Ardhanareeshwara concept: Brain and psychiatry

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ABSTRACT

Ardhanareeshvara is a combination of three words “Ardha,” “Nari,” and “Ishwara” means “half,” “woman,” and “lord,” respectively, which when combined means the lord whose half is a woman. It is believed that the God is Lord Shiva and the woman part is his consort Goddess Parvati or Shakti. The Ardhanareeshwara represents a constructive and generative power. Ardhanareeshwara symbolizes male and female principles cannot be separated. It conveys the unity of opposites in the universe. The male half stands for Purusha and female half is Prakriti. Ardhanareeshvara harmonizes the two conflicting ways of life: The spiritual way of the ascetic as represented by Shiva, and the materialistic way of the householder symbolized by Parvati. It conveys that Shiva and Shakti are one and the same. A human being is not a pure unisexual organism. Each human organism bears the potentiality of both male and female sex. Neurohormonal mechanisms have been found to be greatly influencing the sexual behavior. The modern world has come to understand the concept of “Ardhanareeshwara” as it aspires to resolve the paradox of opposites into a unity, not by negation, but through positive experiences of life. The matching of opposites produces the true rhythm of life.

Key words: Ardhanareeshvara, brain and psychiatry, Shiva and Shakti

INTRODUCTION

The perception of the universe and its understanding lies within the brain. Both philosophy and science aim to render intelligible to us our world of experience. Both encompass man and universe and both try to find out the origin, evaluation, and nature of the universe in order to have glimpses of the principles, involved in it. The difference between these two disciplines, therefore, is in their different approaches viz. the former perception, while the later reveals it by experimentations. Ancient Hindu concepts regarding brain science are, now attracting the scientific community to explore some of their mystical findings and make use of them in further understanding of brain behavior. So Vedas, Upanisads, and Puranas are being reviewed all over the world.[1]

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How to cite this article: Raveesh BN. Ardhanareeshwara concept: Brain and psychiatry. Indian J Psychiatry 2013;55:263-7.

PHILOSOPHY OF ARDHANAREESHWARA

One of the 64 manifestations of Shiva, the man, woman form with Parvati constituting the left half of Shiva is Ardhanareeswara. The Ardhanareeswara is the concept that Shiva stands for. In this aspect, he draws the feminine into his own self. He is half man, half woman. A symbol of the Samkhya philosophy which talks of Purusha (the male energy) and Prakriti (the female energy) together makes the cosmic energy.[2] As Ardhanareeswara, Shiva destroys the old, for in destruction, there is renewal, it cleanses and constructs anew. In this new construction, he is the Father of Brahma. And the cycle of time, the process of recreation begins all over again. Mother Shakti once propitiated Lord Shiva with such a fervent intensity that she be part of him in body and mind. Her pleased husband through his divine powers granted her this wish. The Master then absorbed...
her in half of himself and thus was created the half-man half-woman aspect of Lord Shiva, symbolizing the oneness of all beings. One can state that even in gender definition, this aspect became the fundamental root of Advaitha.[3]

This fusion of Shiva and Shakti representing the male and female halves transcends the distinction between and limitation of male and female and takes the lord to the level of beyond-gender manifest Brahman, realization of which means liberation. Shakti part is golden, while Shiva’s part is snow-white. She is substrate and he is substance. Shiva is static; Shakti is dynamic and creative. Shiva is being and Shakti is becoming. He is one; she is many; he is infinite and she renders the infinite into finite; he is formless and she renders the formless into myriad forms; but both are one. Shiva and Shakti exist in Nirmala Turiya state (stainless purity).[4] When it comes to worshipping of Ardhanareeshwara, some worship the Shiva aspect and some worship the Shakti aspect. Shiva is viewed as the holder of power, though he is inert. Shiva is Shava (dead body) without Shakti. All that power in creation, maintenance, and dissolution rests with Shakti. However, the great mother does not exist without Shiva. When they become one, Ardhanareeshwara becomes a being of generative and constructive force.[5]

BIOLOGY OF ARDHANAREESHWARA

A human being is not a pure unisexual organism. Each human organism bears the potentiality of both male and female sex. It is the predominance of one over the other sex which determines the sexuality. A female gamete always bears one X chromosome and a male gamete may either possess one X chromosome or on Y chromosome. So masculinity and femininity are not mutually exclusive. Two halves of the body, therefore, remain in one organism.[6]

The primitive gonad is bisexual and has two distinctive parts: The inner medulla with the potentiality of developing into testes; and the outer cortex with the potentiality of developing into ovaries. The presence of one healthy Y chromosome causes the cortex to regress and the testis develops; but if the chromosomes are both X, then ovary develops and the medulla is regenerated. After the testes are formed, two hormones, testosterone, and Mullerian regression factor (MRF), are elaborated by them in the male fetus. The MRF causes disappearance of the Mullerian duct (the female tube) and the testosterone retains the Wolffian system and induces the formation of the rest of the male genitalia (epididymis, vas deferens, and the male external genitals). In the female, due to the absence of testis (and not due to any influence of ovaries) Wolffian system disappears and the Mullerian system differentiates into uterus and uterine tubes. Both types of hormones are secreted in both sexes. Testes secrete not only large amount of androgen but also a small amount of estrogen. Similarly, ovaries secrete a large amount of estrogen, but in addition, they secrete a small amount of androgen.[7]

Brain and sexual behavior

Neurohormonal mechanisms have been found to be greatly influencing the sexual behavior. In humans, if exposed to sex hormones during a certain critical period of fetal development, the reversal in childhood and adult sexual behavior occurs. In searching for brain centers and path ways of pleasure, Heath (1963) in humans discovered brain areas for pleasurable sensation in limbic system and specifically, the septal region of the brain. One of the patients of Heath with chronically implanted electrodes stimulating the septal area reported his feeling as “it is ‘good,’ it is as if he was building up to a sexual orgasm.”[8] It was reported in early 1960s that dreaming sleep is controlled by a part of brain which is closely connected with the limbic system, stimulation of which produces erection. Fisher et al.[9] observe that full or partial erection of penis in 95% of times during the dreaming Rapid Eye Movement (REM) sleep occurs. Thus, it appears that all dreaming and sexuality might have neurophysiological control.

Ambiguous genitalia

An ambiguous genitalia is a birth defect, where the outer genitals do not have the typical appearance of either a boy or a girl. An infant inherits one pair of sex chromosomes— one X from the mother and one X or one Y from the father. The father “determines” the genetic sex of the child. A baby who inherits the X chromosome from the father is a genetic male, who inherits the Y chromosome from the father is a genetic male (one X and one Y chromosome). The male and female reproductive organs and genitals both come from the same tissue in the fetus. If the process that causes this fetal tissue to become “male” or “female” is disrupted, ambiguous genitalia can develop.

Common causes

- Pseudohermaphroditism: The genitalia are of one sex, but some physical characteristics of the other sex are present.
- True hermaphroditism: A very rare condition in which tissue from both the ovaries and testicles is present. The child may have parts of both male and female genitals.
- Mixed gonadal dysgenesis (MGD): An intersex condition in which there are some male structures (gonad, testis), as well as a uterus, vagina, and fallopian tubes.
- Congenital adrenal hyperplasia: This condition has several forms, but the most common form causes the genetic female to appear male. Many states test for this potentially life-threatening condition during newborn screening exams.
- Chromosomal abnormalities, including Klinefelter’s syndrome (XXY) and Turner’s syndrome (XO).
• If the mother takes certain medications (such as androgenic steroids), they may make a genetic female look more male.
• Lack of production of certain hormones can cause the embryo to develop with a female body type, regardless of genetic sex.
• Lack of testosterone cellular receptors. Even if the body makes the hormones needed to develop into a physical male, the body cannot respond to those hormones. This produces a female body-type, even if the genetic sex is male.

PSYCHOLOGY AND PSYCHIATRY OF ARDHANAREESHWARA

Sexual orientation is commonly discussed as a characteristic of the individual, like biological sex, gender identity, or age. This perspective is incomplete because sexual orientation is always defined in relational terms and necessarily involves relationships with other individuals. Sexual acts and romantic attractions are categorized as homosexual or heterosexual according to the biological sex of the individuals involved in them, relative to each other. Indeed, it is by acting – or desiring to act – with another person that individuals express their heterosexuality, homosexuality, or bisexuality. This includes actions as simple as holding hands with or kissing another person. Thus, sexual orientation is integrally linked to the intimate personal relationships that human beings form with others to meet their deeply felt needs for love, attachment, and intimacy. In addition to sexual behavior, these bonds encompass nonsexual physical affection between partners, shared goals and values, mutual support, and ongoing commitment.[10]

The traditional assumption has been that just as individuals are biologically either male or female, psychologically, they are either masculine or feminine. Freud believed that all human individuals, as a result of their bisexual disposition and cross-inheritance, combine in themselves both masculine and feminine characteristics, so that pure masculinity and femininity remain theoretical constructions of certain content. He realized the difficulty in investigating the components of the opposite sexual tendency in human subjects in psychoanalytic practice. Freud has suggested that no individual has a genital structure that represents a “pure” case of maleness or femaleness. Instead, each individual falls somewhere on a continuum of anatomical bisexuality, conceptualized as ranging from predominantly masculine structure at one end to predominantly feminine structure at the other, with actual hermaphroditism at the midpoint.[11] The two most important implications that can be drawn from Freud’s work are these:

1. Gender cannot be designated adequately based on any one criterion. Since a person can be clearly bisexual with respect to one variable (e.g., physiology) but less clearly so with respect to others (e.g., object choice), the whole set of variables, both biological and psychological, must be taken into account in designating gender. In other words, there are distinct aspects to gender, each of which is important in its own right and in terms of its potential relationship to other aspects.
2. Each aspect of gender can be conceptualized as a continuous dimension. Since everyone manifests characteristics typical of both males and females, and since individuals differ from one another in terms of the degree to which these kinds of characteristics are manifest, no aspect of gender can be described adequately in terms of two dichotomous categories.

Alfred Adler though differed from Freud in many respects, agreed on the points of psychological bisexuality of human being. He, however, thought that every individual wants to give-up femininity and strives for a masculine role. Similarly, Carl Gustavo Jung detected the feminine side of man’s nature (Anima) and the masculine component in female psyche (Animus) in his archetype.[12]

The development of the relative proportion of masculinity and femininity in an individual is dependent partly on biological and partly on learning factors.

The learning factors are the products of:

i. Perception of the external genitalia;
ii. The attachment and identification with the parents on their substitutes; and
iii. The attitudes of the parents, siblings, peers, people of the society at large, toward the child’s behavior that is expected to be shown in respect of masculinity or femininity in the particular society and culture.

Hermaphrodite

The hermaphrodite assumes a heterosexual libido and sex role that accords primarily not with his or her internal and external somatic characteristics, but rather with his or her masculine or feminine upbringing, this is shown to be true in the case of pseudohermaphrodites.[13] A male pseudohermaphrodite (usually caused by androgen receptor mutations) has a female phenotype but male gonads, while a female pseudohermaphrodite (usually caused by congenital adrenal hyperplasia where the adrenal gland secretes testosterone) has a male phenotype but has ovaries.

Homosexuality

In the field of human sexuality, there are two major domains, the so-called “normal” and “abnormal,” in neither of which, as yet, we have definitive answers to even a fraction of the vitally important recurring behavioral question. Thus, regarding the matter of homosexuality, there have been, and are still, two opposed viewpoints concerning its origins. The orthodox sexological view has been that sexual inversion is “constitutionally” rooted; that homosexuals are born, not conditioned; and that hormonal or/and genie
imbalances cause homosexuality. Quite opposed to this constitutional view of homosexuality has been that which insists that the main etiological factors in homosexuality are psychogenic rather than genetic. On 2 July 2009, the Delhi High Court decriminalized homosexual intercourse between consenting adults, 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.

**Gender identity disorder**

Gender identity disorder is a conflict between a person’s actual physical gender and the gender that person identifies himself or herself as. For example, a person identified as a boy may actually feel and act like a girl. The person experiences significant discomfort with the biological sex they were born. People with gender identity disorder may act and present themselves as members of the opposite sex. The disorder may affect:

- Choice of sexual partners
- Display of feminine or masculine mannerisms, behavior, and dress
- Self-concept.

Gender identity disorder is not the same as homosexuality. Identity conflicts can occur in many situations and appear in different ways. For example, some people with normal genitalia and sexual characteristics (such as breasts) of one gender privately identify more with the other gender. People diagnosed with gender identity disorder may not regard their own cross-gender feelings and behaviors as a disorder, and may question what constitutes a normal gender identity or gender role.[14]

**Bisexuality**

Bisexuality has been acknowledged to be a silenced sexuality within several domains including mainstream media, lesbian and gay communities,[13] sexology, and psychology, and psychotherapy.[16] Several authors have linked bisexual invisibility to the high rates of mental-health problems reported among bi-identified people relative to heterosexual, lesbian, and gay identified people.[17]

The longstanding consensus of research and clinical literature demonstrates that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality. There is now a large body of research evidence that indicates that being gay, lesbian, or bisexual is compatible with normal mental health and social adjustment. The World Health Organization’s International Classification of Diseases-9th Edition (ICD-9) listed homosexuality as a mental illness; it was removed from the ICD-10, endorsed by the forty-third World Health Assembly on May 17, 1990. Like the Diagnostic and Statistical Manual of Mental Disorders-2nd Edition (DSM-II), the ICD-10 added ego-dystonic sexual orientation to the list, which refers to people who want to change their gender identities or sexual orientation because of a psychological or behavioral disorder. However, the experiences of discrimination in society and possible rejection by friends, families and others, such as employers, means that some lesbian, gay, bisexual and transgender Lesbian, Gay, Bisexual, and Transgender (LGBT) people experience a greater than expected prevalence of mental health difficulties and substance misuse problems.[18]

Most lesbian, gay, and bisexual people who seek psychotherapy do so for the same reasons as heterosexual people (stress, relationship difficulties, difficulty adjusting to social or work situations, etc.); their sexual orientation may be of primary, incidental, or no importance to their issues and treatment. Whatever the issue, there is a high risk for anti-gay bias in psychotherapy with lesbian, gay, and bisexual clients. Psychological research in this area has been relevant to counteracting prejudicial (“homophobic”) attitudes and actions, and to the LGBT rights movement generally.[19]

The appropriate application of affirmative psychotherapy is based on the following scientific facts:[20]

- Same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality; in other words, they are not indicators of mental or developmental disorders.
- Homosexuality and bisexuality are stigmatized, and this stigma can have a variety of negative consequences throughout the life span.
- Same-sex sexual attractions and behavior can occur in the context of a variety of sexual orientations and sexual orientation identities.
- Gay men, lesbians, and bisexual individuals can live satisfying lives as well as form stable, committed relationships, and families that are equivalent to heterosexual relationships in essential respects.
- There are no empirical studies or peer-reviewed research that supports theories attributing same-sex sexual orientation to family dysfunction or trauma.

**CONCLUSION**

Everywhere in nature, animate or inanimate, we find in every individual or particle a tremendous urge to be united with something else, outside, or inside. The urge comes from within as the individual is composed of opposites and through the union there is a resolution of the opposites. What is an unconscious urge with nature is transformed into conscious love with human being. Until there is the union, there is tension, which sometimes may prove to be disastrous. The modern world has come to understand the concept of Ardhanareeshwara as it aspires to resolve the paradox of opposites into a unity, not by negation, but through positive experiences of life. The matching of opposites produces the true rhythm of life.
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Source of Support: Nil, Conflict of Interest: None declared