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## From Perversion to Pathology: Discourses and Practices of Gender Policing in the Islamic Republic of Iran

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# From Perversion to Pathology: Discourses and Practices of Gender Policing in the Islamic Republic of Iran\*

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## Abstract

The Islamic Republic of Iran punishes homosexuality with death but it actively recognizes transsexuality, and partially funds sex change operations. This article aims to examine how this seemingly progressive stance on transsexuality is connected to the IRI's larger oppressive apparatus of gender. It will first provide an overview of the cultural politics of gender and sexuality under the Islamic Republic's rule, and will then discuss the confluence of religious and medical literatures that led the Islamic Republic to adopt its new discourse on transsexuality despite – or perhaps rather because of – its sex/gender politics. The article does not deny that this emerging discourse has been somewhat empowering for those transsexuals who genuinely desire surgical transformation. But empowering as it might have been for such transsexuals, the emerging discourse is still deeply troubling since it systematically regards homosexuality and more generally any sexual or gender non-conformity as unintelligible, perverse, and punishable by law, except for those willing to transform their “wrong bodies.” The article will, therefore, demonstrate that the IRI's permission of transsexuality and sex change operations is motivated by a goal that is more about assimilating gender atypical individuals into the heteronormative order than about broadening horizons for sex/gender possibilities. The article ends by discussing how this discourse is making non-surgical trans/multi-gendered identity illegible and illegitimate not only as a publicly recognized possibility, but also with regard to transpersons' own self-perception and self-constitution of their gender and sexual subjectivity.

**KEYWORDS:** homosexuality, transgender, transsexual, the Islamic Republic of Iran, sex change surgery

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*“The locus in which knowledge [gender normalcy] is formed is no longer the pathological garden where God distributed the species, but a generalized medical [gender normative] consciousness, diffused in space and time, open and mobile, linked to each individual existence, as well as to the collective life of the nation, ever alert to the endless domain in which illness [gender dysphoria] betrays, in its various aspects, its great, solid form.”<sup>1</sup>*

## Introduction

Today, there is a certain celebratory tone about recognition of transsexuality and permissibility of sex-change operations within the Islamic Republic of Iran (IRI). There are an increasing number of Western reports about the rise of sex change operations in the Islamic Republic.<sup>2</sup> Western journalists express surprise, sometimes mixed with praise, about how an Islamic state that punishes homosexuality with death is actively recognizing transsexuality, and partially funds sex change operations. Within Iran, government officials, clerics, and medical authorities similarly praise themselves for being among the first in the Muslim world who have made transsexuality and sex change legal. Yet, behind these apparently progressive stories of gender recognition lies an emerging disturbing discourse on gender and sexual disorders and pathologies. This discourse is informed by Islamic literature on the “true sex” of every human body on the one hand, and by psycho-medical literature on the “truth of sex” as a natural biological entity on the other.<sup>3</sup> It defines gendered identity as the core truth of every morally and physically healthy individual that must express itself in

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<sup>1</sup> Michel Foucault, *The Birth of Clinics: An Archaeology of Medical Perception* (London: Tavistock, 1973), 31. Parenthetical inserts are from Catharine Pauly Morgan, “Gender Police,” in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), 310.

<sup>2</sup> See for example Vanessa Barford, “Iran’s ‘diagnosed transsexuals,’” *BBC NEWS*, February 25, 2008; Frances Harrison, “Iran’s sex-change operations,” *BBC Newsnight*, January 5, 2005; Aresu Egbali, “Iran’s transsexuals get Islamic approval, but!” *Middle East Online*, September 30, 2004; Nazila Fathi, “As Repression Eases, More Iranians Change Their Sex,” *The New York Times*, August 2, 2004, 3; and Angus McDowall and Stephen Khan, “The ayatollah and the transsexual,” *The Independent*, November 25, 2004.

<sup>3</sup> Afsaneh Najmabadi, “Truth of Sex,” *Iranian.com*, January 12, 2005, <http://www.iranian.com/Najmabadi/2005/January/Sex/index.html>; Afsaneh Najmabadi, “Mapping Transformations of Sex, gender and Sexuality in modern Iran,” *Social Analysis* 49, no. 2 (2005): 72

a consistent, life-long, sex-dimorphic way. According to this discourse, there are only two kinds of people – men and women – so, two sexes, and each and every individual must belong to one or the other. All human beings come to life gendered and sexed, and their innate sex/gender identity, which is often, but not always, genitally signified, leads them to develop dimorphic gender and heterosexual behaviours and attributes, generally specified as masculine or feminine. Within the logic of this religio-scientific discourse, individuals do not, therefore, construct manhood and womanhood; they simply actualize these already-made identities whose seeds are implanted in them by God. These divinely-implanted seeds (should) grow to produce “normal”, gender euphoric heterosexual men and women, who devotedly reinscribe dimorphism through specifically gendered speech patterns, norms of appearance, facial and bodily hair, their preferred movement modalities, their postures, their odours and scents, their assertiveness or coyness, their sexual desires, their emotional expressiveness, their preferred hobbies and activities, their modes of cognition, and their life and career aspirations.<sup>4</sup>

It is acknowledged within this discourse, however, that these innate sexed and gendered identities do not always develop as they “ought to”; they sometimes deviate in their path of development and bring into being “gender troubled” (*moshkeldar*) individuals whose gender or sexual identities fail to arrive at the “normal” expectations of their biological sex. Men judged to be “effeminate”, women deemed “masculine”, homosexuals, bisexuals, cross-dressers, transsexuals, and all other individuals who have real difficulty conforming to polarized (hetero) normative codes of gender are among such “troubled” individuals. Current research that is done in Iran within this emerging discourse is predominantly preoccupied with identifying, understanding, and categorizing the origins, causes and solutions of these “gender troubles.”

After the revolution of 1979, all such “gender troubles” were classified by the IRI’s authorities as cases of sexual and moral perversion (*enheraf-e jensi va akhlaghi*), worthy of criminalization.<sup>5</sup> In the immediate post-revolution years, all “gender troubled” individuals were, therefore, treated as morally bankrupt and sexually perverse (*monharef-e jensi va akhlaghi*), and were consequently subjected to intimidation, persecution, arrest, and torture, if not outright death. Often times, these individuals were lumped into the category of homosexual (*hamjensbaz*), which was and still is a capital crime punishable by flogging or the

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<sup>4</sup> This list of characteristics is drawn from Catharine Pauly Morgan, “Gender Police,” in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), 304.

<sup>5</sup> Before the revolution, there was no particular policy regarding homosexuals, transgenders and transsexuals. Iranian transsexuals with the inclination, means and connections could obtain the necessary medical treatment and new identity documents.

death penalty.<sup>6</sup> Such acts of persecution and prosecution were part of an apparatus of gender that defined the control of sexuality and enforced compliance with gender roles as an essential cultural and political priority, necessary for eliminating corruption (*fesad*) and establishing social order and security (*nazm va aamniat-e ejtemayee*).<sup>7</sup>

However, the IRI's treatment of "gender troubled" individuals went under an alteration in 1986, when the government for the first time gave the permission to an Iranian transwoman to proceed with surgery.<sup>8</sup> From that date on, a new religio-scientific discourse has been slowly emerging that has introduced a new category for understanding and treating "gender troubles", i.e., gender identity pathologies or disorders (*ekhtelalat-e hoviat-e jensi*). This discourse allows some "gender troubles" to be categorized as cases of disease and disorder, requiring medical intervention, while others are maintained as cases of sexual and moral perversion, deserving criminal punishment. Individuals who live outside dimorphic, heteronormative gender relations can, therefore, now be categorized in two distinct, yet related, ways: either as gender identity disorder patients (*bimaran-e mobtala be ekhtelal-e hoviat-e jensi*) or as moral/sexual perverts. The first category is for those individuals who can be still brought, with intensive psychotherapy, hormone therapy, and plastic genital surgery, within the bounds of gender "normalcy", while the second category is for all other individuals who are determined to live "troubled" (i.e., non-heterosexual and freely-gendered) lives. This discursive dichotomization of gender atypical individuals has gradually opened up the possibility of accepting transsexuals as "temporarily bisexed" patients who can be surgically corrected to fit into their proper gender location while maintaining the criminal status of homosexuals, cross-dressers and transgenderists as perverts who resist all "corrective" measures. This emerging discourse on transsexuality is not, therefore, dismantling the IRI's disciplinary apparatus of gender. It allows this apparatus to continue its forceful implementation of heteronormative moral codes, and its criminalization of individuals who break them.

This paper aims to examine the development of this emerging religio-scientific discourse on transsexuality, and its integral connection with the IRI's larger apparatus of gender. It will first provide an overview of the cultural politics of gender and sexuality under the Islamic Republic's rule, and will then discuss the confluence of religious and medical literatures that led the Islamic Republic to

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<sup>6</sup> Nazila Fathi, "As Repression Eases, More Iranians Change Their Sex," *The New York Times*, August 2, 2004, 3.

<sup>7</sup> For information on this general political context, see Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic* (Westport, Connecticut: Greenwood Press, 2002), 161-216.

<sup>8</sup> The developments that led to this change in official policy will be discussed in Part II-A.

adopt its new discourse on transsexuality despite – or perhaps rather because of – its sex/gender politics. The paper does not deny that this emerging discourse has been somewhat empowering for those transsexuals who genuinely desire surgical transformation. The IRI's recognition of transsexuality as a medical disorder has, at least, provided these transsexuals, who were previously shackled so viciously, with an air of legal protection, however thin and superficial. But empowering as it might have been for such transsexuals, the emerging discourse is still deeply troubling since it systematically regards homosexuality and more generally any sexual or gender non-conformity as unintelligible, perverse, and punishable by law, except for those willing to transform their "wrong bodies". It places pressure upon all individuals to either bring their gender into conformity with the expectations that come along with their sexed body, or alter their body to match their gender. As such, this discourse, which can only conceive of heterosexual males and females, leaves little, if any room, for homosexuals and all those transpersons who want to blur their sex/gender, partially transform their anatomies, or simply cross-dress part-time or full-time. This paper will, therefore, demonstrate that the IRI's permission of transsexuality and sex change operations is motivated by a goal that is more about assimilating gender atypical individuals into the heteronormative order than about broadening horizons for sex/gender possibilities.

### **I. Apparatus of Gender**

This section is about gender policing in the Islamic Republic of Iran. In the IRI, the dichotomous division of all individuals into two genders – man and woman – is understood as the fundamental basis of societal order, security, prediction, and the prevention of harm. Producing individuals who maintain and reinforce this dichotomy in their erotic, emotional, domestic, and social lives is, therefore, considered an important individual, cultural, and political responsibility; individuals, families, and public institutions police and punish individuals who threaten, through their expressions of gender non-conformity or same-sex desire, this gender dichotomy. Part I-A discusses how this gender police work is performed by the Islamic Republic's official morality police. Part I-B discusses how this official police work is complemented by the police work of civilian gender watchers who ridicule, silence, abuse, and even murder individuals who live outside heteronormative gender relations. The section argues that these governmental and civilian police forces constitute a powerful apparatus of gender regulation whose aim is the production of a community of disciplined, docile, gender dimorphic, heterosexual individuals.

### A. Governmental Gender Policing

Iran is a highly gendered society where no aspect of life is free from considerations of sex and gender. The boundary between men and women is drawn firmly, and is deeply embedded in all legal structures, generally to the disadvantage of women. Sex segregation in public spaces such as schools, university classes, buses, metro trains, beaches, sport stadiums, and mosques is fully institutionalized. In education and employment, women are barred from becoming judges, certified religious scholars, and presidential candidates. In family law, men are given unilateral rights to divorce, child custody, and multiple marital partners. Women are not allowed to testify to certain crimes such as sodomy, homosexuality, prostitution, and drinking, and in other cases of crime, two women must be present to equal the testimony of one man. In the case of retribution, a woman's life is worth half that of a man. In cases of inheritance, men receive twice as much as women. In cases of citizenship, any woman of foreign nationality who marries an Iranian citizen is granted an Iranian citizenship, but any Iranian woman who marries a non-Iranian is treated on the basis of the laws of her husband's country of citizenship, and cannot get citizenship status for her children. These are just some of the most visible laws that concretely demonstrate the extent to which one's life in Iran is governed by binary sex/gender categories.<sup>9</sup>

The gendered governance is informed by an Islamist political discourse that understands the universe as gendered, systematic and goal-oriented.<sup>10</sup> According to this discourse, all individuals come to life sexed and gendered, and their sex/gender is predefined with assigned rights and responsibilities, deemed different but complementary for men and women. Gender is, in other words, teleological; individuals are believed to merely act out who they are supposed to be, to fulfill duties, apparently natural and holy.<sup>11</sup> This discourse acknowledges, however, that individuals sometimes deviate in their path of development, and fail to meet the so-called "natural" and holy expectations of their biological sex. It has been conventionally assumed that such deviations and failures indicate moral weakness; God creates His subjects "free" but this freedom is indeed a test; He

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<sup>9</sup> For more information about gender-based discrimination in Iran's legal system, visit <http://www.change4equality.com/english>.

<sup>10</sup> I privilege the notion of discourse here since I want to draw attention to a complex ensemble that consists of various institutions, religious statements, cultural traditions, administrative measures, and moral propositions. One cannot, therefore, reduce the IRI's gendered legal structure, with all its complexities, to "Islam" particularly if one conceives of Islam as a static and monolithic entity outside political and cultural contexts.

<sup>11</sup> For a deeper understanding of this gender ideology, see Hammed Shahidian, "Patriarchy Blessed: Gender Teleology and Violence," in *Women in Iran: Gender Politics in the Islamic Republic*, ed. Hammed Shahidian (Westport, Connecticut: Greenwood Press, 2002), 161-216.

wants us to prove that we use our intelligence to discern the correct path to our destiny; individuals who deviate in their path of gender development are those who fail this divine test.<sup>12</sup> The Islamic Republic sees it as its responsibility to bring back these individuals to their right path, and “protect” them from further self-incurred sins. The statement below demonstrates this view perfectly:

We will always have some sick women (and men) in our society who should be treated... We have no choice but to turn them away from their wrong path and direct them to a correct and healthy path...by means of coercion and implementing some laws and guidelines.<sup>13</sup>

According to the Islamic Republic, this responsibility must be carried out vigilantly because that is the only way of upholding God’s plan and creating a healthy moral society: “one person can lead the entire nation to prosperity or destruction ... [&] authorities must, therefore, enlighten our youths so that they will not be influenced by corruption.”<sup>14</sup>

Policing gender is, thus, a ruling principle of social and political organization in the Islamic Republic of Iran. Authorities explicitly define the parameters of gender-appropriate appearances and behaviours, and police individuals to emulate them in public and private. For example, they regularly develop rules against “decadent and obscene dress” (*ghanun-e albasesh-ye mobtazal*) which prohibit a range of gender-inappropriate appearances (e.g., long, spiky, and “Western” hairstyles for men, “unladylike” comportment for women) and deviant cloths (e.g., see-through, short scarves that do not completely cover hair and neck, tight and short T-shirts and uniforms, and fluorescent colours).<sup>15</sup> The IRI’s Penal Law stipulates that women who do not adhere to these rules could be fined and imprisoned from 10 days to two months.<sup>16</sup> The latest series of these rules came into force in the spring of 2007 under the title of “Social Security Plan” (SSP) (*tarh-e amniat-e ejtemayee*). Under SSP, “women wearing short

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<sup>12</sup> Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 162.

<sup>13</sup> This is a quotation of a female representative in the Iranian Parliament. It appeared in Zan-e Rouz, “Pas az Gozasht-e Dah Sal az Enghelab dar Mowred-e Mobarezeh ba Bad-Hejabi Chareh’i Joz Emal-e Feshar Nadarim,” [“Ten Years After the Revolution, We Have No Alternative but to Exercise Force Against Bad-Hejabi,”] *Zan-e Rouz*, April 22, 1989:5.

<sup>14</sup> This statement was first published in the conservative newspaper *Ettela’at* on December 14, 1992. It is reprinted in Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 167.

<sup>15</sup> Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 168.

<sup>16</sup> Center for Women’s Participation, *Ghavanin va Mogharrarat-e Vizheh-ye Zanan dar Jomhury-e Islamy-e Iran [Special Laws and Regulations for Women in the Islamic Republic of Iran]* (Tehran: Center for Women’s Participation, Office of the President, 1999): 112.

uniforms, tight outer garments and headscarves that do not conceal hair would be notified by police patrol officers. Those who refuse to correct their appearance will be arrested and handed over to judicial officials.<sup>17</sup> In the first two days after SSP came into effect, more than 1300 women in the city of Tehran had been stopped for dressing immodestly, with more than 300 arrested and taken to Police stations. According to the commander of the Law Enforcement forces, Revolutionary Guards General Esma'il Ahmadi-Moqaddam, SSP is part of a grand strategy to curb anti-social behaviour; its aim is to confront "those who do not observe social norms and create insecurity for families as well as hooligans."<sup>18</sup>

Yet, even under such restrictions, Iranians have access to a hierarchical continuum of accepted gender expressions.<sup>19</sup> The top levels of the hierarchical continuum are occupied by ideal men and women who devotedly observe Islamic gender codes, while its low levels are occupied by those men and women who use anything (e.g., clean-shave, tie, heavy make-up, tight colourful uniforms, etc.) to express their distance from government-sanctioned codes of gender.<sup>20</sup> Since the Islamic Republic changes its minimum of tolerance from time to time, these men and women, who are at the bottom of the hierarchy, must learn to quickly manoeuvre in and out of the accepted gender boundaries in order to minimize their persecution.<sup>21</sup> But even under the most "relaxed" conditions, Iranians are required to display, at the very minimum, the kind of behaviours and looks that are accepted as "manly" or "womanly" somewhere, be it Iran or a Western country. They must, at all times, belong to the "right gender", and express this belonging through their name, visage, clothes, demeanour, etiquette, talking, and their overall "heterosexual look"; individuals who fail to do so are perceived to be perverse and criminal, and are monitored, harassed, disciplined, and punished accordingly.<sup>22</sup>

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<sup>17</sup> Simon Tisdall, "Iran: A Dress-Coded Message," *Guardian*, April 23, 2007, <http://www.guardian.co.uk/commentisfree/2007/apr/23/dresscode>.

<sup>18</sup> Simon Tisdall, "Iran: A Dress-Coded Message," *Guardian*, April 23, 2007, <http://www.guardian.co.uk/commentisfree/2007/apr/23/dresscode>.

<sup>19</sup> Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 169.

<sup>20</sup> For a clear breakdown of the levels of the gender hierarchy in the IRI, see Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 169- 72.

<sup>21</sup> The Islamic Republic changes its minimum of tolerance and its punishment levels depending on the political and economic atmosphere of the country.

<sup>22</sup> According to authorities, this suppression of cross-gender behavior is mandated by Islam. For this, they refer to *hadiths* (recounts of the practices and sayings of the Prophet Mohammad) that curse men and women who wear each other's clothes, and that instruct Muslims to turn "effeminate men" as well as "women who assume the manners of men" out of their house. See, for example, Rouhullah Khomeini, *Towzihul Masael [The Explanation for Problems]* (Tehran: Esteghlal, n.d.), 137, Problem #846; Mehdi Kariminia, "Barresi-e Mabani-ye Fegh'hi va Hoghughi-ye Taghir-e Jensiati" ["An Analysis of the Religious and Legal Bases of Sex-Change,"] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008,

Reports of individuals experiencing persecution and prosecution due to their gender non-conformity confirm this obsession of the Islamic Republic with a “heterosexual look”. Below I provide three brief examples.<sup>23</sup> Sayeh, a transwoman in her late twenties, explains:

I have been arrested three times and have been disrespected in the worst ways possible... When they arrest you, some of them want to do things [sexual] with you... They first try to scare and torture you psychologically by calling you a jerk, a dirty pig, a faggot, a carrier of AIDS and a thousand other things; they try to provoke you to do something so that they can form a complaint against you based on that action. Even when you don't do anything, they still take you to *Mafased* [the bureau responsible for dealing with moral corruption]. They keep you there for a while. Then, they send you to court... and the judge decides on your fate... As soon as you are taken to court, every officer prepares himself for making fun of you. When they are dealing with our cases, it is as if all the officers go on a break. They deal with murderers and thieves all day long and when they see an “attractive” case they want to have some fun by belittling us... All these miseries pass, and what stays are the scars that they leave on us. These psychological scars slowly transform us into abnormal humans. I frequently just start crying without any reason. I have nightmares and wake up screaming. I've become very sensitive toward the people around me.<sup>24</sup>

Another transperson, who was arrested for appearing “unmanly”, writes in an anonymous letter:

Three years ago, four *Basiji* [militia forces] officers pushed me into a car, bombarded me with demoralizing and dehumanizing words, and took me to a detention center. At the detention center, they each raped me two times and took away my cell phone. I was forced to sign papers guaranteeing I would not appear in public

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maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm); and SAFRA Project for LGBTQ Muslim Women, *Country Information Report: Iran* (London, UK.: The Allen Lane Foundation, 2004), 4.

<sup>23</sup> For more information, see the Iranian Queer Organization <<http://www.irqo.net>>, and HOMAN: the Iranian Gay, Lesbian, Bisexual & Transgender Organization <<http://www.homanla.org>>.

<sup>24</sup> Arsham Parsi, “Interview with an Iranian Transgender,” *The Iranian Queer Organization*, n.d., <http://www.irqo.net/IRQO/English/pages/064.htm>. I feel I should mention that Sayeh is no longer in this transphobic world with us. The long-lasting scars she talks of ultimately led her to commit suicide in July 2008.

again in the attire or with the appearance I had at the time of my arrest. Then they let me go. I couldn't, of course, file a formal complaint because I feared further abuse by the police. Also, laws in Iran don't support trans-people like me anyway.<sup>25</sup>

Another letter narrates the experience of a young man who was detained by the Bureau of Prohibition (*dayereh-ye monkarat*) for "looking and acting homosexual." After a long night of intimidation, insult, harassment and inquiry, a physician finally examined him and told him, "You are a male. Your only problem is your voice. But that is all right, too. It is normal." He was released, but for two months "imprisoned" himself in the house out of fear.<sup>26</sup>

Emphasis on "looking heterosexual" does, of course, mean emphasis on being a heterosexual as well. If the punishment for a "homosexual look" is harassment, arrest, and torture, the punishment for a homosexual act is immediate death for "both the active and passive persons."<sup>27</sup> Article 111 of the IRI's Penal Code states, "*Lavat* [consummated sexual activity between males, whether penetrative or not] is punishable by death so long as both the active and passive partners are mature, of sound mind, and have acted of free will." According to Articles 121 and 122 of the Penal Code, *Tafkhiz* [the rubbing together of thighs or buttocks, or other forms of non-penetrative "foreplay" between men] is punishable by one hundred lashes for each partner. Recidivism is punishable by death on the fourth conviction. Article 123 of the Penal Code further provides that "if two men who are not related by blood lie naked under the same cover without any necessity," each will receive ninety-nine lashes. Lesbianism (*mosahegheh*) is punished with 100 lashes; its fourth repetition invokes death.<sup>28</sup> According to Article 134 of the Penal Code, if two women who are unrelated to one another lie, without necessity, naked under the same cover, they will each be punished by less than 100 lashes of the whip. If the act is repeated and the punishment is in each case administered, on the third occasion the punishment of 100 lashes will be incurred. The death penalty for homosexual conduct does not merely exist on paper: it is practiced and enforced.<sup>29</sup> Among the latest documented death sentences for the crime of *Lavat* are the public executions of Mokhtar N. (24 years

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<sup>25</sup> Anonymous, e-mail message to the author, May 27, 2008.

<sup>26</sup> Anonymous, "Kabusi be Nam-e Jomury-e Islami" ["A Nightmare Called the Islamic Republic,"] *Homan* 13 (1998): 34-5, 39. This letter is reprinted in Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 173-4.

<sup>27</sup> The Islamic Republic of Iran Penal Law, Article 109-26.

<sup>28</sup> The Islamic Republic of Iran Penal Law, Articles 127-34.

<sup>29</sup> In recent years international outrage over the frequency of executions (Iran has the second highest rate of executions per capita in the world) has led the government to exercise tight controls over press reporting of the death penalty. For these reasons, confirming the frequency of executions for homosexuality is effectively impossible.

old) and Ali A. (25 years old) in the Shahid Bahonar Square of Gorgan in November 2005, and the public executions of two teenagers—one 18, and the other believed to be 16 or 17, in the Edalat Square of Mashhad in July 2005.

The above accounts confirm the domination of Iranian society by an Islamist political discourse which requires all individuals to belong to the “right gender”, and perform the “right gender interactions”. This discourse claims that all individuals contain in themselves seeds that can grow into dimorphically-defined, heterosexual identities, *provided* that they receive care (i.e., coercion) from dedicated gardeners. Coercion is, therefore, recognized as an essential element in this teleological discourse. The discourse first constructs ideal models of men and women who devotedly enact state-sanctioned versions of proper manhood and womanhood in their gender performance; it then represents these ideal models, through its central social institutions, as natural, holy, or just common-sensical. It recognizes quickly, however, that these institutional representations are not by themselves sufficient for the materialization of its ideal genders. So it puts into place a system of discipline and punishment to coercively bring these apparently natural genders into being which certainly contradicts the assumption that the binary sex/gender system is natural.

This general process of gender construction confirms the claims of feminist scholars about the coercive character of gender as a social institution.<sup>30</sup> Gender is first of all a coercive institution because it is based on the arbitrary assumption that one *cannot but* be a man *or* a woman.<sup>31</sup> As Judith Butler writes, this assumption is arbitrary and coercive because “gender is not a fact...there is neither an “essence” that gender expresses or materializes nor an objective ideal to which gender aspires... the various acts of gender create the idea of gender and without those acts, there would be no gender at all.”<sup>32</sup> The institution of gender constantly attempts to represent this arbitrary assumption as logical and natural though because it needs it for justifying its hierarchies. As a result, it religiously punishes those activities that could expose its arbitrary character, and it enthusiastically rewards those activities that could affirm it.

The Islamic Republic tries violently to conceal the arbitrary genesis of gender.<sup>33</sup> It continuously regulates individuals by assigning them characteristics and activities, and it pushes and punishes individuals to respect and internalize

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<sup>30</sup> For information on these feminist arguments, see classic texts such as Simon De Beauvoir, *The Second Sex* (London: Vintage, 1949); Kate Millet, *Sexual Politics* (New York: Doubleday, 1970); Andrea Dworkin, *Pornography: Men Possessing Women* (New York: Putnam, 1981); Sylvia Walby, *Theorizing Patriarchy* (MA: Blackwell, 1994); and Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990).

<sup>31</sup> Hammed Shahidian, *Women in Iran: Gender Politics in the Islamic Republic*, 5.

<sup>32</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 190.

<sup>33</sup> Candace West and Don H. Zimmerman, “Doing Gender,” *Gender and Society* 1(1987): 125-51.

these assigned characteristics and activities so that the general cohesiveness of gender as a “God-given fact” can be maintained.

### **B. Civilian Gender Policing**

The IRI’s authorities are not alone in their gender policing of individuals. Their work is complemented by an ever-vigilant, omnipresent civilian gender police force, consisting of parents, neighbours, classmates, teachers, doctors, and the community at large. This civilian population has a deep fear of individuals who violate heteronormative rules, and it negates this irrational fear by replacing it with anger, disgust, loathing, panic, hatred, and abhorrence.<sup>34</sup> This civilian population, therefore, endorses and intensifies the oppression of gender and sexual minorities under the Islamic Republic’s rule, subjecting them to further shame, marginalization, and violence.<sup>35</sup> It believes it is justified to do so as it considers civilians who belong to gender and sexual minorities to be sick and delusional at best, and perverse and criminal at worst; it has an absolute lack of knowledge about them, and it refuses to acquire this knowledge and address its fears and prejudices.

Public attitudes and acts against individuals who transgress heteronormative sex/gender relations are, therefore, extremely hostile and violent. These attitudes and acts range from verbal insults (e.g., calling someone a “faggot” (*hamjensbaz*) or a “sissy” (*eva khahar*), ridiculing, demonizing, and imitating him/her), to an invasion of personal space (e.g., locking up someone in his/her room, following and teasing him/her as he/she walks by, throwing stones at him/her, breaking his/her car’s or house’s windows), to intimidation and the threat of physical and sexual assault and murder. They also include the act of attacking someone’s body by subjecting him/her to invasive hormonal and surgical “therapies”, nausea-inducing drugs, electric shock “therapies”, and rape.<sup>36</sup> These acts of violence are obviously linked to acts of discrimination whereby individuals who transgress heteronormative sex/gender relations are denied access to jobs, health and social services.

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<sup>34</sup> Catharine Pauly Morgan, “Gender Police,” in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), 310. For a similar analysis, but within a Western context, see Jacquelyn Zita, *Body talk: philosophical reflections on sex and gender* (New York: Columbia University Press, 1998), 35.

<sup>35</sup> This is different from the situation of “mal-veiled” women, for example, whose struggle for freedom of gender expression, is usually recognized and supported by a large portion of the urban population.

<sup>36</sup> For more information, see the Iranian Queer Organization <<http://www.irqo.net>>, and HOMAN: the Iranian Gay, Lesbian, Bisexual & Transgender Organization <<http://www.homanla.org>>.

The following narratives bring out the nature of social hostility and violence toward individuals who belong to gender and sexual minorities:

- Everywhere we go, people stare and point fingers at us and start laughing and throwing insults. They don't see us as human beings. They are full of hate and anger as though we've committed the ugliest acts of crime...When one starts harassing us, the public just gather around and watch in amused tolerance.<sup>37</sup>
- I know a thirty-year old FTM who is scared of visiting his village. He once went there and the neighbours broke all the windows of his car, and threw dozens of stones at it...They called him a pervert and told him not to come there to corrupt their children.<sup>38</sup>
- I'm a female to male transsexual. I've taken hormones so my face is masculine but I still have breasts. I don't want to remove them in Iran... So I have to bind them all the time; otherwise, I will be teased and assaulted even more than I am now... But binding them is becoming very difficult because I've got chest pain and scars all over my chest. ...Some days I feel completely helpless and suicidal. I say to myself how can I live like this with no respect, dignity, and love?<sup>39</sup>
- In February 2007, a 40-year-old transgender man in the city of Orumieh, Azerbaijan was attacked and murdered. He was known as *giz Naser* (girly Naser) in his neighbourhood. Three men broke into his house, attempted to strangle him with a telephone wire first and stabbed him to death after.<sup>40</sup>
- Most people consider homosexuality evil. At best, they think it's an illness...a typical Iranian family would rather see their son dead than gay... At best, they think it's something you will have to grow out of... The pressure to marry is often so unbearable that many gay men and lesbians succumb to it and surrender. Forcing a gay man to marry a woman equals psychological mutilation.<sup>41</sup>
- When I was 18 years old, my mother took me to a psychiatrist, assuming he would help me. "Help" he did. "It's all in her mind. Your daughter has mental delusions and hallucinations," he told my mother. He prescribed powerful narcoleptic drugs and electric shock therapy. These "treatments"

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<sup>37</sup> Anonymous, e-mail communication with the author, April 28, 2008.

<sup>38</sup> Anonymous, e-mail communication with the author, April 29, 2008.

<sup>39</sup> Anonymous, e-mail communication with the author, April 30, 2008.

<sup>40</sup> The Iranian Queer Organization, "New Women in Iran," *The Iranian Queer Organization*, May 20, 2008, <http://www.irqo.net/IRQO/English/pages/142.htm>.

<sup>41</sup> SAFRA Project for LBTQ Muslim Women, *Country Information Report: Iran* (London, UK.: The Allen Lane Foundation, 2004), 10.

numbed my senses and blurred my thoughts. I only discovered two years ago, when I became 23 years old, that my condition is called transsexuality.<sup>42</sup>

- My parents could not accept my transsexuality and insisted that I have a mental problem that can be cured. At the beginning, their idea was that I have learned these things from corrupt satellite stations! They locked me up and limited my access to food and money, believing these punishments would change my mind...They always told me I brought shame to them... I was forced to leave the house because I realized that for my parents respect in society was much more important than their own child.<sup>43</sup>
- I was being threatened of sexual assault by a man from whom I had once borrowed some money. I approached my social worker who worked for the Social Welfare Organization (*sazman-e behzisti*), assuming she would help me. She told me that I should give the man what he wants, that way he would not even want his money back...In shock, I went and reported the incident to a higher authority. She denied the whole event... Later she called my cell phone, and bashed me with lots and lots of homophobic and transphobic insults. She was one of the only social workers in my city who dealt with transsexual cases. If our social worker treats us this way, what can we expect from ordinary people?<sup>44</sup>
- My heart breaks when my brother avoids my eyes...If I hadn't been born, my father wouldn't have to be ashamed. He wouldn't have to feel humiliated...But God created me this way. I am a human too...I want him [my father] to at least understand 23 years of pain and sorrow.... For 23 years, I was scared of going outside. I didn't take the bus to avoid being pestered. I didn't talk so my voice won't make people laugh at me. I had such misery at school. Who can see and understand that?<sup>45</sup>
- A transgender person is rarely hired because the gender stated in the person's document does not match the person's appearance. If you are hired and your employer or coworkers become aware of your transgender status, chances are that you will be immediately fired. I used to work at a private company, and I experienced this reality firsthand. Like many other transgender people, I repressed my transgender identity and struggled to live in my birth sex. I only cleaned and styled my eyebrows. I trusted one of my coworkers and revealed my identity to him...The news spread in a matter of days and sure enough I was soon fired... I was once hired for a

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<sup>42</sup> Anonymous, e-mail communication with the author, May 5, 2008.

<sup>43</sup> Anonymous, e-mail communication with the author, May 25, 2008.

<sup>44</sup> Anonymous, e-mail communication with the author, June 1, 2008.

<sup>45</sup> *The Birthday*. DVD. Directed by Negin Kianfar and Daisy Mohr. The Netherlands and Iran: Gijs van de Westelaken for Column Film, 2006.

one-year position but my contract was terminated in less than one month because one staff member had informed the manager that I shave my hands!<sup>46</sup>

What is common to all these narratives is the extreme hostility of Iranian society to any expression of gender non-conformity or same-sex desire. Average Iranians work hand in hand with their government to police individuals who violate the heteronormative codes of gender and sexuality. Like their government, they believe that there exist only two polarized (i.e., dimorphic and mutually exclusive) gender identities – man and woman – and they assume that each and every individual must have one, and only one, of these two identities. In their view, one's external genitalia signifies one's sex/gender identity which is expected to remain constant for one's entire life and express itself in one's personality, modes of cognition, emotional life, patterns of communication, sexuality, and any other personal behaviour. Sexuality is specifically emphasized as the means through which one expresses this identity in a "proper" (i.e., heterosexual) manner; individuals are expected to organize their erotic, reproductive, domestic, and social lives dimorphically and heterosexually (with masculine men being preferably dominant and feminine women being preferably submissive). Many Iranians label those who fail to do so "gender troubled", regard them with fear and aversion, and demonize and punish them.

In the Islamic Republic of Iran, gender policing is, therefore, performed simultaneously through the state's written codes of gender, and the powerful unwritten codes inscribed in the daily functioning of the family and society. This state-society-family triad constitutes a powerful apparatus of gender that works toward creating a community of disciplined, gender dimorphic, heterosexual men and women.

## **II. From Perversion to Pathology: The New Discourse on Transsexuality**

*If cancer is not a shameful disease, why should transsexuality be?*<sup>47</sup>

*Transsexuality is an illness and is totally different from sexual/moral perversions. Transsexuals are innocent people who have to endure the worst possible agony in their prisonlike bodies.*<sup>48</sup>

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<sup>46</sup> Anonymous, e-mail communication with the author, June 2, 2008.

<sup>47</sup> This is an Iranian transman's statement; it was drawn from Aresu Egbali, "Iran's transsexuals get Islamic approval, but!" *Middle East Online*, September 30, 2004.

<sup>48</sup> This is a statement by Dr. Bahram Mir-Jalali, a doctor who claims he has performed some 450 sex change operations over the past 12 years. This statement appeared in Neda Ganji, "Dastan-e

*We have to differentiate between sex change and homosexuality. If we say patients can change their sex, it should not be understood that we are authorising homosexuality.*<sup>49</sup>

*Sex change must be real and complete. If only some of the sexual characteristics of the opposite sex appear, that is not a valid sex change. The person must be changed exactly and precisely to the opposite sex.*<sup>50</sup>

The above quotes demonstrate several characteristics of the IRI's new discourse on transsexuality and sex change operations. The medicalized language is apparent: transsexuality is framed as a painful disease that can be "cured" with sex reassignment surgery. Transsexuals are represented as sex/gender patients on whom nature has played a cruel trick – they are men "imprisoned in a female body" or women "imprisoned in a male body". Sex change surgery is believed to correct this so-called grave mistake that occurred during the psycho-sexual development of these individuals, allowing them to become "whole" men *or* women. At the same time, the reader cannot help but notice that underneath this apparently sympathetic gesture toward transsexual persons lurks the binary sex/gender paradigm of the Islamic Republic. As discussed previously, the Islamic Republic's sex/gender paradigm maintains that there are only two oppositional biological sexes with two corresponding social genders, and it attributes all differences in behaviour, temperament, character, emotions, and sexuality to this sex/gender polarity. It thus labels non-heterosexual multi-gendered individuals who threaten this polarity "gender troubled", and subjects them to discipline and punishment. The IRI's new discourse on transsexuality sustains this disciplinary gender paradigm but with a disturbing twist; that twist is the creation of a new category for treating "gender troubled" individuals – i.e., gender identity pathologies or disorders. Rather than lumping all "gender troubled" individuals under the category of criminal perverts, this discourse now divides "gender troubled" individuals into two respective groups, one marked by medical pathology and the other by moral perversion. The former includes "gender troubled" individuals who have the potential to achieve gender "health" and "normalcy" through surgical and hormonal conversions while the latter

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Taghir-e Jensiāt: Doganegi dar yek jesm" ["The Story of Sex-Change: Duality in One Body,"] *Donya-e Eghsad*, February 19, 2008.

<sup>49</sup> This is a statement by Hojatulislam Mehdi Karimini, a cleric who is doing his doctoral thesis on transsexuality and how it fits in with the Sharia law. This statement appeared in Aresu Egbali, "Iran's transsexuals get Islamic approval, but!" *Middle East Online*, September 30, 2004.

<sup>50</sup> Mehdi Kariminia, "Barresi-e Mabani-ye Fegh'hi va Hoghghi-ye Taghir-e Jensiāt" [An Analysis of the Religious and Legal Bases of Sex-Change] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008, maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

includes “gender troubled” individuals who are determined to maintain their troubled (i.e., non-heterosexual, nonsurgical, transgender) status. As such, this discourse places implicit, if not explicit, pressure upon all gender atypical individuals to seek invasive sex change operations as a way to overcome society’s sense that they are perverse, disgusting, and criminal. It therefore works toward assimilating them into the heteronormative order, suppressing, in effect, their right to freely define their own gender and sexual identity.

This section examines the development and operation of this new discourse on gender identity pathologies or disorders. Part II-A explains some of the Islamic arguments and legal developments that have facilitated the emergence of this discourse. Part II-B discusses and critiques the contributions of the psycho-medical community. The section as a whole will show how this new discourse on transsexuality has helped add to the IRI’s already strong official and civilian gender police force a new gender police force: that of psychiatric and medical gender experts. They serve as the expert police force that is responsible for the prevention, identification and rehabilitation of “gender troubles” in children, adolescents, and adults. As such, they support and strengthen the IRI’s apparatus of gender that works toward creating a community of disciplined gender dimorphic heterosexual individuals.

### **A. Religio-Legal Treatments of Transsexuality**

As part I discussed, the IRI adheres to an Islamic doctrine that considers each and every individual to be innately male or female, and grants him or her rights and obligations according to this innate sex/gender. The existence of individuals who fit neither of these two categories has long posed a serious challenge to this bipolar sex/gender doctrine though, for there have always been infants born with ambiguous genitalia or mixed sex characteristics.<sup>51</sup> Islamic scholars have been,

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<sup>51</sup> “Such ambiguities can involve frank hermaphroditism – an infant born either with one ovary and one testis or with so-called ovotestes, organs that contain a mix of both kinds of tissues. They can also involve inconsistencies between chromosomal and gonadal or genital sex conditions. For example, the tissues of some children born with XY chromosomes, who as embryos develop testes, do not differentiate in the usual way in response to the hormones their testes produce. Though “male” according to their chromosomes and gonads, these children develop a vagina. In medical parlance, they are said to have “androgen insensitivity”...and are usually assigned and reared as females...they do not begin to menstruate at the expected time. They may, however, develop breasts, since their testes and adrenals secrete sufficient amounts of the necessary hormones. In an analogous variation, some XX (so “female”) embryos have what is called adrenogenital syndrome, which means that their adrenals secrete excessive amounts of so-called male hormones or androgens. Though as embryos they develop ovaries, their uterus, vagina and labia may or may not develop as usual, and their clitoris may be enlarged to the point that it looks like a penis. At birth, such children may be “mistaken” for boys or considered ambiguous as regards their sex...Other types of intermediate forms exist...A certain number of children who are chromosomally XY and develop embryonic testes (so “male”) manifest a genetic variation in

therefore, forced to develop, over the centuries, rules and strategies on how to integrate these intersex bodies into the gendered social order, which is organized in terms of maleness and femaleness.<sup>52</sup> As a result, there is a large Islamic literature on intersex individuals (*khunsa*), which in some instances goes back to the medieval period. The theoretical starting point of this literature is that each and every individual is either male or female. This conviction is based on the Quranic verse “we have created of everything a pair,” which is understood by the commentators to refer to male and female.<sup>53</sup> According to this literature, all individuals must, therefore, have a true sex, assigned to them by God; in intersex individuals, discovering this true sex becomes a difficult task as one faces the limitations of human knowledge.<sup>54</sup>

Today, Islamic scholars of the IRI claim that modern medical interventions can finally help reveal the true sex of intersex individuals. According to these scholars, modern medical interventions can assign intersex individuals their true sex, and ward off the possible threat of gender transgressions. For this reason, many of these scholars argue that sex assignment surgeries are not only permitted (*jayez*) but also obligatory (*vajeb*). Ayatollah Yousef Saneyee, for example, states:

Sex change operations that help reveal the true sex of *khunsa* are not forbidden...in fact in order to protect [God-given] rights and obligations, they are even necessary and obligatory for they are not

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which the transformation of their testosterone into dihydrotestosterone (DHT) is impeded. Since DHT is the form of testosterone that ordinarily masculinizes the external genitalia in XY embryos, these children are born looking like girls and are therefore socialized like girls. However, at puberty, their testosterone shows its effects: their testes descend into what have hitherto been thought to be their labia, their voices deepens and their clitoris is transformed into a penis...The existence of various intermediate forms has led Anne Fausto-Sterling to refer to “the five sexes,” though there are likely to be more” (Ruth Hubbard, “Gender and Genitals: Constructs of Sex and Gender,” in *Current Concepts in Transgender Identity*, ed. Dallas Denny (New York: Garland Publishing, Inc., 1998), 46-7). See also Anne Fausto-Sterling, “The Five Sexes: Why male and female are not enough,” *The Sciences* (March/April 1993): 20-4; and Anne Fausto-Sterling, “The five sexes revisited,” in *Sex Matters: The Sexuality Reader*, eds. Mindy Stombler, Dawn M. Baunauch, Elisabeth O. Burgess, Denise Donnelly, and Wendy Simonds (Boston: Pearson, 2004), 9-14.

<sup>52</sup> For more information about these gendering rules and strategies of the Medieval Islamic law, see Paula Sanders, “Gendering the Ungendered Body: Hermaphrodites in Medieval Islamic Law,” in *Women in Middle Eastern History*, eds. Beth Baron and Nikki R. Keddi (New Haven and London: Yale University Press, 1991), 74-95.

<sup>53</sup> Paula Sanders, “Gendering the Ungendered Body: Hermaphrodites in Medieval Islamic Law,” in *Women in Middle Eastern History*, 76-7.

<sup>54</sup> Paula Sanders, “Gendering the Ungendered Body: Hermaphrodites in Medieval Islamic Law,” in *Women in Middle Eastern History*, 77.

in reality acts of transformation but rather acts that reveal and prove a fact.<sup>55</sup>

Ayatollah Makarem Shirazi similarly states:

There are two forms of sex change; namely, superficial and real. The superficial refers to a case where there is no trace of the genitalia of the opposite sex [i.e., no genital ambiguity] and the surgery simply constructs something similar to the genitalia of the opposite sex. This surgery is not permitted. But there is a real form of sex change surgery by which the genitalia of the opposite sex [i.e., the true sex of the person] appears. This surgery is permitted and is not subject to any religious prohibition.<sup>56</sup>

The elements of these statements are present in many Islamic treatments of intersexuality.<sup>57</sup> The IRI's Islamic scholars generally maintain that performing medical surgeries with the purpose of making intersex individuals unequivocally male or female are permitted, if not obligatory. As such, they maintain and perpetuate the arbitrary assumption that gender consists of two exclusive types in the face of incontrovertible physical evidence that this is not mandated by biology. They first divide human beings into two social categories – man or woman. To maintain this social binary, they then insist, despite contrary evidence, that sex is also binary, which itself perpetuates the notion that in order to be “normal”, gender must be also binary and match the genital sex. Should ambiguities emerge, they recommend their removal so that credible-looking vaginas or penises, and thus “true” men or women, can be brought about. In other words, the IRI's Islamic scholars, with the help of new medical sciences, construct dimorphism where there is continuity; they do not rely on biological

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<sup>55</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [*Gender Identity Disorder: Transsexuals*] (Tehran: Tabib, 2002), 58. All parenthetical inserts are added.

<sup>56</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [*Gender Identity Disorder: Transsexuals*] (Tehran: Tabib, 2002), 59. This ayatollah, therefore, distinguishes sex reassignment surgeries for transsexuals from sex assignment surgeries for intersex people, prohibiting the former but permitting the latter.

<sup>57</sup> I should note that I have only discussed Shia scholars here. The Sunni position might vary. For more information about how other Shia scholars have treated the subject, see Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [*Gender Identity Disorder: Transsexuals*] (Tehran: Tabib, 2002), 57-65. See also n.a., “Fatawa-ye Marajeh” [“Scholars’ Fatwas,”] *The Iranian Society for Supporting Individuals with Gender Identity Disorder*, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

facts for their belief in two genders; their belief in two genders leads them to discover biological “facts”.

In the Islamic Republic of Iran, important religious figures invoked this Islamic literature on “true sex” in order to approve transsexuality and sex change medical interventions.<sup>58</sup> The first Shia scholar to do so was arguably ayatollah Khomeini. In 1968, ayatollah Khomeini published a book called *Tahrirul Vasileh* in which he discussed, for the first time, the implications of transsexuality and sex change operations from a Shia perspective. In the second volume of this book, he explained that sex change operations for men with “feminine inclinations” and for women with “masculine inclinations” are permitted as these operations can help the mind and body to become congruent. He further stated that “if someone is confident of his/her belonging to the opposite sex, surgery does not transform him/her to the opposite sex. It rather reveals his/her true sex that has so far been hidden.”<sup>59</sup> Despite this statement, after the 1979 revolution, all forms of gender transgressions were classified by the IRI’s authorities as cases of sexual and moral perversion, worthy of criminalization.<sup>60</sup> In the immediate post-revolution years, transsexual and transgender individuals were, thus, classed, along with gays and lesbians, as morally bankrupt and sexually perverse, and were consequently subjected to intimidation, persecution, arrest, and torture. Maryam Hatoon Molkara, a transwoman who has become an activist for transsexual rights, recalls:

They made me stop wearing woman’s clothes, which I had worn for many years and was used to. It was like torture for me. They even made me take hormones to look like a man.<sup>61</sup>

Often times, transsexual individuals were suspected of homosexuality, and were consequently harassed, jailed, and tortured. The IRI’s attitude toward transsexual individuals went, however, under an alteration in 1986, when ayatollah Khomeini issued, for the second time, a fatwa that declared sex change operations are in accordance with Islamic law, provided that they are recommended and condoned by medical professionals.<sup>62</sup> This fatwa led the IRI’s authorities to gradually recognize transsexual individuals as “Gender Identity Disorder (GID) or

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<sup>58</sup> Afsaneh Najmabadi, “Mapping Transformations of Sex, gender and Sexuality in modern Iran,” *Social Analysis* 49, no. 2 (2005): 72.

<sup>59</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha’ [Gender Identity Disorder: Transsexuals]* (Tehran: Tabib, 2002), 57, Problem #2.

<sup>60</sup> Before the revolution, there was no particular policy regarding homosexuals, transgenders and transsexuals. Iranian transsexuals with the inclination, means and connections could obtain the necessary medical treatment and new identity documents.

<sup>61</sup> Nazila Fathi, “As Repression Eases, More Iranians Change Their Sex,” *The New York Times*, August 2, 2004, 3.

<sup>62</sup> A scanned copy of the handwritten fatwa can be found at [http://www.gid.org.ir/GID\\_About.htm](http://www.gid.org.ir/GID_About.htm).

Transsexual (TS) patients” in need of hormonal and surgical treatments. As such, they gradually developed laws and procedures on how to establish the “diagnosis” of GID and allow sex transition. One cannot, of course, underestimate the benefits of this legal recognition for those transsexuals who genuinely desire surgical transformation. This recognition has brought these individuals under a layer of legal protection, however thin. But one cannot also underestimate the pathologizing force of this recognition that conceives of transsexuality not as one among many human possibilities of determining one’s sex/gender but as a “failing” in normality and as a mental disorder in need of “correction”.

Furthermore, the Islamic Republic’s authorities only recognize transsexuals who can be conceptualized either as “males to females” or as “females to males”; for them all other surgical and nonsurgical types of gender transgression are unintelligible and sinful. In fact, to safeguard heterosexism and gender dimorphism, they continuously distinguish transsexuality and sex change from cross-dressing and homosexuality. Hojatulislam Kariminia, a cleric who has written his doctoral thesis on Islam and transsexuality, for example, states:

Islam has a cure for people who suffer from this trouble [i.e., transsexuality] ... This is separate from homosexuality. Homosexuals are doing something unnatural and against religion.<sup>63</sup>

Later, with regard to cross-dressing and adopting a non-surgical transgender status, he explains:

There were people in the past who were passing themselves off as women and there were women who tried to pass themselves off as men. It is clearly stated in our Islamic law that such behaviour is not allowed because it violates moral rules and disrupts social order.<sup>64</sup>

Furthermore, in order to safeguard the fundamental principle of gender dimorphism, the Islamic Republic’s religious authorities argue that ayatollah Khomeini’s approval of sex operations is based on two critical conditions:

First, sex change must be real and complete. If only some of the sexual characteristics of the opposite sex appear, that is not a valid sex change. The person must be changed exactly and precisely to the opposite sex. Second, healthy [i.e., non-ambiguous] individuals

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<sup>63</sup> *Be Like Others*, DVD. Directed by Tanaz Eshaghian. Iran, Canada, U.S.: Wolfe Video, 2008.

<sup>64</sup> *Be Like Others*, DVD. Directed by Tanaz Eshaghian. Iran, Canada, U.S.: Wolfe Video, 2008.

who seek surgery must not be motivated by sinful lustful intentions  
(*molazemat-e haram mesl-e lams va nazar*).<sup>65</sup>

The Islamic Republic, therefore, defines a legitimate case of transsexuality as one that involves complete crossing from one sex to the other. But as Melanie McMullan and Stephen Whittle point out, this definition is flawed because it makes “certain a priori assumptions: that we know what sex is, and that we know what ‘crossing over’ is.”<sup>66</sup> The IRI’s authorities assume that one’s external genitalia determines one’s sex, and that chromosomal (presence or absence of Y chromosome), gonadal (testes or ovaries), and hormonal (predominance of androgens or estrogens) factors, secondary sexual characteristics (facial hair, breasts, body type), and personal sexual identity are not determining but mere complementary factors.<sup>67</sup> In their view, one must, therefore, undergo genital surgery in order to change one’s social and legal sex. This is, however, a completely arbitrary requirement since there exists no sound reason as to why sex must be organized genitally. Hojatulislam Kariminia claims, without citing any sources, that 90% of medical experts agree with this genital organization of sex.<sup>68</sup> Yet, in reality, medical experts around the world have widely different opinions on what features should determine one’s sex.<sup>69</sup> This difference exists because as one foundational book of endocrinology states, “there is no such biological entity as sex.”<sup>70</sup> All we have are particular characteristics and processes of the body, which tend to be grouped in such a way as to make for ready categorization of most individuals into one of two groups.<sup>71</sup> So as Harper Jean Tobin puts it, “sex is

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<sup>65</sup> Mehdi Kariminia, “Barresi-e Mabani-ye Fegh’hi va Hoghughi-ye Taghir-e Jensiati” [An Analysis of the Religious and Legal Bases of Sex-Change] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008, maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

<sup>66</sup> Melanie McMullan and Stephen Whittle, *Transvestism, Transsexualism and the Law* (London: Beaumont Trust, 1994), 16.

<sup>67</sup> Mehdi Kariminia, “Barresi-e Mabani-ye Fegh’hi va Hoghughi-ye Taghir-e Jensiati” [An Analysis of the Religious and Legal Bases of Sex-Change] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008, maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

<sup>68</sup> Mehdi Kariminia, “Barresi-e Mabani-ye Fegh’hi va Hoghughi-ye Taghir-e Jensiati” [An Analysis of the Religious and Legal Bases of Sex-Change] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008, maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

<sup>69</sup> For a discussion of inconsistencies that exist among medical experts about sex, see Harper Jean Tobin, “Against the Surgical Requirement for Change of Legal Sex,” *Case Western Reserve Journal for International Law* 28, no. 2 (2006):411-14.

<sup>70</sup> Frank R. Lillie, “General Biological Introduction,” in *Sex and Internal Secretions: A survey of Recent Research*, ed. Edgar Allen (Baltimore, Williams, 1934).

<sup>71</sup> Harper Jean Tobin, “Against the Surgical Requirement for Change of Legal Sex,” *Case Western Reserve Journal for International Law* 28, no. 2 (2006): 412.

not a force that produces these contrasts; it is merely a name for our total impression of the differences. This total impression has in itself no biological reality, even though the individual characteristics do.”<sup>72</sup> Sex is, therefore, merely a social construct that has artificially brought together, as Foucault states,

anatomical elements, biological functions, conduct, sensations, and pleasures, and it enabled one to make use of this fictitious unity as a causal principle, an omnipresent meaning, a secret to be discovered everywhere: sex was thus able to function as a unique signifier and as a universal signified.<sup>73</sup>

Reducing one’s sex to one’s genitalia is, therefore, a purely arbitrary act. One may have as well defined sex based on a different combination of chromosomal, hormonal, and psychological factors.

If privileging certain features over others in determining one’s sex is arbitrary, so is deciding what constitutes a real and complete sex change surgery. Internationally, there is no standard operation or recognized definition of completed surgery.<sup>74</sup> Sex surgery may or may not include removal of internal reproductive organs, construction of vagina for transwomen, and mastectomy, phalloplasty or metoidioplasty for transmen. A transgender individual might undergo surgical breast construction and inject hormones; she might appear female but still keep her penis; a transgender individual might undergo surgical breast reduction and inject hormones; he might appear male but still keep his uterus and vagina. According to the IRI’s genital reductionist ideology, however, these surgeries would not be sufficient for changing one’s social and legal sex because they leave the genital sex untouched. This prerequisite for genital surgery is totally arbitrary because there is no logical reason as to why the accident of having a penis or a vagina should prevent one from fully experiencing what it is like to live the life of a man and/or a woman.<sup>75</sup> To legitimize their arbitrary

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<sup>72</sup> Harper Jean Tobin, “Against the Surgical Requirement for Change of Legal Sex,” *Case Western Reserve Journal for International Law* 28, no. 2 (2006): 412.

<sup>73</sup> Michel Foucault, *The History of Sexuality: An Introduction* (London: Peregrine, 1984), 134.

<sup>74</sup> Harper Jean Tobin, “Against the Surgical Requirement for Change of Legal Sex,” *Case Western Reserve Journal for International Law* 28, no. 2 (2006): 415.

<sup>75</sup> Ruth Hubbard, “Gender and Genitals: Constructs of Sex and Gender,” in *Current Concepts in Transgender Identity*, ed. Dallas Denny (New York: Garland Publishing, Inc., 1998), 51. For information about transgender individuals who advocate this view, see, for example, Kate Bornstein, *Gender Outlaw: On men, women and the rest of us* (New York: Routledge, 1994); and Martine Rothblatt, *The Apartheid of Sex: A manifesto on the freedom of gender* (New York: Crown Publishers, 1995). Rothblatt writes, “I learned how one’s genitals are not the same as one’s sex. And I experienced sex as vast continuum of personality possibilities, a frontier still scarcely explored after thousands of years of human development” (164). Kate Bornstein similarly

requirement, the IRI's religious authorities propagandize a stereotypical genitally-oriented definition of transsexuality; they define the transsexual as someone who must be fixated on having the "right" genitals [i.e., the genitals of the opposite sex]. This definition certainly holds true for some transsexual individuals. But there are many other transsexual and transgender individuals who do not regard genitalia as signifiers of their womanliness and/or manliness; they might consider themselves women with penises, men with vaginas, or simply non-gendered or multi-gendered individuals. There is, however, no room for such individuals in the IRI's binary sex/gender paradigm. In this paradigm, fixation on having the genitals of the opposite sex makes one a bisexed patient who can be "cured", but insistence on cross-dressing, becoming a social woman with male genitals, or a social man with female genitals immediately makes one a dangerous pervert subject to criminal punishment. In other words, gender transgression is unintelligible and criminal except for those stuck in the "wrong bodies". This narrow binary approach is echoed by an ultra-conservative journalist who says:

When you are still a boy and you haven't yet completed your operation to become a girl, the law, religion and custom does not allow you to dress as a girl. Once you're given the official permit to have the operation, put it in your pocket and when the police stop you, pull it out and no one will then bother you... If you want to continue to dress like a girl but keep your male body, you are not a transsexual anymore; you are a transvestite; you may even be suspected of being a homosexual [meaning you have no right to complain about being policed, persecuted and punished]...so make up your mind. Either you want to be a man or a woman...it is my duty to know if someone is a man or a woman.<sup>76</sup>

In the Islamic Republic of Iran, "gender troubled" individuals are, therefore, presented with only two mutually exclusive scenarios for experiencing cross-dressing, same-sex desire, and gender transgression; the first involves shame, persecution, criminalization and absolute lack of access to education and employment opportunities while the second involves going under the knife in order to get the minimum entitlements every "normally gendered" individual has (e.g. the right to marry, study, work, and live in safety).<sup>77</sup> Many individuals who

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discusses how she never defined the surgical transformation of her male genitals as a significant aspect of her transformation.

<sup>76</sup> *Be Like Others*, DVD. Directed by Tanaz Eshaghian. Iran, Canada, U.S.: Wolfe Video, 2008.

<sup>77</sup> It should be noted though that surgery does not necessarily guarantee the ability to practice these rights. Reasons abound: bureaucratic obstacles, particularly in small towns and rural areas prevent transpersons from getting new birth certificates; widespread social discrimination still exists

live outside heteronormative sexual/gender relations come to “choose”, seemingly willingly, the second scenario because “it is better,” as Tanaz Eshaghian, the director of the movie *Be Like Others* puts it, “to both feel and say to others, “No, I’m not filthy or someone you should look down on. I’m ill. This is a medical condition and it’s a scientific problem, not a moral one.””<sup>78</sup> Transgender individuals are, therefore, forced to choose between an undesired and invasive surgical procedure and the legal rights and formal recognition appropriate to their gender.

In an interview with the BBC, hojatulislam Kariminia states that “the right of transsexuals to change their gender is a human right.”<sup>79</sup> His notion of human rights, however, does not recognize that putting a surgical requirement for gender transition is itself a violation of an individual’s human right not only to gender recognition but also to bodily integrity. Having the right to sex change surgery is, of course, essential because there are many transsexual individuals who cannot lead a peaceful and successful life without obtaining surgery. But, mandating surgery as a requirement for gender transition is a clear violation of the human right to gender recognition because there are also many transsexual and transgender individuals who do not or cannot seek surgery due to medical conditions (e.g. hepatitis C, clotting disorders, AIDS, etc.), financial constraints, fear of medical complications (e.g. infections, diminished sensation, urinary problems, painful recovery, etc.), religious belief or simply due to personal choice. Moreover, coercing individuals into major surgical operations that they otherwise would not have violates their right to bodily integrity, which is recognized and protected as a fundamental human right by various national laws and constitutions as well as international conventions.<sup>80</sup> By making surgery a prerequisite for gender recognition, the Islamic Republic is, in effect, forcing transsexual and transgender individuals to forgo one basic right to enjoy another.

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against individuals whose trans-status is discovered; lack of supportive family and social networks leads to a never ending cycle of poverty and coerces transpersons into sex trade. For more information, see *Be Like Others*, DVD. Directed by Tanaz Eshaghian. Iran, Canada, U.S.: Wolfe Video, 2008.

<sup>78</sup> Tanaz Eshaghian, *Be Like Others*, <http://www.belikeothers.com/>.

<sup>79</sup> Frances Harrison, “Iran’s sex-change operations,” *BBC Newsnight*, January 5, 2005.

<sup>80</sup> “Every violation of a person’s bodily integrity is an invasion of his or her liberty. The invasion is particularly intrusive if it creates a substantial risk of permanent injury... Moreover, any such action is degrading if it overrides a competent person’s choice to reject a specific form of medical treatment” (*Washington v. Harper*, 494 U.S. 210, 237 (1990)). “Forced sterilization of women violates ICCPR article 7 [which states no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation]” (Sarah Joseph, *The International Covenant on Civil and Political Rights: Cases, Materials and Commentary* (Oxford: Oxford University Press, 2004): 254). See also Stephanie Weiler, “Bodily Integrity: A Substantive Due Process Right to Be Free From Rape by Public Officials,” *California Western Law Review* 34 (1997-1998): 591-601.

As Harper Jean Tobin writes, “putting this choice to individuals amounts to forcing them under the scalpel.”<sup>81</sup>

The IRI’s clerics and authorities pride themselves on their willingness to recognize the human right of post-operative transsexuals to gender recognition, something they proudly claim many Western European countries do not do.<sup>82</sup> But recent developments in several Western jurisdictions allow individuals to obtain legal recognition of their gender reassignment regardless of whether they have had surgery or not.<sup>83</sup> Moreover, a variety of Western jurisdictions have adopted anti-discrimination legislations for protecting both surgical and non-surgical transsexual individuals from harassment, assault, and employment discrimination. The IRI’s surgical requirement is a rule that violates one’s human right to freely change/define one’s own gender/sexual identity. It might undermine the problematic notion that maleness or femaleness is determined, once and forever, by birth sex, but it rigorously maintains the dichotomous sex/gender framework that is the very root of anxiety and agony for many transpersons. As such, it supports the IRI’s larger apparatus of gender that works toward producing governable gender dimorphic heterosexual citizens.

### **B. Psycho-Medical Treatments of Transsexuality**

In the Islamic Republic of Iran, earlier practices such as violent persecution and criminalization of transsexual and transgender individuals are being slowly replaced by policing and “therapeutic” practices of psychiatrists, psychologists and surgeons. These psycho-medical gender experts are gradually turning into a new powerful police force that works along with traditional governmental and civilian gender police forces to maintain the heteronormative dimorphic norms of the IRI. These official gender experts, like the IRI’s clerics, pride themselves on their “enlightened”, “scientific” view of “gender troubles”, and their “benevolent” approach to “gender troubled” individuals.<sup>84</sup> According to them, “gender

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<sup>81</sup> Harper Jean Tobin, “Against the Surgical Requirement for Change of Legal Sex,” *Case Western Reserve Journal for International Law* 28, no. 2 (2006): 428.

<sup>82</sup> Mehdi Kariminia, “Barresi-e Mabani-ye Fegh’hi va Hoghughi-ye Taghir-e Jensiati” [An Analysis of the Religious and Legal Bases of Sex-Change] *Iranian Society for Supporting Individuals with Gender Identity Disorder*, March 25, 2008, maghalat section, [http://www.gid.org.ir/main\\_f.htm](http://www.gid.org.ir/main_f.htm).

<sup>83</sup> One example would be the 2004 United Kingdom’s Gender Recognition Act that removed the surgical requirement for legal gender transition, and recognized that such a requirement can only result in unequal treatment and real harm to transsexual and transgender individuals’ lives and human rights. Portugal, Austria and Canada also seem to be following this path .

<sup>84</sup> For such self-representations, see, for example, the preface in Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi* [Gender Identity Disorder] (Tehran: Entesharat-e Tehran Seda, 2004) and Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha’* [Gender Identity Disorder: Transsexuals].

troubled” individuals must not be persecuted, shamed, silenced, and abhorred because they suffer from mental “disorders” over which they have no control. These experts charge themselves with identifying the etiology of these gender “disorders”, and with developing socio-medical models for the prevention, identification and rehabilitation of these “disorders” in “gender troubled” children, adolescents, and adults. This section discusses and critiques the preoccupations of these experts with issues concerning gender order and disorder, and demonstrates how they are grounded in the beliefs and biases these gender experts share with the wider heteronormative culture of which they are a part.

In the Islamic Republic of Iran, the psycho-medical literature on gender and sexuality is generally informed by cultural notions that understand sex, gender and sexuality in a circular manner. In general, this literature defines sex (*jensiat*) as chromosomal, gonadal, genital, and hormonal characteristics that in “natural” circumstances unite to make an individual either male or female; it assumes that this sex, in “natural” circumstances, is always genitally signified.<sup>85</sup> This literature then defines gender (*hoviati-e jensi*) as psychological and social attributes and behaviours, specified as masculine or feminine, which individuals develop as a result of this biological/genital sex.<sup>86</sup> The lore generally accepted in this literature is that, for a “healthy” and “coherent” gender identity, children with a penis must firmly identify as boy and children with a vagina must firmly identify as girl by the time they are about age two or three. This literature emphasizes, however, that in order for this elementary gender identity to develop fully, children must also receive appropriate gender dimorphic upbringing throughout their childhood and teenage years. Embedded and unquestioned in this general developmental formulation from genitalia to gender is the assumption that gendered identity is the core truth of every healthy individual that must express itself in a consistent, sex-dimorphic way. This gendered identity is supposed to remain constant for one’s entire life, and express itself in one’s gender role (*naghsh-e jensi*) (e.g., personality, patterns of communication, modes of cognition, emotions, interests, hobbies and aspirations) and sexuality (*majmoe-ye gerayeshat va raftarha-ye jensi*).<sup>87</sup> Sexuality is specifically emphasized as one’s means to express one’s gendered identity in a “proper” (i.e., dimorphic and heterosexual) manner; “healthy” men with masculine traits are supposed to desire

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<sup>85</sup> See, for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours] (Esfahan: Sadegh Hedayat Publishing, 2005), 44.

<sup>86</sup> See Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 46.

<sup>87</sup> See, for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 46-9; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviati-e Jensi: Degar Jensiat Jou ha'* [Gender Identity Disorder: Transsexuals], 16.

women, and “healthy” women with feminine traits are supposed to desire men. The IRI’s psycho-medical literature on sex/gender, therefore, follows and reinforces cultural beliefs that uncritically assume genital sex predicates gender identity, and that gender identity predicates sexual orientation. As such, this literature frames situations where these categories of sex, gender and sexuality do not map on to one another or simply become non-dichotomous as cases of disease, disorder, psychopathology, or maladaptation to moral norms and values.<sup>88</sup> When it comes to sex, it explains traces of non-dimorphism as genetic abnormalities and ambiguities that must be “corrected” and/or removed by medical interventions.<sup>89</sup> When it comes to gender, it explains signs of non-dimorphism as psychopathologies that are in need of behavioural, hormonal and surgical “therapies”.<sup>90</sup> When it comes to sexuality, it explains non-heterosexual desires and acts as cases of moral/sexual perversion that must be monitored, policed, suppressed, and punished.<sup>91</sup> Below I examine in greater detail how this psycho-medical literature engages in naturalization of gender dimorphism.

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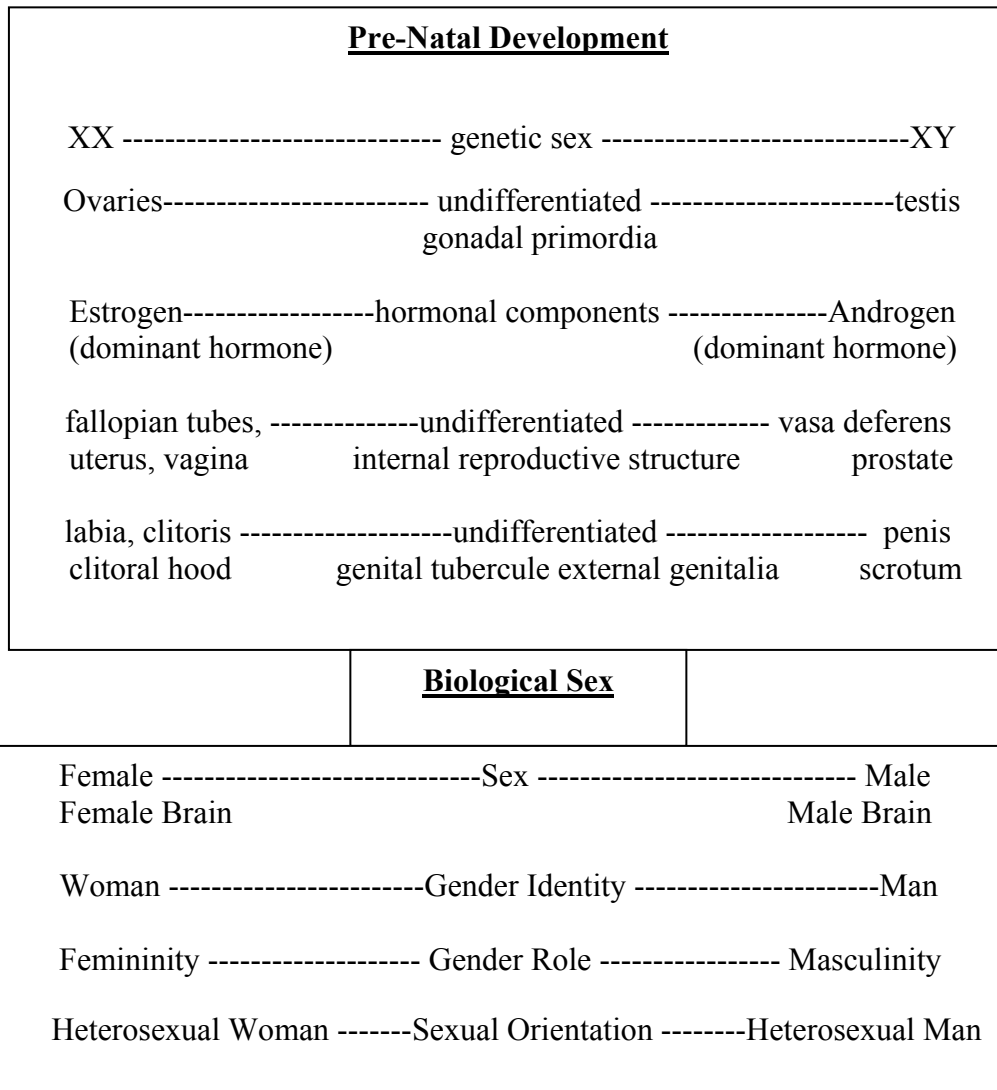
<sup>88</sup> See figure 1.

<sup>89</sup> See, for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 44-5; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [Gender Identity Disorder: Transsexuals], 30-3; Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi* [Gender Identity Disorder] (Tehran: Entesharat-e Tehran Seda, 2004), 43-50.

<sup>90</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 242-64; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [Gender Identity Disorder: Transsexuals], 34-8, 52-6.

<sup>91</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 270-82; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha'* [Gender Identity Disorder: Transsexuals], 36, 54.

**Mythic Gender/Sexual Dimorphism<sup>92</sup>**



**Iranian society tends to stereotype gender as a dichotomy in the manner shown above. Each of the categories shown here is assumed to be dichotomous, and also assumed to map onto other categories. Any break in this chain is assumed to signify medical pathology or moral perversion.**

<sup>92</sup> To the best of my knowledge, Kathryn Pauly Morgan is the producer of this chart. She developed it for her 2006 course “Scientific Perspectives on Sex and Gender,” which was offered by the Women and Gender Studies Institute at the University of Toronto.

Let us begin with several quotes;

- Gender identity is a psychological state that reflects one's feeling of maleness or femaleness. It refers to a series of attitudes, behaviour patterns, and other factors that are related to masculinity or femininity...an individual with a healthy gender identity can firmly say whether he/she is a man or a woman.<sup>93</sup>
- At the beginning...children do not realize that sex/gender is an unchanging characteristic of an individual. The earliest stage of gender identity formation occurs around age two. At this age, children become able to identify themselves and others as boy or girl...around age three or four, they realize that if one is a man or a woman at present, he/she was also a man or a woman in the past and will still be a man or a woman in future...around age five, they come to understand that being sexed/gendered is a fundamental and unchanging aspect of one's identity. After that, they slowly enter into society, and by going to school and facing sex segregation, their gender identity develops and finds greater stability. Gradually, through adopting gender-specific roles and behaviours, they learn who they are and where they stand.<sup>94</sup>
- Parents must immediately refer to a psychologist as soon as they notice even a minor [gender] atypical behaviour in their child. For example, parents must not be indifferent toward a little boy who goes after girlish plays and shows reluctance to play with male-type toys. Perhaps, such attentions and early treatments could prevent a disaster from happening.<sup>95</sup>

The above quotes capture the main principles that are endorsed by the IRI's psycho-medical literature on gender and (trans)sexuality, which are

1. *A healthy gender identity is one that is sex-dimorphic, singular and invariant across one's life.*

As such, transgender and transsexual individuals who live non-dimorphic multi-gendered bodies and identities are robbed of their gender identity. Their (trans)gender identity is described as a mental disorder and as a disturbance in their sex and gender role orientation rather than as one among many human

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<sup>93</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [*Natural and Unnatural Human Sexual Tendencies and Behaviours*], 242.

<sup>94</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha'* [*Gender Identity Disorder: Transsexuals*], 16.

<sup>95</sup> Neda Ganji, "Dastan-e Taghir-e Jensiat: Doganegi dar yek jesm" ["The Story of Sex-Change: Duality in One Body,"] *Donya-e Eghtesad*, February 19, 2008.

possibilities of determining one's gender identity for oneself. The executive director of the Social Welfare Organization's Office of Social Harms (*daftar-e asibha-ye ejtemayee-e sazman-e behzisti*), Dr. Hadi Mo'tamedi says for example:

Those with Gender Identity Disorder are confused about their gender role ...Genetically, biologically and anatomically, they belong to one sex/gender but psychologically and emotionally they have the gender identity of the opposite sex...As a result, they feel confused about their social role.<sup>96</sup>

Dr. Bahram Mir-Jalali adds:

Transsexuals are innocent people who have to endure the worst possible agony in their prisonlike bodies...those of them who cannot save themselves [through surgery] become isolated and suicidal.<sup>97</sup>

It is important to scrutinize and problematize this pathologizing language that has come to embody the transsexual "syndrome". This language situates transsexuality in the realm of confusion, depression, isolation, and impairment without ever critically asking where all these come from. It often presumes that transpersons feel confusion, distress, and impairment because they are in the "wrong" sex; as such, it implies that converting to the "opposite" sex with its new gender norms will make transpersons feel much better. It never asks "whether there is a problem with the gender norms that it takes as fixed and intransigent, whether these norms themselves produce distress and discomfort, whether they impede one's ability to function, and whether they generate sources of suffering for some people or many people."<sup>98</sup> Indeed, do the feelings of confusion, depression, and isolation signify the presence of an internal pathology and disorder? Or do they, rather, represent the cost sex and gender minorities must pay for experiencing and expressing certain kinds of desires and identities? The psycho-medical gender experts of the IRI do not entertain these critical questions. Instead, they domesticate these negative feelings that are largely caused by rigid social norms, claiming that it is the person's own preoccupation with cross-gender

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<sup>96</sup> "Roo dar roo ba karshenasan dar mored-e trans-ha" ["Meeting Experts to Discuss Transsexuals,"] *TaraJensiat-ee Weblog* [*Transsexual Weblog*], December 8, 2005, <http://www.barbadrafteha.mihanblog.com/Cat/5.aspx>.

<sup>97</sup> Neda Ganji, "Dastan-e Taghir-e Jensiat: Doganegi dar yek jsm" ["The Story of Sex-Change: Duality in One Body,"] *Donya-e Eghtesad*, February 19, 2008.

<sup>98</sup> Judith Butler, "Undiagnosing Gender," in *Transgender Rights*, eds. Paisley Currah, Richard M. Juang, and Shannon Price Minter (Minneapolis, London: University of Minnesota Press, 2006), 291.

wishes that leads to situations of social isolation and depression. They acknowledge dimorphic gender identities as the carnal and psychological integrating principle for normal, healthy persons, and claim that it is urgent to prevent and treat non-dimorphic desires and identities in children, adolescents, and adults.

2. *Since childhood gender disorders often act as precursors to more serious adult-onset, full-blown gender disorders and dangerous gender pathologies, all parents bear high levels of responsibility for policing children for gender disorders.*<sup>99</sup>

According to the IRI's gender experts, maximum attention must be directed to children who display any gender atypical behaviour because this could help prevent adult transsexuality. Dr. Alireza Kahani, for example, states:

Prevention is the best treatment for individuals who desire sex change...parents must engage in rigorous surveillance of their child's activities, emotions, mentality and personality. If they observe that their child demonstrates a preference for the toys, clothes and activities of the opposite sex, they must take preventative measures, and refer to a psychologist or a psychiatrist before their child enters elementary school.<sup>100</sup>

Dr. Firouzeh Rayisi and Dr. Abas Ali Nasehi similarly state:

Parental indifference toward a boy's feminine behaviour in his early childhood...can contribute to the development of transsexuality in him.<sup>101</sup>

Ironically, however, the overwhelming majority of children who display gender atypical behaviour do not become transsexual.<sup>102</sup> The IRI's gender experts weld together a child's nonconforming gender role behaviour and transsexuality as if

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<sup>99</sup> This principle is taken from Catharine Pauly Morgan, "Gender Police," in *Foucault and the Government of Disability*, ed. Shelley Tremain (Ann Arbor: University of Michigan Press, 2005), 301.

<sup>100</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiati Jou ha' [Gender Identity Disorder: Transsexuals]*, 52.

<sup>101</sup> Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi [Gender Identity Disorder]* (Tehran: Entesharat-e Tehran Seda, 2004), 74.

<sup>102</sup> Phyllis Burke, "The Creation of A Mental Illness," in *Gender Shock: Exploding the Myths of Male and Female*, ed. Phyllis Burke (New York: Anchor Books, 1996), 63.

one were a typical, “across the life cycle,” logical outcome of the other when in reality there exist no studies to confirm this highly polemical claim.<sup>103</sup>

The IRI’s gender experts give considerable urgency to the identification of “gender identity disorders” (GID) in children so that they can be rehabilitated into the gender euphoric individuals that society desires. These experts have, therefore, developed extensive guidelines for the “diagnosis” and “treatment” of GID in children. According to these guidelines, which rely on the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA), children can be “diagnosed” with GID when they manifest four or more of the following symptoms:

- 1) repeatedly stated desire to be, or insistence that he or she is, the other sex;
- 2) in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing;
- 3) strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex;
- 4) intense desire to participate in the stereotypical games and pastimes of the other sex;
- 5) strong preferences for playmates of the other sex.<sup>104</sup>

According to these guidelines, a child can, therefore, be “diagnosed” with GID even when he or she has not explicitly stated “the desire to be, or that he or she is or will be, the opposite sex.” This is despite the fact that the desire to transform to the opposite sex was the most primary feature of the “diagnosis” when it first appeared in 1980.<sup>105</sup> The guidelines conveniently assume that the desire is there even when the child does not state it explicitly. As such, a child’s gender atypical behaviour is taken to signify his or her current and/or future sense of inappropriateness in his or her body while the correlations between these two are murky at best; we cannot predict a child’s current, let alone future, feeling toward his or her body based on his or her favourite toys, clothes or activities!<sup>106</sup>

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<sup>103</sup> Phyllis Burke, “The Creation of A Mental Illness,” in *Gender Shock: Exploding the Myths of Male and Female*, ed. Phyllis Burke, 64.

<sup>104</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi’i va ghayreh tabi’i-ye ensan [Natural and Unnatural Human Sexual Tendencies and Behaviours]*, 246-6; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhelal-e Hoviat-e Jensi: Degar Jensiati Jou ha’ [Gender Identity Disorder: Transsexuals]*, 22. The English version was taken from Phyllis Burke, “The Creation of A Mental Illness,” in *Gender Shock: Exploding the Myths of Male and Female*, ed. Phyllis Burke, 62-3.

<sup>105</sup> Phyllis Burke, “The Creation of A Mental Illness,” in *Gender Shock: Exploding the Myths of Male and Female*, ed. Phyllis Burke, 63.

<sup>106</sup> Phyllis Burke, *Gender Shock: Exploding the Myths of Male and Female*.

The IRI's gender experts often list aversion toward normative feminine clothing, interests in boys as playmates, desire to participate in contact sports and boyhood games, rejection of urinating in a sitting position, aversion toward menstruation and growing breasts, and obsession with growing a penis, as the common symptoms of GID in girls.<sup>107</sup> What do these people really think of when they decide to equate a girl who is intensely distressed with her body with a girl who asserts her freedom to engage in activities traditionally denied to women? They are, in effect, giving an equal pathological weight to a girl who believes she will grow a penis and a girl who refuses to wear dresses or display stereotypically feminine mannerisms. As such, they pathologize girls who resist gendered codes of behaviour and appearance as GID patients who suffer from a sense of inappropriateness in the gender role of their sex.<sup>108</sup> Why there are certain gendered codes of appearance and conduct for the sexes, and why these codes are assumed to emanate from the body are critical questions that are conveniently ignored. The IRI's gender experts make similar assumptions in their guidelines on how to "diagnose" GID in boys. They put feelings of disgust toward one's penis or testes beside preference for dressing in girls' or women's clothes, improvisation of such items with available materials, fascination with female-type dolls, and aversion toward rough and tumble play.<sup>109</sup> One should truly wonder how these people come to equate intense feelings of body dysphoria with practices that demonstrate a little child's sense of play, agency, and possibility.<sup>110</sup>

The IRI's gender experts seek to establish gender as a set of fixed and conventional norms that directly emanate from one's body even as they keep providing us with evidence to the contrary. They attempt to establish gender as a pre-discursive biological identity, assigned at birth, with which a child has either a feeling of discomfort and distress or a sense of comfort and being at peace. But this very notion of assigned sex/gender implies that sex/gender "is socially produced and relayed, that it comes to us not merely as a private reflection that each of us makes about ourselves but as a critical interrogation that each of us

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<sup>107</sup> See, for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 246-8; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha'* [Gender Identity Disorder: Transsexuals], 44, 29; and Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi* [Gender Identity Disorder], 80.

<sup>108</sup> Phyllis Burke, "The Creation of A Mental Illness," in *Gender Shock: Exploding the Myths of Male and Female*, ed. Phyllis Burke, 63-5.

<sup>109</sup> See, for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 28; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha'* [Gender Identity Disorder: Transsexuals], 43-4.

<sup>110</sup> The IRI's gender experts come to these decisions and analysis under the influence of DSM and they fail to review the extensive literature that has critiqued DSM strongly over the years.

makes of a social category assigned to us that exceeds us in its generality and power.”<sup>111</sup> Gender identity is not, in other words, a pre-discursive entity, prior to culture, on which culture simply acts; it is rather an *effect* of discursive practices, a *product* of regulatory practices that generate coherent identities through the cultural matrix of coherent gender norms.<sup>112</sup> So, as Judith Butler writes, “there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very “expressions” that are said to be its results.”<sup>113</sup> The cultural matrix through which gender identity has become intelligible in the Islamic Republic claims that certain kinds of identities cannot “exist” – that is, those in which gender does not follow from sex, and those in which the practices of desire do not follow from either sex or gender. But such transgressive identities have always existed; the normatively gender-dimorphic cultural matrix of the IRI (dis)regards these non-conforming identities as developmental failures or logical impossibilities. It should do so or it loses its rationale for the binary regulation of gender/sexuality, and the maintenance of patriarchal, heterosexual hegemonies.

3. *Maximum attention must be directed to the recognition and study of the causes of “developmental failures” in gender behaviour, desires, and forms of self-identification.*

As discussed previously, the IRI’s gender experts expect congruence both within and between a person’s sex, gender and sexuality (with the default assumption being that this will be heterosexual). As Richard Ekins and Dave King explain, “these are expectations in both cognitive (this is how things are) and normative (this is how things should be) senses.”<sup>114</sup> Gender transgressive behaviours, desires, and forms of self-identification threaten these arbitrary (hetero) normative expectations, revealing their constructedness despite their apparent “naturalness”. In the face of such threats, normatively dimorphic societies

develop a conceptual machinery to account for such deviations and to maintain the realities thus challenged. This requires a body of

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<sup>111</sup> Judith Butler, “Undiagnosing Gender,” in *Transgender Rights*, eds. Paisley Currah, Richard M. Juang, and Shannon Price Minter, 293.

<sup>112</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 8-10, 22-34.

<sup>113</sup> Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity*, 34.

<sup>114</sup> Richard Ekins and Dave King, “Blending Gender: Contributions to the Emerging Field of Transgender Studies,” in *Current Concepts in Transgender Identity*, ed. Dallas Denny (New York and London: Garland Publishing, 1998), 105.

knowledge that includes a theory of deviance, a diagnostic apparatus, and a conceptual system for the “cure of souls.”<sup>115</sup>

This is what the IRI’s gender experts are exactly doing; they are developing a body of knowledge that includes not only the above-mentioned diagnostic manuals but also etiological theories for explaining the biological and social foundation of transsexuality. These etiological theories, regardless of their focus on biological or psycho-social factors, all share a common theoretical starting point, and that is the idea that transsexuality is aberrant and pathological. They often list absent and abandoning fathers, overprotecting and engulfing mothers, hostile and devaluing parents who wanted a child of the other sex, inadequate gender-dimorphic upbringing, and conflictual and chaotic family environments, as the psycho-social causes of transsexuality.<sup>116</sup>

Absent-father etiological theories that are becoming prevalent in the IRI generally trace the rise of transsexuality to the loss of strong father figures for boys, the breakdown of the nuclear family, and the subsequent “disturbance” that it is said to cause.<sup>117</sup> Current data about transsexual populations does not, however, prove the validity of any of these stereotypes. Transsexuals come from a heterogeneous population with complex biographies, and they have for the most part average family histories.<sup>118</sup> Absent-father theories, therefore, seem to be based more on ideological bias than on empirical data. Furthermore, they themselves expose the fragility and fallibility of patriarchal masculinity as a construct that needs the social support of heterosexual marriage and patriarchal family order in order to find its “right” path. As Judith Butler explains, such absent-father theories imply that “masculinity by itself tends to falter...and needs to be housed and propped up by various social supports, suggesting that masculinity is itself a function of these social organizations and has no intrinsic meaning outside them.”<sup>119</sup>

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<sup>115</sup> Peter Berger and Thomas Luckmann, *The Social Construction of Reality: A Treatise in the Sociology of Knowledge* (Garden City, N.Y.: Doubleday, 1966), 131.

<sup>116</sup> See for example, Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [Natural and Unnatural Human Sexual Tendencies and Behaviours], 244-6; Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha'* [Gender Identity Disorder: Transsexuals], 40-1; Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi* [Gender Identity Disorder], 73-5.

<sup>117</sup> It is interesting to note that these psychoanalytic theories seem to be relatively unconcerned with girls, which is symptomatic of their preoccupation with patriarchal authority.

<sup>118</sup> See, for example, Anne Bolin, “Transsexuals and Caretakers Power and Deceit in Inter-group Relations,” *City and Society* 1, no. 1 (2008): 64-79; Judith Butler, “Undiagnosing Gender,” in *Transgender Rights*, eds. Paisley Currah, Richard M. Juang, and Shannon Price Minter, 278-289.

<sup>119</sup> Judith Butler, “Undiagnosing Gender,” in *Transgender Rights*, eds. Paisley Currah, Richard M. Juang, and Shannon Price Minter, 287.

The IRI's gender experts have also proposed etiological theories that link transsexuality with smothering, overly close, protective mothers. According to these theories, overprotective mothers develop very close emotional and physical relationships with their sons, and as such disrupt the development of masculine identity in them. Sometimes these theories go as far as blaming mothers for being the source of their children's cross-dressing. They claim that cross-dressing and transsexuality are caused by mothers who, due to their internal gender conflict or their desire for a child of the other sex, dress their child in opposite-sex clothing. Dr. Behnam Awhadi, for example, opens one of his articles titled "A Girl with Boyish Shoes!" as such:

The mother swore to raise her little girl as a man and leave no trace of weakness in her. That delicate creature grew quickly. Family members dressed her in male clothing and kept her hair short. Instead of long-hair dolls, her toy box was full of ceremonial cars and military tanks...Her playmates were all boys; strong and brave, like herself. The mother always said, "Only coward girls cry," and the little girl would never cry...Seven years have passed. Today, the father has bought school uniforms for her daughter so that she can start her education in a sex-segregated elementary school; he is unaware that his child has turned out to be a strong and brave boy who never cries...<sup>120</sup>

The above statement demonstrates several characteristics of the "smother mother" theme. Its highly gendered language is apparent: toys, games, clothes, hairstyle, and emotions are gendered; bravery and strength are introduced as "boyish" characteristics, and weakness and sensitivity as "girlish" ones. The mother is blamed for undermining her daughter's appropriate gender dimorphic upbringing, and for fashioning a boy from a girl. This inappropriate upbringing is said to cause adult transsexuality and the desire for sex change surgery. Underneath this etiological statement lurks a conservative theory of social construction. This conservative theory seems to offer the view that if a child started socialization as a gender different from the one originally assigned at birth, he or she could develop in that new gender and adapt well to its norms. In other words, it seems to imply that gender norms can be forcefully imposed and behaviorally appropriated, thus affirming the malleability of gender construction. Ironically, this conservative theory does not, therefore, support the notion of an essential gender core tied in some irreversible way to anatomy, or to a deterministic sense of biology.

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<sup>120</sup> Behnam Awhadi, "Dokhtari ba kafsh-ha-ye pesaraneh!" [A Girl with Boyish Shoes!] *Zanan Magazine*, n.d., <http://www.zanan.co.ir/life/000293.html>.

There are other etiological theories that are more essentialist in nature. These theories attempt to examine the role of genetics, biology, biochemistry, and prenatal factors in the development of transsexuality; they are often based on the assumption that chromosomal, hormonal, or neurological factors form the basis of one's gender identity as man or woman. These theories reject the role of socialization in the development of transsexuality, and insist on the invisible and necessary persistence of a biological gender identity, which does not need to appear in one's genitalia in order to be the basis of gender identity.<sup>121</sup>

The basis of one's gender identity is, however, more complex than what all these conservative etiological theories claim. These theories, whether essentialist or constructivist, often cite no credible studies to affirm their highly polemical claims; they usually rely on outdated Western European and North American studies that have long been criticized for their small, unrepresentative samples, their unsound research methodologies, and their ideological bias.<sup>122</sup> In the past two decades many theories and case studies have shown that one's gender identity is neither merely about how one's chromosomal, anatomical, or brain structure looks, nor solely about how one is corrupted (i.e. socialized) into a particular gender identity. These theories have disjointed the theory of gender construction from the hypothesis of gender normativity, and have provided a very different account of social construction from that offered by conservative constructivists. In doing so, they have allowed for genetic and chromosomal factors without assuming that they are the only aspect of nature that one might consult to understand the sexed characteristics of a human.<sup>123</sup> These theories have been also fundamentally different from conventional etiological theories for they have not regarded homosexual, bisexual, or transgender identities as aberrations from "natural" heterosexual development. Rather, they have attempted to explore the development of transsexuality, homosexuality as well as heterosexuality from the perspective that alternative gender identities and sexualities are healthy and a part of human diversity.<sup>124</sup>

4. *To maximize individual well-being and societal stability, age-appropriate comprehensive models of treatment should be used to cure gender identity disorders.*

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<sup>121</sup> See, for example, Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jeni: Degar Jeniat Jou ha'* [Gender Identity Disorder: Transsexuals], 38-4.

<sup>122</sup> For an introduction to current studies and theories in the field of transgender studies, see Dallas Denny, *Current Concepts in Transgender Identity* (New York and London: Garland Publishing Inc., 1998).

<sup>123</sup> To better understand the complexities of this nuanced approach, see Judith Butler, "Doing Justice to Someone: Sex Reassignment and Allegories of Transsexuality," *GLQ: A Journal of Lesbian and Gay Studies* 7, no. 4 (2001): 621-636.

<sup>124</sup> Arlene Istar Lev, "Developmental Psychology," *GLBTQ Social Sciences* (2004): 1-6.

As mentioned previously, the IRI's gender experts are developing a body of knowledge that includes not only an etiological theory of deviance and a diagnostic apparatus, but also a conceptual system for the "cure of souls." This last principle examines the development of this "cure" system. According to the IRI's gender experts, this "cure" system generally consists of three models for the treatment and rehabilitation of transsexual individuals:

1) *Psychotherapy and behavioural therapy*: This treatment is usually recommended as the first treatment option for adults who exhibit cross-dressing and transsexual tendencies. Its overall aim, according to the IRI's gender experts, is to create a significant qualitative mental change in the individual that would involve dis-attachment to cross-dressing and other "undesirable" tendencies. The psychotherapist is supposed to assist the individual to go back to his or her early childhood, and identify, solve and transcend the emotional blocks and perceptual distortions that led to his or her gender atypical tendencies.<sup>125</sup> In practice, this psychoanalytic process is often accompanied by a reinforcement plan in which shaming techniques, antipsychotic drugs, and electric shocks are also used.<sup>126</sup> S., a 34-year old transwoman, explains this reinforcement plan as such:

If you are a male to female transsexual, the psychotherapist constantly tries to change your feminine behaviours and desires by devaluing women in your eyes. My psychotherapist repeatedly associated women with weakness and vulnerability, and men with power and strength; he told me that I should be proud of my manhood, and not bring myself down to the level of vulnerable creatures such as women.<sup>127</sup>

M., a 25 year-old transman, adds:

My psychiatrist said that I suffer from mental delusions and hallucinations. He put me on Thioridazine, a drug that is often used

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<sup>125</sup> Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha' [Gender Identity Disorder: Transsexuals]*, 53; Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi [Gender Identity Disorder]*, 110-18; and Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan [Natural and Unnatural Human Sexual Tendencies and Behaviours]*, 263-4.

<sup>126</sup> These techniques of torture are frankly recommended by Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan [Natural and Unnatural Human Sexual Tendencies and Behaviours]*, 263-4; and Alireza Kahani and Peyman Fakhri Shojayee, *Ekhtelal-e Hoviat-e Jensi: Degar Jensiat Jou ha' [Gender Identity Disorder: Transsexuals]*, 52.

<sup>127</sup> S., e-mail communication with the author, April 1, 2008.

for the treatment of schizophrenia and psychosis! This drug used to numb my senses and blur my thoughts.<sup>128</sup>

Ironically, many of the same gender experts who recommend psychotherapy (read psychoharassment) admit that it is rarely, if ever, successful at reversing the individual's gender identity. Dr. Behnam Awhadi, for example, states:

Attempts at reversing transsexuality are rarely successful since the majority of patients have firm attitudes and values and are not willing to change them.<sup>129</sup>

Dr. Firouzeh Rayisi and Dr. Abas Ali Nasehi add:

Although transsexuality is a type of psychological disorder in an individual with a normal body, most patients aim to change their body and not their mind ... Despite this fact, creating change in the individual's psyche about his or her belonging to the opposite sex is still the most logical treatment. So the first step of treatment must always involve psychotherapy.<sup>130</sup>

Only when psychoharassment fails in its mission to change the transperson's psyche, the IRI's gender experts recommend hormonal and surgical treatment models for the management of transsexuality.

2) *Hormone therapy*: The IRI's gender experts seem to have various goals in mind when they recommend the administration of hormones. Many prescribe hormones upon the request of transsexual and transgender individuals who want to change their physical appearance. In the case of female to male transsexuals, they, for example, prescribe testosterone in order to lower the individual's voice, increase his facial and body hair, widen his muscles, and cease his menstrual cycle. In the case of male to female transsexuals, they, for example, inject estrogens in order to soften the individual's skin, promote her breast development, redistribute fat tissue throughout her body, and arrest her male pattern baldness. In these situations, one can argue that hormones are indeed administered in a therapeutic manner in order to aid the transsexual individual to reach a certain level of comfort with his/her body. Some IRI gender experts admit that hormone

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<sup>128</sup> M., e-mail communication with the author, April 2, 2008.

<sup>129</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [*Natural and Unnatural Human Sexual Tendencies and Behaviours*], 259-60.

<sup>130</sup> Firouzeh Rayisi and Abas Ali Nasehi, *Ekhtelal-e Hoviat-e Jensi* [*Gender Identity Disorder*], 116-7.

therapy can sometimes fully satisfy the transsexual individual, removing the necessity of genital surgery.<sup>131</sup> As section II-A discussed, however, the IRI's law on gender recognition does not allow this non-surgical, hormonal option by itself. It stipulates that transsexual individuals must also undergo permanent modification to their sexual organs if they are to change their names and their legal sex.

Not all gender experts prescribe hormones in trans-positive manners though. Some of them seem to use hormone therapy as a form of conversion therapy; they prescribe hormones in order to change an individual's cross-sex identity and diminish his/her cross-dressing and transsexual tendencies. For instance, they put men who are considered "effeminate" on "male hormones" so that their "masculine" side can be reinforced, and women who are considered "masculine" on "female hormones" so that their "feminine" side can be reinforced. Interestingly – and rather disturbingly – they seem to recommend this hormonal conversion therapy more for "masculine" women than for "effeminate" men. For instance, Dr. Fariba Arabgol states:

Estrogen therapy is one way of treating Gender Identity Disorder patients; this treatment is specifically for patients who have a troubled gender identity but do not want to undergo sex change surgery. Estrogen therapy causes the return of female sexual characteristics in women who have masculine tendencies; it also causes men who have female tendencies to rethink whether they want to remain in their original sex.<sup>132</sup>

This statement is entirely symptomatic of this doctor's preoccupation with patriarchal and gender dimorphic values. That she believes one's social gender must "follow" one's biological sex is clear throughout her statement. Like all other gender experts of the IRI, she believes lack of congruence between one's sex and gender signifies a kind of pathology that must be either removed by hormone therapy or "corrected" by sex change surgery. In her rigid dichotomous sex/gender framework, female-bodied individuals who are socially and hormonally male cannot be imagined. Obsession with female/male binaries is not the only problem though. This statement allows biological men to experiment with "female" hormones and reassess whether they want to cross to the "inferior"

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<sup>131</sup> Behnam Awhadi, *Tamayulat va raftarha-ye jensi-ye tabi'i va ghayreh tabi'i-ye ensan* [*Natural and Unnatural Human Sexual Tendencies and Behaviours*], 261.

<sup>132</sup> Anonymous., "Conversation with Dr. Fariba Arabgol about Gender Identity Disorder" ["goft-o-goo ba doctor Fariba Arabgol darbare-ye ekhtelal-e hoviati-e jensi,"] *Paygah-e Ettla'h Resani-ye Iranian: Shayad Bakhti Digar*, May 3, 2008, <http://www.salamatiran.com/NSite/FullStory/?Id=1572&Type=2>.

side but it denies biological woman the option of making similar assessments through the consumption of “male” hormones. Instead, it presses “masculine” women to go on “female” hormones so that their “femininity” can be highlighted. It must be noted that hormones can cause serious side effects, including nausea, vomiting, headaches, mood swings, blood clots, liver damage, heart and lung complications, and blood circulation problems. For these reasons, it is not that hard to understand that forcing an individual to receive invasive hormonal injections just so that he/she can manifest certain idealized gender dimorphic norms in his/her body is deeply unjustified and unethical. This question of justice and ethics becomes ever more urgent when one considers the IRI’s third treatment model; that is sex change surgery. I will not, however, discuss this surgical treatment model here as it was discussed in section II-A in detail.

The psycho-medical principles and practices that have been discussed in this section demonstrate the extent to which the IRI’s gender experts are obsessed with the production of dimorphic gender identities, and with the prevention, identification, and rehabilitation of gender disorders in children, adolescents and adults. These experts look at transsexual individuals through the binary spectacles of “can we bring the psyche into conformity with the genitals this person was born with or should we better alter the genitals.” They first attempt hard to change the individual’s psyche through psychoharassment, anti-psychotic and nausea inducing drugs and hormones. When that fails, they push the individual to go under the knife so that his/her body can manifest, along with his/her gender identity, idealized gender dimorphism. As such, these experts see only males or females, and refuse to explore what it means to be neither or both. They frame the individual whose gender identity fails to conform to dimorphic norms of cultural intelligibility as the pathologically gendered other, and they do not recognize the gender and personhood of this animate other unless he/she receives surgical “correction”.

This section argued that these psycho-medical principles and practices along with religio-legal codes and values have formed a new religio-scientific discourse that polices the deviantly gendered other not simply through violent persecution and criminalization but also through extensive “therapeutic” practices and medical interventions. Under this new discourse, transsexuality and sex change operations are permitted not because a spectrum of sex/gender possibilities is recognized but because the deviantly gendered other, which is now refashioned as pathological rather than perverse, can be, literally, “made to fit” within existing sex and gender structures without posing a threat to the IRI’s heteronormative order.

## Conclusion

This paper aimed to examine the legal and medical situation of individuals whose gender, and, hence, legal personhood is not recognized in the Islamic Republic of Iran because they fail to maintain the arbitrary ideal of gender dimorphism. Section I discussed how these individuals have been marked as perverse and criminal by Iranian official and civilian populations, and have been consequently made the “legitimate” personal and institutionalized target of shame, persecution, hate, and incarceration. Section II discussed the gradual emergence of a discourse that has slowly brought these individuals out of the criminal realm of perversion and into the medical realm of pathology. It examined the conflation of religious and medical literatures that allowed this new discourse to emerge, and discussed its possible ethical and human rights implications. Under this new discourse, gender atypical individuals can regain their gender “health”, and hence, personhood, provided that they manifest the IRI’s gender dimorphic norms in their surgically reassigned bodies and their behaviourally appropriated identities. The paper attempted to provide a critique of this newly emerging discourse on gender disorders; it sought to interrogate it for maintaining the ideal of sex/gender dimorphism when a significant percentage of individuals are chromosomally, hormonally, and genitally various, and a continuum exists between masculinity and femininity that suggests the arbitrariness and falsity of sex/gender dimorphism as a prerequisite of healthy human development.

The IRI’s new religio-scientific discourse grants transpersons their personhood only if they subject themselves to the technology of the knife. The pioneers of this discourse pride themselves on their recognition of transsexuals’ human rights to surgery, and yet they raise the issue of transsexuals’ human rights to surgery under conditions in which the simple humanity of transsexual populations is being continuously called into question.<sup>133</sup> The interrogation of this problematic discourse carries a certain urgency when one considers that this discourse is making non-surgical trans/multi-gendered identity illegible and illegitimate not only as a publicly recognized possibility, but also with regard to transpersons’ own self-perception and self-constitution of their gender and sexual subjectivity.

Due to lack of trans-positive and queer-positive resources, many Iranian transgender individuals have come to constitute their self-definition within the terms of this new problematic discourse. In other words, they have come to learn that transsexuality is only a temporary condition (*moshkel*) that they must outgrow as they should eventually become a “whole” man or woman. As a result of this

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<sup>133</sup> For an insightful examination of the paradoxes of transgender human rights discourse, see Kendall Thomas, “Afterword: Are Transgender Rights Inhuman Rights?” in *Transgender Rights*, eds. Paisley Currah, Richard M. Juang, and Shannon Price Minter, 310-26.

internal trans-phobia, these individuals have put themselves under immense physical and psychological pressures to carve a female or male identity out of their transsexual or multi-gendered character. The following statement reflects this highly widespread attitude among Iranian transpersons:

I knew that I had to have myself corrected one way or the other; I first wore female clothes for three years, but then I thought I don't really want to get married. When men made overtures, I felt disgusted. I did not want any contact with them ... I reached a point where I felt I had no identity anymore. I did not know if I was a man or a woman. If I was a woman, then I had to get married. I had to have maternal feelings. But I did not have any of them. And if I was a man, I had to find a job and choose a girlfriend. I was facing an enormous dilemma. Then I decided to take steps [and turn myself into a man].<sup>134</sup>

Within the binary mindset of this individual, it seems butch lesbian, female cross-dresser, transgender, gender blender, or queer are identities that simply cannot be imagined. It should be noted though that this binary form of self-identification does not always represent a lack of knowledge. In many instances, it might simply represent a calculated "choice". The transperson "chooses" to conform, psychologically, hormonally and even surgically, to the prevailing dichotomous sex/gender scheme because that allows him/her to escape his/her stigmatized status and achieve "normalcy". The conversation that follows reveals the logic of this calculation to some extent:

- Would you have got surgery if you were not in Iran?
- No. See, I am operating so that I can get my rights. Many of us are having operations for this reason. I can't live like this. I can't work or go out. I don't have any rights now. I want to go to school. So imagine how much I suffer that I am willing to do this at the price of damaging my body and never seeing my family again.
- Are you saying that you want to have it both ways?
- I am saying that the fact that I *have* to do this takes away my right to any sort of choice ... I am forced to undergo surgery because society tells me that I have to be either man or woman.<sup>135</sup>

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<sup>134</sup> Afshain in *The Birthday*. DVD. Directed by Negin Kianfar and Daisy Mohr. The Netherlands and Iran: Gijs van de Westelaken for Column Film, 2006.

<sup>135</sup> *Be Like Others*, DVD. Directed by Tanaz Eshaghian. Iran, Canada, U.S.: Wolfe Video, 2008.

The above statements demonstrate the deeply brutal and coercive nature of the IRI's new discourse on transsexuality; this discourse imposes unwanted surgeries as a "cure" when they are in fact an alternative way of policing and eliminating non-dimorphic desires and forms of self-identification.

The discourses and practices of gender policing that have been discussed in this paper make it ever more urgent for Iranian feminist and queer scholars to critique and interrogate the problematic chain that is being discursively constructed in the Islamic Republic of Iran between transsexuality, sex-change surgery and personhood. This paper concludes that this interrogation has something important to do with justice since as Judith Butler writes in her "Doing Justice to Someone: Sex Reassignment and Allegories of Transsexuality" –

justice not only or exclusively is a matter of how persons are treated, how societies are constituted, but also emerges in quite consequential decisions about what a person is, what social norms must be honoured and expressed for personhood to become allocated, how we do or do not recognize animate others as persons depending on whether or not we recognize a certain norm manifested in and by the body of that other. The very criterion by which we judge a person to be a gendered being, a criterion that posits coherent gender as a presupposition of humanness, is not only one that, justly or unjustly, governs the recognizability of the human but one that informs the ways we do or do not recognize ourselves, at the level of feeling, desire, and the body, in the moments before the mirror, in the moments before the window, in the times that one turns to psychologists, to psychiatrists, to medical and legal professionals to negotiate what may well feel like the unrecognizability of one's gender and, hence, of one's personhood.<sup>136</sup>

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<sup>136</sup> Judith Butler, "Doing Justice to Someone: Sex Reassignment and Allegories of Transsexuality," *GLQ: A Journal of Lesbian and Gay Studies* 7, no. 4 (2001):622.

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