successful gay rights activists, President Clinton introduced the so-called “don’t ask, don’t tell” policy. Although “don’t ask, don’t tell” does not remove the ban of homosexuals in the military (what president Clinton had promised the gay community during his political campaign) it legalizes the existence of gay soldiers in the military as long as they do not publicly reveal their sexual orientation.

Though this policy might be intended to decriminalize homosexuality, it clearly still discriminates against homosexuals, given the fact that they are denied of first amendment rights like the freedom of speech and association, and that they are not treated as equal citizens (violates the fifth and fourteenth amendment). From this argument, six lesbian and gay soldiers questioned the entire policy in Able vs. USA, and gained major success as U.S Feudal Judge Eugene Nickerson of
the eastern district of New York struck down the entire policy on July 2nd 1997 for it violates the constitution equal protection guarantee.

However, gays still are not satisfied as long as the most controversial issue concerning equal protection rights - - - the question about legalizing same sex marriage -is still not solved. A legal marriage is accompanied with a vast amount of legal advantages, including tax advantages, next of kin – status (which gives one partner of a relationship the right to visit the other partner in hospitals), rights of inheritance in the absence of a will, and retirement benefits, but homosexuals face the problem that same-sex marriages are not allowed in any state for the time being. When in 1983 one of the first cases was brought to public, in which a lesbian couple was denied to see each other in hospital after a partner’s accident, the court referred to the legal definition of marriage that is the union of one man and one woman. Given this discrimination by our own government, gay rights activists have been trying to lobby politicians and representatives for almost two decades. They are urging state governments to legalize same sex marriage.

As we approach the turn into a new millennium, the citizens of the United States is once more deeply divided. Important decisions on homosexuality are to be made, and countries like Denmark and Norway serve as models, as the governments have legalized gay marriages already in 1989 and 1993.

In India

The year 2009 was a historic one for the LGBT movement in India. On 2 July 2009, a Delhi High Court court ruling decriminalised homosexual intercourse between consenting adults and judged Section 377 of the Indian Penal Code to be conflicting with the fundamental rights guaranteed by the Constitution of India. This brought a respite to the Indian LGBT community that has been repressed and marginalized. This also led to open celebrations by LGBT persons including Pride Parades in many of the metros This was followed by the relaunch of India's first gay magazine – Bombay Dost. -The Indian Election Commission decided to
recognize transgender as a separate category. All these activities brought media focus and visibility to the LGBT community in India.

In spite of this the recent Supreme Court verdict on Gays has lent a death blow to the gay community.

DEPRESSION:–

The world health organization predicts that by the year 2020 depression will become the second leading cause of disability – adjusted life years (DALY’s) in the world. It’s time we faced the problem head on.

Everyone experiences some unhappiness, often as a result of a change, either in the form of a setback or a loss, or simply, as Freud said, “Everyday misery”. The painful feelings that accompany these events are usually appropriate, necessary, and transitory, and can even present an opportunity for personal growth. However, when depression persists and impairs daily life, it may be an indication of a depressive disorder. Severity, duration, and the presence of other symptoms are the factors that distinguish normal sadness from a depressive disorder.

Depression has been alluded to by a variety of names in both medical and popular literature for thousands of years. Early English texts refer to “melancholia,” which was for centuries the generic term for all emotional disorders.

Depression is very common. In fact, it is experienced by 21.3 percent of women and 12.7 percent of men at some time during their lives (Kessler et al., 1994). This nearly two-to-one gender difference in depression rates has been reported in many studies (e.g., Culberton, 1997), especially in studies conducted in wealthy, developed countries; so it appears to be a real one. As noted by Strickland (1992), several factors account for this finding, including the fact that females have traditionally had lower status, power, and income than males; must worry more than males about their personal safety; and are the victims of sexual harassment and assaults much more often than males. Gender differences in rates of depression
may also stem, at least to a degree, from the fact that females are more willing to admit to such feelings than males, or from the fact that women are more likely than men to remember such episodes (Wilhelm & Parker, 1994).

The etiological picture for depression is about as complex as that for the other major categories we have presented. There is some evidence of genetic susceptibility, for ex the familial rate is higher by a factor of 30 than would be expected in the population at large (the discovery of the site of a gene correlated with depression strengthens the influence of genetics involvement).

Depression is a psychiatric disorder characterized by an inability to concentrate, insomnia, loss of appetite, anhedonia feelings of extreme sadness, guilt, helplessness and hopelessness and thoughts of death (Coleman, J.C., 1996).

Depression has been recognized as a disorder at least since biblical day. Today it may well be the nation’s number one mental health problem. Task force of the National Institute of mental health indicates that both mental health professionals and the public continue to under estimate the seriousness of depression (Secund c 1973).

Some explanations for depression are based on cognitive factors for e.g, psychologist Martin Seligman suggests that depression is largely a response to learned helplessness. Learned helplessness is a learned expectation that one cannot control the events in one’s life and that there is no escape from one’s situation. People with these expectations simply give up fighting negative events and submit to them and develop depression.

The most recent explanation of depression is drawn from evolutionary psychology. In this view depression is an adaptive response to pursuing goals that are unattainable. When people fruitlessly pursue an ever – elusive goal, depression kicks in, ending pursuit of the goal ultimately.
Depression is a mood disorder that affects the mind as well as the body. It may be described as a state of feeling extremely low, to the extent that it affects a person’s thoughts, behavior, feelings and general well-being. While all of us have temporary periods during which we feel unhappy, depression isn’t something a person just snaps out of or gets over. It’s more long term; it needs a thorough diagnosis and treatment involving counseling and/or medication; and above all, it’s not a weakness that a person has, but rather a medical condition like any other.

It’s important to distinguish depression from feeling sad. While feelings of sadness lessen and go away in time, depression can continue for months, even years.

**Depression in India**

Like anyone else in the world, Indians too suffer from daily stresses, responsibilities, loneliness and all the other mental pressures that come with modern living. Although depression is strongly prevalent in India, there is still a stigma related to its which leads to it going undiagnosed and untreated.

The W.H.O says the burden of depression is 50% higher for females than males. According to the WHO, Indians are among the worlds most depressed (World Health Organization, 2011).

A study conducted by the global watch dogs found that while around 9% of people in India reported having an extended period of depression within their lifetime, around 36% suffered from what is called major depressive episode (MDE).

A growing awareness about the condition and the fact that it is highly treatable is helping a large number of people all over. It’s important to remember that depression can be dangerous, causing people to consider harming themselves or others, and it is imperative that a person is helped out of it at the earliest.
Some major symptoms of Depression are,

Persistent sadness, anxiety, or “empty” mood, Feelings of hopelessness, pessimism, Feelings of guilt, worthlessness, helplessness, Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex, Decreased energy, fatigue, being “slowed down”, Difficulty concentrating, remembering, or making decisions, Insomnia, early- morning awakening, or oversleeping, Appetite and/ or weight loss or overeating and weight gain, Thoughts of death or suicide; suicide attempts, Restlessness, irritability and Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

Depression can broadly be split into psychiatric and non-psychiatric illnesses. Psychiatric illnesses feature depression and the condition is usually reflective of a form of mental trauma experienced by the sufferer. Non-psychiatric illnesses on the other hand, often indicate an unfavorable physiological condition causing an imbalance within the human body, resulting in depression.

Causes of depression:-

Several key factors that relate to depression:-

Heredity: - Both unipolar and bipolar depression tends to run in families. If, for ex, an individual mother is clinically depressed, then he/she stands a statistically greater chance of experiencing depression than if his/her mother had no history of depression. But this doesn’t mean that heredity causes depression – many children of depressed parents live their lives free of the disorder, but heredity does play a role in depression.

The brain’s chemistry: - Researchers have searched for differences in brain chemistry that may help to explain depression. These brain chemistry models concern their surpluses or deficits of particular chemicals (such as sodium) or hormones (such as steroid and thyroid) that relate to brain function. While these
brain chemistry models are intriguing, no single one can, alone, fully explain depression (Whybrow et al, 1984).

The environment: - The environment is thought to be implicated in depression. People with depression may learn that their behavior is ineffective in producing environmental change (called learned helplessness) and that this feeling of ineffectiveness is akin to depression (Seligman 1975). Or depression could be the result of extinction of behavior that is ordinarily rewarded either because the behavior is inappropriate or because the reward has lost its potency (Lewinsohn & Hoberman, 1982). And it has been suggested that an individual’s negative and irrational thinking causes depression. It is well known that depressed individuals are negative about themselves, their experiences, and their futures (Beck et al, 1979); (Ellis & Hasper, 1975).

Depression can affect anyone, irrespective of gender, age, race or socioeconomic background. Depression is not a weakness that a person can just pull himself or herself out of. Clinical depression is an illness and medical intervention is necessary to treat a person. Depression is not anybody’s fault. If a person is depressed, it doesn’t mean that he or she is weak or stupid of lacking in something. It can happen to anyone. The average age of onset for a major depressive disorder is the mid-twenties. According to the WHO, depression affects 121 million people worldwide. Less than 25% of those affected have access to effective treatment. However the good news is that primary care is capable of reliably diagnosing and treating of depression.
Some important types of depression are

1. MAJOR DEPRESSION

   In major or acute depression, the following symptoms are generally noticed,
   
i. Depressed mood on most days for most of each day – irritability may be prominent in children and adolescents.
   
   ii. Total or very noticeable loss of pleasure most of the time
   
   iii. Significant increases or decreases in appetite, weight, or both
   
   iv. Sleep disorders, either insomnia or excessive sleepiness, nearly every day
   
   v. Feelings of agitation or a sense of intense slowness
   
   vi. Loss of energy and a daily sense of tiredness
   
   vii. Sense of guilt or worthlessness nearly all the time
   
   viii. Inability to concentrate occurring nearly every day
   
   ix. Recurrent thoughts of death or suicide

2. DYSTHYMIA (chronic depression)

   Dysthymia, or chronic depression, afflicts 3-6% of the general population and is characterized by many of the same symptoms that occur in major depression. Symptoms of dysthymia are less intense and last much longer, at least 2 years. The symptoms of dysthymia have been described as a “veil of sadness” that covers most activities. Possibly because of the duration of the symptoms, patients who suffer from chronic minor depression do not exhibit marked changes in mood or in daily functioning, although they have low energy, a general negativity, and a sense of dissatisfaction and hopelessness.

   Often, symptoms become more severe over time. In one long term study, nearly all patients with dysthymia suffered at least one episode of major depression superimposed over chronic depression (Sometimes called double depression) at some time in their life.
3. ATYPICAL DEPRESSION

About a third of patients with depression have atypical depression. Symptoms include overeating and oversleeping. Such patients tend to have a feeling of being weighed down and react strongly to rejection. Atypical depression tends to occur more in women, unmarried people, and those with other emotional disorders, such as anxiety or substance abuse. It may also impair functioning more severely than ordinary depression.

4. SEASONAL AFFECTIVE DISORDER

Seasonal affective disorder (SAD) is characterized by annual episodes of depression during fall or winter that improve in the spring or summer. Other SAD symptoms include fatigue and a tendency to overeat (particularly carbohydrates) and oversleep in winter. A minority of individuals with SAD have the more common depressive symptoms of under eating and being sleepless.

LONELINESS

“The eternal quest of the individual human being is to shatter his loneliness”. - Norman cousins.

Loneliness is an emotional state in which a person experiences a powerful feeling of emptiness and isolation. Loneliness is more than the feeling of wanting company or wanting to do something with another person.

Loneliness is defined as a lack of desired social connection and social support. It is often associated with feelings of isolation, worthlessness, and sadness. Loneliness is not necessarily the state of being alone. One can be utterly lonely in a room full of people who don’t seem to notice, in a college dorm with no special friend, in a marriage with no understanding. Loneliness is not the peaceful solitude we cherish. It is the pain of being without meaningful connection, a feeling of emptiness that entraps us in fears, longing and negative perceptions about ourselves and others.
Loneliness should not be equated with a fear of being alone. Everyone has times when they are alone for situational reasons, or because they have chosen to be alone. Being alone can be experienced as positive, pleasurable, and emotionally refreshing if it is under the individual's control. Solitude is the state of being alone and secluded from other people, and often implies having made a conscious choice to be alone. Loneliness is therefore unwilling solitude.

Loneliness is an important personality variable in current psychological literature. It is of particular interest to social psychologists. Probably most people experience painful feelings of isolation and loneliness at some time in their lives. Because life is filled with social transitions that disrupt personal relationships and set the stage for loneliness. Being unloved and lonely has been called “The greatest poverty” (Praveen Kumar Jha, 1999). Perhaps for more people than we ever realized, the world is a lonely place. It is believed that as the society become more affluent and advanced, the quantity and intensity of loneliness tend to increase proportionately. It can be observed that as societies become more individualistic, the stress shifts to independence. The individualism independence which normally accompanies socio-economic development becomes a cause of loneliness.

Loneliness is a complex and usually unpleasant emotional response to isolation. Loneliness typically includes anxious feelings about a lack of connectedness or communality with other beings, both in the present and extending into the future. As such, loneliness can be felt even when surrounded by other people. The causes of loneliness are varied and include social, mental, emotional, and spiritual factors.

Loneliness is a universal human emotion, yet it is both complex and unique to each individual. Loneliness has no single common cause, so the preventions and treatments for this damaging state of mind vary dramatically. A lonely child who struggles to make friends at his school has different needs that a lonely elderly man whose wife has recently died. In order to understand loneliness, it is important to take a closer look at exactly what we mean by the term “lonely” as well as the
various causes, health consequences, symptoms and potential treatment for loneliness.

While common definitions of loneliness describe it as a state of solitude or being alone, loneliness is actually a state of mind. Loneliness causes people to feel empty, alone and unwanted. People who are lonely often crave human contact, but their state of mind makes it more difficult to form connections with other people.

Loneliness, according to many experts, is not necessarily about being alone. Instead, it is the perception of being alone and isolated that matters most. For example, a college freshman might feel lonely despite being surrounded by roommates and other peers. A soldier beginning his military career might feel lonely after being deployed to a foreign country, despite being constantly surrounded by other people.

Being alone and lonely, and even just the fear of being alone, make many people insecure, anxious and depressed. If you fear being alone you may become over needy of other people and feel as if you must be around people at all times. While we all, to varying degrees, need people in our life, if you feel you must have people around all the time then this need is controlling you.

“Being alone” means different things to different people. It is critical to evaluate what makes up your fear and to what degree this fear controls you and your behavior. For example, it is important to note if there are any social elements to the fear, is the fear related to personal violence concerns, and is the focus on one particular person or type of person rather than on the need to have another human being in close proximity.

Clinical and research evidence supports the fact that all too often one of the main reasons that both men and women get into a relationship, and then often stay in a relationship, is related to a fear of being alone. And as any good counselor knows, a relationship that is based on fear is destined to be a very unhappy and
unfulfilling relationship. Until a person can learn to enjoy their own company, they may constantly find themselves lonely or getting into relationships that are, or end up, based on fear. All too often, people who are not comfortable with themselves unknowingly stop themselves from not only being the best person they can be but from experiencing deep levels of intimacy with others as well.

At the extreme, the fear of being alone is known by a number of names – Auto phobia, Isolaphobia, and Monophobia. This fear of being alone often significantly impacts on a person’s quality of life. It can cause panic attacks, keep people apart from loved ones and business associates, and play total havoc with a person’s life. Symptoms typically include shortness of breath, rapid breathing, irregular heartbeat, sweating, nausea, and overall feelings of dread, although everyone experiences being alone fear in their own way and may have different symptoms.

Robert Weiss (1975) reports that loneliness is not the same as depression. Lonely people fear that they will always be lonely; depressed people are sure of it. The lonely feel sad and discouraged; the depressed have numbed out and just don’t care anymore. The lonely cry a lot; the depressed are “cried out”. Most important, loneliness can, potentially at least, drive people to go out and find friends; depression is more likely to tempt people to give up and just sleep all day.

A very broad description of loneliness would be that it involves a sense of deprivation in one’s social relationships. This, however, would imply that only lonely people have deficits in their social environments, which is not the case. On the contrary, the majority of people feel that their relationships are a little deficient in one way or another. For instance, a particular friend may be too argumentative, or an employer too demanding, or a spouse not attentive enough. These are all experiences of social deficit, and cause most people to feel a little dissatisfied with their social environment; but it does not make them all say that they are lonely. What, therefore, distinguishes the lonely from those who are not? One obvious
Loneliness has been linked very strongly with poor psychological health. Research seems to indicate that not only is loneliness an unpleasant experience, but that it is also detrimental to well-being. If this is the case, then the job of helping people overcome their loneliness takes on new significance. It is important to clarify therefore; exactly how much effect loneliness has on health.

Some of the causes of Loneliness according to a research by John Cacioppo (2008), a university of Chicago psychologist and one of the top loneliness experts, loneliness is strongly connected to genetics. Other contributing factors include situational variables, such as physical isolation, moving to a new location and divorce. The death of someone significant in a person’s life can also lead to feelings of loneliness. Loneliness can also be a symptom of a psychological disorder such as depression.

Loneliness can also be attributed to internal factors such as low self-esteem. People who lack confidence in themselves often believe that they are unworthy of the attention or regard of other people. This can lead to isolation and chronic loneliness.

Loneliness has a wide range of negative effects on both physical and mental health. Some of the health risks associated with loneliness includes: Depression and suicide, Cardiovascular disease and stroke, Increased stress levels, Decreased memory and learning, Antisocial behavior, Poor decision-making, Alcoholism and drug abuse, The progression of Alzheimer’s disease and Altered brain function.
Research has shown that loneliness can impact heart, health and immunity. But these are not the only areas in which loneliness takes its toll. “Lonely adults consume more alcohol and get less exercise than those who are not lonely.” “Their diet is higher in fat, their sleep is less efficient, and they report more daytime fatigue. Loneliness also disrupts the regulation of cellular processes deep within the body, predisposing us to premature aging” (John Cacioppo, 2008).

Researchers have found that low levels of loneliness are associated with marriage, higher income and higher educational status. High levels of loneliness are associated with physical health symptoms, living alone, small social networks and low quality social relationships.

The unique and varied nature of people’s experiences of loneliness presents caregivers and counselors with a difficult problem of knowing where to begin when a client complains of loneliness. This is particularly important in view of the suggestion that loneliness might promote major health hazards. It is necessary, therefore, to have some means of evaluating exactly why, and to what extent, a person feels lonely.

The alternative to viewing loneliness and the fear of being alone as a defect or as an unalterable personality characteristic is to recognize that loneliness is something that can be changed. It is also important to know that loneliness and the fear of being alone are common experiences. According to a recent national survey, 25% of all adults experience painful loneliness at least every few weeks, and the incidence among adolescents and college students is even higher. Loneliness is neither a permanent state nor "bad" in itself. Instead it should be viewed more accurately as a signal or indicator of important needs that are going unmet.

The first step is to admit that you have a problem with being alone and that you would like to feel and behave differently. Remember, we all have strengths and weakness and hiding your weaknesses takes up more energy than it does to work to
The most frequently used form of therapy is cognitive behavioral therapy (CBT), reality therapy and behavioral therapy. Working with an experienced psychologist, therapist, or counselor you can learn new behavioral approaches, new relationship and communication skills, and specific techniques to help you deal with anxiety and depression.

Relaxation and stress relief techniques are frequently an accompaniment to other therapeutic approaches. Relaxation techniques may include things like specific ways of breathing. Muscle relaxation training, guided mental imagery, or soothing self-talk. Associating these relaxation techniques with being alone can help you deal with, and overcome, feelings of loneliness, depression and anxiety.

Medication can also be used. While they do not “cure” the fears of being alone, they can temporarily suppress the symptoms through chemical interaction.

Another treatment for both loneliness and depression, especially in the elderly, is pet therapy, or animal-assisted therapy as it is more formally known. Some studies and surveys, as well as anecdotal evidence provided by volunteer and community organizations, indicate that the presence of animal companions can ease feelings of depression and loneliness. According to the centers for Disease control, there are a number of health benefits associated with pet ownership.

AGGRESSION

The tendency to aggression is an innate, independent, instinctual disposition in man.... It constitutes the powerful obstacle to culture. – Sigmund Freud.

Man must evolve for all human conflict a method which rejects revenge, aggression and retaliation. The foundation of such a method is love. - Martin Luther king.

In psychology, the term Aggression refers to a range of behaviors that can
result in both physical and psychological harm to oneself, other or objects in the environment. The expression of aggression can occur in a number of ways verbally, mentally and physically.

Defining aggression is not an easy task because it can vary depending on the culture, individual, or situation. What is aggressive to some might be normal to others. Aggressiveness can also be confused with assertiveness, which is a different thing altogether. Being assertive means standing up for oneself or taking the initiative to get things done. Aggression is an intentional behavior that is done to cause harm or pain to another person. Aggression can come in many forms. It can be verbal or physical. No matter what, the action was intentionally made to try and cause harm, and that makes the action aggressive.

Aggression in its broadest sense is behavior, or a disposition, that is forceful, hostile or attacking, it may occur either in retaliation or without provocation. In narrower definitions that are used in social sciences and behavioral sciences, Aggression is an intention to cause harm or an act intended to increase relative social dominance. Predatory or defensive behavior between members of different species may not be considered aggression in the same sense. Aggression can take a variety of forms and can be physical or be communicated verbally or non-verbally. Aggression differs from what is commonly called assertiveness, although the terms are often used interchangeably among lay people, e.g. an aggressive sales person.

The term Aggression comes from the Latin ‘Aggressio’ meaning attack. The Latin was itself a joining of ad- and grade – which means step at. The first known use dates back to 1611, in the sense of an unprovoked attack. A psychological sense of “hostile or destructive behavior: dates back to 1912, in an English translation of the writing of Sigmund Freud. Alfred Adler had theorized about an “Aggressive drive: in 1908. Child raising experts began to refer to Aggression rather than anger from the 1930’s.
Aggression is defined as behavior aimed at causing harm or pain, psychological harm, or personal injury or physical distraction. An important aspect of aggressive behavior is the intention underlying the actor's behavior. Not all behaviors resulting in harm are considered aggression. For example, a doctor who makes an injection that harms people, but who did so with the intent of preventing the further spread of illness, is not considered to have committed an aggressive act.

Aggression, a form of behavior characterized by physical or verbal attack. It may appear appropriate and self-protective, even constructive, as in healthy self-assertiveness, or inappropriate and destructive. Aggression may be directed outward, against others, or inward, against the self, leading to self-destructive or suicidal actions. It may be driven by emotional arousal, often some forms of frustration, or it may be instrumental, when it is used to secure a reward.

Aggression has also been explained psychologically, using the frustration-aggression model or drive theory (Parke and Slaby., 1983). The claim is that aggression ensues when some internal compulsions and needs are not met or they are frustrated by reality. This model is close to the biological model, in that it normalizes aggression. Aggression, within this model, is a natural and legitimate behavioral response to environmental deficits, sensed as stimuli.

Why do human beings aggress against others? What makes them turn, with fierce brutality, on their fellow human beings? Thoughtful persons have pondered these questions for the paradox of human violence. Here, we examine several explanations that have been especially influential, concluding with the modern answer provided by social psychologists.

THE ROLE OF BIOLOGICAL FACTORS: FROM INSTINCTS TO THE EVOLUTIONARY PERSPECTIVE

The oldest and probably best known explanation for human aggression is the view that human beings are somehow "programmed" for violence by their basic
nature. Such theories suggest that human violence stems from built-in (i.e. inherited) tendencies to aggress against others. The most famous supporter of this theory was Sigmund Freud, who held that aggression stems mainly from a powerful death wish (thanatos) possessed by all persons. According to Freud, this instinct is initially aimed at self-destruction but is soon redirected outward toward others. Similar views were proposed by Konrad Lorenz, a Nobel Prize - winning scientist (Lorenz, 1966, 1974), who suggested that aggression springs mainly from an inherited fighting instinct, which assures that only the strongest males will obtain mates and pass their genes on to the next generation.

Until a few years ago, few social psychologists accepted such views. Among the many reasons for their objections to the idea that human aggression is genetically programmed were these: (1) Human beings aggress against others in many different ways – everything from ignoring others to overt acts of violence. How can such a huge range of behaviors be determined by genetic factors? (2) The frequency of aggressive actions varies tremendously across human societies than in others (Fry, 1998). Social psychologists questioned as to how aggressive behavior can be determined by genetic factors if such huge differences exist.

With the advent of the evolutionary perspective in psychology, however, this situation has changed considerably. Although most social psychologists continue to reject the view that human aggression stems largely from innate factors, many now accept the possibility that genetic factors may play some role in human aggression. For instance, consider the following reasoning, based on an evolutionary perspective. In the past (and even at present to some extent), males seeking desirable mates found it necessary to compete with other males. One way of eliminating such competition, of course, is through successful aggression, which drives such rivals away or may even eliminate them entirely by proving fatal. Because males who were adept at such behavior may have been successful in securing mates and in transmitting their genes to offspring, this may have led to the development of a genetically influenced tendency for males to aggress against
other males. In contrast, males would not be expected to acquire a similar tendency to aggress against females, because females may view males who engage in such behavior as too dangerous to themselves and their potential future children, and so may reject these males as potential mates. As a result, males may have weaker tendencies to aggress against females than against other males. In contrast, females might aggress equally against males and females, or even more frequently against males than other females. In fact, the results of several studies confirm such predictions (e.g., Hilton, & Rice, 2000). Findings such as these suggest that biological or genetic factors may play some role in human aggression, although in a much more complex manner than Freud, Lorenz, and other early theorists suggested.

DRIVE THEORIES: THE MOTIVE TO HARM OTHERS

When social psychologists rejected the instinct views of aggression proposed by Freud and Lorenz, they countered with an alternative of their own: the view that aggression stems mainly from an externally elicited drive to harm others. This approach is reflected in several different drive theories of aggression (e.g., Berkowitz, 1989; Feshbach, 1984). These theories propose that external conditions—especially frustration—arouse a strong motive to harm others. This aggressive drive, in turn, leads to overt acts of aggression.

By far the most famous of these theories is the well-known frustration-aggression hypothesis (Dollard et al., 1939). According to this view, frustration leads to the arousal of a drive, the primary goal of which is to harm some person or object—primarily the perceived cause of the frustration (Berkowitz, 1989). The central role assigned to frustration by the frustration-aggression hypothesis has turned out to be largely false: Frustration is only one of many different causes of aggression, and a fairly weak one at that. Moreover, aggression stems from many causes other than frustration. Although social psychologists have largely rejected this theory as false, it still enjoys widespread acceptance outside of the field. In
this way, at least, drive theories have continued to have some impact on popular, if not scientific, views of human aggression.

MODERN THEORIES OF AGGRESSION: THE SOCIAL LEARNING PERSPECTIVE AND THE GENERAL AGGRESSION MODEL.

Unlike earlier views, modern theories of aggression (e.g., Anderson & Bushman, 2002a; Berkowitz, 1993; Zillmann, 1994) do not focus on a single factor (instincts, drives, frustration) as the primary cause of aggression. Rather, they draw on advances in many fields of psychology in order to gain added insight into the factors that play a role in the occurrence of such behavior. One such theory, known as the social learning perspective (e.g., Bandura, 1997), begins with a very reasonable idea: Human beings are not born with a large array of aggressive responses at their disposal. Rather, they must acquire these in much the same way that they acquire other complex forms of social behavior: through direct experience or by observing the behavior of others (i.e., social models — live persons or characters on television, in movies, or even in video games who behave aggressively (Anderson & Bushman, 2001; Bushman & Anderson, 2002). Thus, depending on their past experience and the cultures in which they live, individuals learn (1) various ways of seeking to harm others, (2) which persons or groups are appropriate targets for aggression, (3) what actions by others justify retaliation or vengeance on their part, and (4) what situations or contexts are ones in which aggression is permitted or even approved. In short, the social learning perspective suggests that whether a specific person will aggress in a given situation depends on many different factors, including this person’s past experience, the current rewards associated with past or present aggression, and attitudes and values that shape this person’s thoughts concerning the appropriateness and potential effects of such behavior.

Building on the social learning perspective, a newer framework known as the general aggression model (Anderson, 1997; Anderson & Bushman, 2002)
provides an even more complete account of the foundations of human aggression. According to this theory, a chain of events that may ultimately lead to overt aggression can be initiated by two major types of input variables: (1) factors relating to the current situation (situational factors) and (2) factors relating the persons involved (person factors). Variables falling into the first category include frustration, some kind of attack from another person (e.g., an insult), exposure to other persons behaving aggressively (aggressive models) either in person or in violent movies or video games, and virtually anything that causes individuals to experience discomfort – everything from uncomfortably high temperatures to a dentist’s drill or even an extremely dull lecture. Variables in the second category (individual differences) include traits that predispose individuals toward aggression (e.g., high irritability), certain attitudes and beliefs about violence (e.g., believing that it is acceptable and appropriate), a tendency to perceive hostile intentions in other’s behavior, and specific skills related to aggression (e.g., knowing how to fight or how to use various weapons).

According to the general aggression model (GAM), situational and individual difference variables can then lead to overt aggression through their impact on three basic processes: arousal - they may increase physiological arousal or excitement; affective states – they can arouse hostile feelings and outward signs of these (e.g., angry facial expressions); and cognitions – they can induce individuals to think hostile thoughts or can bring beliefs and attitudes about aggression to mind. Depending on individuals’ interpretations (appraisals) of the current situation and restraining factors (e.g., the presence of police or the threatening nature of the intended target person), they then engage either in thoughtful action, which might involve restraining their anger, or impulsive action, which can lead to overt aggressive actions.

Anderson and Bushman (e.g., Bushman & Anderson, 2002) have expanded this theory to explain why individuals who are exposed to high levels of
aggression, either directly or in films and video games, may tend to become increasingly aggressive themselves. Repeated exposure to such stimuli serves to strengthen knowledge structures relating to aggression – beliefs, attitudes, schemas, and scripts relevant to aggression. As these knowledge structures related to aggression grow stronger, it is easier for them to be activated by situational or person variables. The result is the persons in question get truly “primed” for aggression. The GAM is certainly more complex than earlier theories of aggression. But because the GAM fully reflects recent progress in the field, it seems much more likely to provide an accurate view of the nature of human aggression than these earlier theories.

To sum up social, cultural, personal and situational factors play a role in human Aggression.