Feminist Theory Workshop
Fall 2009

Tuesday, December 1st 4:20-6:10
Case Lounge, Room 701

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Sex-in-Change: Configurations of Sexuality and Gender in Contemporary Iran

Fall Schedule:

December 8th: Janie Chuang, Washington College of Law, Rescuing Trafficking from Ideological Capture: How Prostitution Reform Debates Have Shaped U.S. Anti-Trafficking Policy

For more information: http://www2.law.columbia.edu/faculty_franke/FTW2009.html
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Dear Seminar participants,

Thank you for reading this first draft of chapter one of my book manuscript, Sex-in-Change: configurations of sexuality and gender in contemporary Iran – my venture into combining “history” and “ethnography.”

This chapter presents the argument that the contemporary desire for, discourses about, and practices of sex-change in post-1979 Iran have been enabled by a convergence of bio-medical, psychological, legal, and Islamic jurisprudential (fiqh) discourses. The establishment of the Islamic Republic set in motion a process of bureaucratization, professionalization, and specialization of Perso-Shi‘i-Islamic jurisprudence. To receive official sanction and recognition, many in the scientific community have turned to integrating Islamic sensibilities into their research and Islamicized their discourses and practices. Similarly, rights activism (including feminism and trans-activism) has taken shape within (if at times against) this Islamization process. To fully understand this post-1979 complicated emergence, the next four chapters step back several decades. Chapters 6-8 will subsequently bring the story back to the present.

Chapter 2, “‘Before’ transexuality” argues that transexuality in the 1940s and ’50s Iran emerged as a variant of “intersex condition,” as a wonder of creation/nature. By the mid-1970s, however, transexuality had become disaffiliated from intersexuality and affiliated with homosexuality. Chapters 2 and 3 (“Sexological Crimes”) map the discourses of psychology, marital advice, sexology, and criminology through which this shift took shape. Chapter 4, “Murderous Passions and Deviant Insanities,” completes that story by looking at one “crime of passion” story that captured the national press for months and it is still remembered. A young woman Mahin in a fit of anger killed her girlfriend Zahra. Was she insane, was she deviant, or, as her lawyer argued in court, was she transexual?

While in chapters 2 through 4 I look at how transexuality became linked with homosexuality, in chapter 5, I argue that indeed the distinction between something called trans and something called gay as it has become conceived in recent years in talking about Iran of the 1970s misses the significance of lack of such differentiation in this earlier period. Indeed, the book as a whole argues that such a distinction has remained a difficult challenge to this very day. Despite attempts by bio-medical, psychological, state, and Islamic authorities, as well as part of the trans-activist community to separate these categories and build “a Great Wall of China” – as it is sometimes referred to—between gay and trans, the wall remains a porous flimsy construct, more significant for the crossings and flows across and through it.

Several challenges run through the entire project, on which I ask your help!
In the larger project, I argue that in Iran the current scene of sexual and gender non-normativity, including transgender/sexuality, is in part enabled by absence of distinction among sex/gender/sexuality. But as I am writing in English, it is nearly impossible at times not to use these distinctions, short of using a “trinary,” which makes for very cumbersome writing and reading.

The centrality of the problem of conceptual translation—what does sex/gender divide mean in Iran—is born out at the level of language itself. Persian does not have grammatical gender. At first, this may seem to be simply a “translation” difficulty: how would I render in English pronouns such “ou” [used for he or she] and its affiliates into English? This is a critical issue when writing about transgender/sexual identified persons, as the rich debates in English and the various attempts to invent new singular third person pronouns by transgender activists indicate. I could have chosen one of the newly coined words from that literature. But that would have conveyed to an English reader a cultural load of meaning absent in Persian. Even using “s/he” would indicate a conscious resistance to using he or she. Such “translation” decisions would fail to communicate something important: transexuals in Iran are not engaged in choosing the right pronoun pre- and post-op and this too has something to do with their different conception of gender/sexual selves.

I look forward to our conversation.

Afsaneh
Chapter 1

Verdicts of Science, Rulings of Faith, Styles of Cognition

Shortly after ten o’clock on a Wednesday morning in autumn 2006, Ms. Mohseni-nia, a friendly and, as I learn later, a highly professional and cherished social worker, led me into a room -- non-distinct, with almost bare walls painted a tired greenish blue, a large seminar-size rectangular table in the middle, and several men and women seated around it. I recognized Dr. Mehrzad Seraji, at the far end of the table, who signaled me to go and sit next to her, a welcome (to my nervous state) recognition that my presence was approved.¹ From her commanding location at the table, I now realized Dr. Seraji was the head of the Commission whose work she had invited me to observe.² A very sympathetic and competent psychiatrist, Dr. Seraji evidently enjoyed the respect of the other professionals present.

I had met Dr. Seraji a few weeks earlier to learn more about what is colloquially referred to as “filtering” – a 4-6 month period of psychotherapy, along with hormonal and chromosomal tests, the stated goal of which is to determine if an applicant is “really transgender/sexual,” “really homosexual,” intersex, or perhaps suffers from a series of other classified psychological disorders. The Commission can be situated in a discursive nexus that includes the law and psychology as well as psychiatry, and is engaged in establishing and securing a distinction between the acceptable “true” transgender/sexual and other categories that might be confused with it, most notably the wholly unacceptable category of the “true” homosexual. In this process, the category of “transgender/sexual” is made intelligible as an acceptable form of existence by the condensed working of the legal, the Islamic jurisprudential [fiqhi], the bio-medico-psycho-sexological, and the various contingents of the forces of coercion – which we often call “the state” -- that is,

¹ Mehrzad, like several other names in Persian, is used both for males and females, but it is predominantly used for boys and I had only known males with that name before meeting Dr. Seraji. When she saw my surprise in our first interview, she laughed and said her colleagues often told her that her interest in gender identity disorder came from her given name. Dr. Seraji is a graduate of Iran University of Medical Sciences; she is a psychiatrist with specialization in “sexual dysfunctions.”

² The commission is part of the Tehran Psychiatric Institute [TPI] of Iran University of Medical Sciences. It reviews (and makes recommendation to the Legal Medicine Organization of Iran) all applications related to trans- or inter-sex surgeries.
necessarily and simultaneously subject to it.\(^3\) This complex nexus constitutes and authorizes a category of non-normativity as a legitimate acceptable category, a process of subjection which is partly based on transgender/sexuals’ own actions and therefore also self-definitions and self-productions. In all of this, distinguishing between “trans-“ and “homo-“ has become absolutely paramount. But this does not end the complexity of the story. The various institutions and discourses are not systematically coherent and predictable, nor are they necessarily coherently tied to each other, as we will see.

Before leading me to the room, Ms. Mohseni-nia, in a whispering tone, asked a young femininely-attired male-looking person for his/her permission for me to be in the session. At the time, I wondered how his/her total dependence on the vote of this meeting would make it possible for her/him to say no, even though Mohseni-nia gave him/her explicit assurance that s/he did not have to accept. The very exercise, however, was a surprising relief as well, compared to how clients in a surgery practice were treated, where I had been led into the surgeon’s room for an interview while a client was still dressing.

However brief, these moments of transgender/sexual person’s treatment in two separate institutions suggest the complex and ambivalent status of this category in Iran. On one hand, the “transgender/sexual” has been taken up as a legitimate category of being, as evidenced by the Commission’s very existence: it is charged with recommending for certification to the Legal Medicine Organization of Iran those who can prove their belonging in the category “transgender/sexual.” On the other, the criteria for establishing belonging in that category, and its legitimacy as such, is a matter of considerable debate, concern, and ambivalence in multiple domains. This becomes apparent when we consider the certification process, including the Commission’s purpose and practices, as well as its ties to other institutions and their discourses, in more detail.

\(^3\) Indeed, this process has a second productive effect: “the state” itself becomes produced as an “effect,” as a socio-discursive enactment of power through the competing, conflicting, and confirming work of distinct groups of persons who populate and engage in innumerable daily practices within these domains. On production of “the effect of a state structure,” see Timothy Mitchell, “The Limits of the State: Beyond Statist Approaches and Their Critics,” The American Political Science Review, Vol. 85, No. 1 (Mar., 1991), pp. 77-96.
To approach the certification process through the Commission and associated institutions and discourses is to highlight the workings of power in processes of subjection and subjectification from a dominant point of view, however critical. Transgender/sexuals’ accounts of their interactions with the certification process offer evidence of the same workings of power, but they stage them differently. I offer one example of this alternative staging in this chapter in order to differently stage my own account of the professional discourses of transexuality that follows.

The certification process includes a requirement that applicants undergo 4 to 6 months of supervised therapy. Whereas this is designed to be a diagnostic process, transgender/sexuals prepare each other throughout the therapy months, and especially for the final Commission interview at TPI. These preparations benefit from the culture of preparing for nation-wide annual university examination that many high-school graduates spend a year preparing for – the kunkur. Participants in the certification process use the questions asked of one candidate to prepare another, generating a common pool of potential questions and the correct answers. This is common knowledge, and the knowledge can itself be used to strengthen one’s case. As one FtM said to the Commission in a meeting I attended, “When I was coming for my interview, other TSs kept giving me advice on what to say and what not, how to behave, etc. but I am not here to fool anyone.”

Preparation sessions also provide occasions for laughing at authorities and the absurdity of their perceptions about transgender/sexuals. When Mahnaz, a young woman who was thinking about sex-change, walked into a well-known sex-change clinic for an initial conversation, she was interviewed by a psychiatry intern and an assistant to the surgeon. They first berated her for wearing a scarf in observation of the hijab code. “What kind of man can you be looking like this?” Mahnaz did not believe in the code and had no trouble taking the scarf off; but that was just the beginning of their “diagnostic tests.” Next they wanted to see her wrist-watch to see if it was a man’s or woman’s watch; checked her

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4 Several subsequent chapters (6 through 8) will expand this side of the story.
5 Throughout I use italicized style for English words that are pronounced similarly in Persian.
legs to see if they were shaved. At this point, another transgender/sexual person asked: “did they ask you the tooth-paste question: do you squeeze it the middle or from the bottom up?” This was a familiar enough question; everyone burst into a roaring laughter.

The Certification Process
While transexual/gender people in Iran navigate the certification process in a variety of ways, they are nevertheless subject to its requirements. Indeed, the Commission reviews the case files of sex-change applicants only after they have completed 4-6 month of required supervised therapy. It is composed of the lead psychiatrist (in the meetings I attended, either Dr. Seraji or Dr. Eftekhar), a second psychiatrist (Dr. Salehi), and a supervising case psychologist (Mr. Farzadi, at the time with a MA, pursuing his doctorate in clinical psychology). Every Commission decision must be signed by all three members. In addition to Ms. Mohseni-nia, the indispensable social worker who made the initial case report in the meetings I attended, there were always several other young men and women present -- medical graduates who had chosen to do their specialization internship in psychiatry. They were rarely asked to participate in the proceedings.

The case review began with Ms. Mohseni-nia’s report, followed by questions from various members of the Commission. Farzadi was usually the one who answered these questions, as he had either directly supervised or reviewed each case during the 2006-07 period of my fieldwork. After this conversation, the applicant was called in for one last round of Q&A. Upon the departure of the applicant, the Commission had a summary discussion and decided whether to approve the case and send it to the Legal Medicine Organization of Iran (LMOI) for the final step in the certification process, to require further tests and therapy, or to turn it down.

The Commission’s options to refer an applicant for further evaluation points to the explicitly recognized difficulty of establishing the necessary distinction between the “really” transgender/sexual and others. At the same time, the official range of possible categories is subject to negotiation in practice. For example, I never saw the Commission
exercise the option of turning down an application altogether. Indeed, there seemed to be a general attitude in the TPI and among its affiliated therapists that whether applicants were transgender/sexual or otherwise sex/gender-variant, it was their job to find a socially acceptable “solution for the problem.” If the therapist, after the first few sessions, concluded that the person was “really homosexual,” s/he was sent to a psychologist who worked with homosexuals. As a state-affiliated institution, TPI itself did not provide such services, but several psychologists, including some affiliated with TPI, did work with “really homosexuals” in private practice. One therapist I worked with held separate group and family therapy sessions for each group. For “gays and lesbians,” she said, “my goal is to persuade both the person and his/her family to come to terms with it, to accept it.” This was by no means a dominant view among the fuller Iranian psychiatric and psychological community (a point to which I will return), and it is important to note the relatively greater acceptance of the category of transgender/sexuals at this time in Iran.

For many years prior – including some of my fieldwork period – the scene of who had the last word (before the final hearing and decision of the Legal Medicine Organization of Iran [LMOI]) was haphazard and sometimes treacherous. A transgender/sexual applicant was referred to a psychologist for the required period of supervised therapy (for those who could not afford the more pricey private and usually more friendly psychologists), selected from a number of psychologists affiliated with several public IUMS-affiliated hospitals (such as Rouzbeh and Imam Husayn Hospitals). Many of these professionals were known to be hostile to transgender/sexuals and to oppose the very idea of legal certification. They saw their goal not as “diagnosis” but as “insiraf” [dissuasion], and were opposed to providing a positive recommendation for any applicant. Transgender/sexual activists campaigned tirelessly to put an end to this scene. By summer 2007, all applicants were sent to TPI, known for its trans-friendly professionals, where they either saw one of the two main therapists affiliated with this project (Farzadi and Pahlavani, at the time of my work), or they were sent for therapy to private clinics if TPI could not accommodate new clients.
This was only one of many significant changes that took place during the course of my fieldwork. Along with the shifting religio-political scene, these changes pose a challenge for describing the establishment of trans as a state-approved category in Iran, precisely because the “object” of description does not stand still. Indeed, over the period of my research, TPI itself, first established in 1977, went through many transitions. In summer 2006, its graduate teaching and research facilities, including the main library and the offices of its quarterly publication, Andisheh va rafter [Thought and behavior] were located in a clinical-research complex attached to the University-affiliated Hazrat Rasul Akram Hospital at the newer western developments of Tehran’s exploding metropolis, off Sattar Khan boulevard. At this time, the Commission’s monthly meetings, however, were still held at an old dilapidated building, located at the eastern end of Taleghani Avenue, which also housed the Treatment Unit of TPI; with Non-Medical Therapy (including Family Therapy, Couple Therapy, Group Therapy, Home Visit, Play Therapy, Behavior Therapy, Ergo Therapy, Cognitive Therapy, Hypno Therapy, and Sexology Clinic, which everyone referred to as “the Sex Clinic”) on the third floor. By summer 2007, “the Sex Clinic” had moved to the new complex. Its new location physically consolidated its belonging in the huge growth and modernization of medical education that has happened in Iran over the past decades.

The name of its journal has also changed. Andisheh va rafter began publication in summer 1994 and in fall 2006 its title was changed to Journal of Psychiatry and Clinical Psychology. Dr. Eftekhar explained that the name change was in recognition of

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6 Named after Ayatollah Mahmoud Taleghani (1911-1979), a popular clerical figure, and Tehran’s first Friday prayer leader after 1979 revolution; formerly Takht-i Jamshid (Persopolis) Avenue.

7 According to the guidebook of the Treatment Unit, the Unit had been set up for two purposes: to offer educational services to graduate students in clinical psychology, psychiatry, speech therapy, and ergo therapy, and at the same time to offer treatment services in the same fields as well as psychological tests to clients. Most of the people who go to TU are sent there by various state organizations, such as the Legal Medical Organization of Iran, the Military Service Unit of the Army, and various medical commissions. The guidebook, prepared by Hamid Farzadi, is directed to the interns to teach them how to set up a case file and how to proceed in each case. One section of the guidebook explains the procedure for accepting a transgender/sexual. In addition to the LMOI, transgender/sexuals sometimes go directly to the Treatment Unit of TPI, or are sent there by their own private psychologists in order to initiate a file and get the Commission’s approval for legal certification.

8 When I went there to sit on a Commission meeting in July 2007, I asked Mohseni-nia what she thought of the move. It is a nicer place, she said, but they [meaning the Sex Clinic] had lost their autonomy: “we are now part of the whole complex that deals with all kinds of problems, including drug addiction, etc.”
unfamiliarity (in translation) of the old title to their international colleagues. Concerns about compatibility of scientific practices and procedures in Iran with what is seen as internationally recognized ones have increased since the mid-1990s as the end of war-decade isolation made it possible for more Iranian scientists to participate in their respective international communities. For many medical professionals, the connection with, and the weight of, the international scientific communities are critical for their positioning in relation to their more Islamist-oriented colleagues at home who are more in line with the state-supported movement for compliance of scientific practices and paradigms with Islamic precepts.

The changes at TPI and beyond, influenced as they have been by developments in trans activism, national politics, globalization, international policy, and the Islamic Iranian state, signal the particular instability of any account of the category “transgender/sexual” not only in Iran, but elsewhere as well. The account I offer here therefore deliberately does not aim for coherence, following some threads that do not necessarily lead to a clear outcome or may have an importance in the future that they do not have today, while attempting to describe the formation of the category of the “transgender/sexual” in the specific time and place of early-twenty-first century Iran.

**Around and Beyond the Commission**

The requirement that applicants undergo therapy – perhaps better named an evaluation – before being assessed for certification by the Commission, and the Commission’s location in a state-linked psychiatric institution, situate the process of certification in a

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9 Email communication, August 19, 2009.
10 There are huge ebbs and flows in circulations of Iranian professionals with their international colleagues, following the pulse of Iranian political leadership and its attitude to such collaborations. Between summer-fall 2006 and summer 2007, there was a noticeable change: scientists who had been going to numerous international conferences and workshops had become more cautious and some withdrew from previous commitments. These were the months when Haleh Esfandiari, a scholar of the Middle East with Wilson Woodrow Institute in Washington D.C., and Kian Tajbakhsh, an Iranian-American social scientist and urban planner, were imprisoned on charges of fomenting internal dissension. Esfandiari was released in August 2007; Tajbakhsh in September 2007, but he was re-arrested in July 2009 and has been sentenced to a 12 to 15 year prison term. For Esfandiari’s account, see *My Prison, My Home: One Woman’s Story of Captivity in Iran*, New York: Ecco, 2009.

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psychological or psychiatric discourse of mental health and pathology that works together with a more explicitly legal one. When the Commission decides to recommend an applicant for sex reassignment surgery to the LMOI, the LMOI’s Psychiatric Ward takes charge of the process. The main duty of psychiatrists and clinical psychologists who work under the auspices of this Ward is to respond to judicial authorities’ – such as the prosecutors and the courts -- requests related to case files under judicial consideration. Among the issues that this unit deals with is:

“confirmation of affliction with gender identity disorders and issuance of permit for sex-change in case of those individuals who cannot tolerate their biologic identity as a result of this affliction. Such persons go through necessary medical examinations (physical examination, hormonal tests, chromosomal identification, radiology and sonography, and …), psychological evaluations (necessary tests, family consultation, psycho-therapy, and …), and other necessary stages, at the end of which it is legally declared that there is no impediment from a psychiatric point of view for the said person, because of affliction with gender identity disorder, to go through surgical operation for sex-change. Today all cases of gender identity disorder must obtain official certification from the LMOI.”

This much-sought-after certification is the legal document that opens numerous doors. Not only does the certificate authorize the permissibility of hormonal treatment and sex reassignment surgery, but it also entitles the recipient to basic health insurance (state provided), financial assistance (for partial cost of surgeries and for housing aid), and military service exemption. LMOI also instructs a special court to approve the name change of the certified person (post sex reassignment surgery), which entitles the person to receive new national identification papers.

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11 Sayyid Mahdi Saberi (chief of Psychiatric Ward of the Legal Medicine Organization of Iran) and Mohammad Reza Mohammadi (Chair of Department of Psychiatry, Tehran University of Medical Sciences), Nigarishi nau beh ravanpizishki-i qanuni [A new look at legal psychiatry], Tehran: Taymuzadeh, 2005, pp. 14-16; quote from p. 16. Surgical operation for sex-change is translated into English as Sexual Reassignment Surgery in a footnote on p. 48. The assignations in parentheses after authors’ names, and ellipses in lists, are in the original.

12 Once the LMOI confirms that a person has changed sex, a court ratifies that confirmation and orders the Registry [of Ahval, of birth and other life events such as marriage, divorce, children, and finally death] to issue a new book of identification, in which the old name is not recorded, only there is a clause in the
Before sitting down next to Dr. Seraji, I look around the room. On one wall there is the jointly-framed portraits of Ayatollahs Khomeini and Khamenei – a very familiar sight in all state buildings and many private businesses. [Figure 1.1]

There is another portrait on an adjacent wall, one of Freud. [Figure 1.2]

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explanatory page of the new booklet saying this person has changed name. None of these have been simply state handouts. Countless hours of lobbying by trans-activists have been put into getting every single one of these changes. When I was doing research in 2006-07, literally things would change almost day by day. Nor can any of these gains be taken for granted; various state, medical, and religious authorities have their own agendas. At times, some of these overlaps with the transgender/sexuals’ agenda. At other times, there is conflict, which the activists have opted to pursue by finding allies within various government institutions and learning how to play one against the other. Transgender/sexuals have become incredibly skilled at this game. I will return to these issues in chapter 6.

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As jarring as the close proximity of these three patriarchs may be for me at first sight, it is precisely the coming together of politico-religious authority with the scientific authority of psychology that has enabled the sorting of different categories of sex/gender variant persons, including the “filtering out” of transgender/sexuals from non-transgender/sexuals. So too, the present legitimated legal subject position of transgender/sexuals that is obtained through the certification process has been made possible through the post-1979 coming together of bio-medical and psycho-sexological discourses with Islamic jurisprudential [fiqh] rulings that together establish the legal legitimation of the transgender/sexual subject on the basis of that same sorting system. So too, the present legitimated legal subject position of transgender/sexuals that is obtained through the certification process has been made possible through the post-1979 coming together of bio-medical and psycho-sexological discourses with Islamic jurisprudential [fiqh] rulings that together establish the legal legitimation of the transgender/sexual subject on the basis of that same sorting system.13

While each of these discourses has its own genealogical formations (see chapters 2 and 3), they were brought together by bureaucratization and institutionalization of Islam and Islamicization of professional and civil domains in post-1979 Iran.14 In the process, fiqh has become highly specialized and acquired a disciplinary shape15, while modern state rationalization has been painted over “with Islamic green.”16 This process was partly launched under the title of Compliance [intibaq] (with Islam).17 The consolidation of

13 However, the neighborly presence of Freud can be misleading. He is there more as a general respectable father (of psychology) rather than as what many may associate with his name, namely psychoanalysis. Psychoanalysis has never found much resonance in Iran. The dominant subfield of psychology in Iran, reflected in the former title of its flagship journal, Thought and Behavior, has been behavioral psychology – an Iranian transplantation of American behavioral psychology.


15 As Adelkhah has noted, religious education, for example, has increasingly taken a school and university shape. It is now more and more carried out “in buildings that are differentiated from sacred buildings, unlike the hozeh and madreseh of earlier times, and are laid out according to Western-type arrangements (classrooms, lecture and reading rooms, tables, chairs, laboratories, etc.); it lays down precise criteria for admission, for example criteria of age, marital status, military service and level of education, and often a contractual commitment; it involves regular assessment by examination; it can be given full-time, part-time or by correspondence according to the pupils’ preferences and means; it deals at the same time with Islamic matters, themselves more and more specialized, and extra-Islamic disciplines (foreign languages, sport, etc.).” Being Modern in Iran, pp. 113-114.

16 Adelkhah, Being Modern in Iran, p. 38, though I would argue that the paint-over metaphor could be misleading; much more complicated transformations have taken shape in that process, some of which indeed Adelkhah brilliantly analyzes in her book.

17 The administrative changes that concern the topic of this book included legal reconstitution of Ministry of Health, Healing, and Medical Education (law passed in 1985, further modified in subsequent years), legal reconstitution of the Legal Medicine Organization of Iran (1993), and legal reconstitution of the Medical Council of Iran, renamed the Medical Council of Islamic Republic of Iran (1996). See Maziar Ashrafian Bonab, Zaruriyat-i pizishki-i qanuni (title translation on back page: Essentials of Forensic Medicine), with introductions by Dr. Faramarz Gudarzi and Hujjat al-Islam Zikrallah Ahmadi, Tehran:
transgender/sexual as an acceptable category of personhood and embodiment also emerged through this process. More specifically, through Compliance of medicine (including psychiatry and psychology) with Islam, transgender/sexual became an object of concern for the post-revolutionary Islamic Republic of Iran [IRI].

**Compliance with Islam Project: Fatwas and their state-legal effects**

Before the 1979 revolution, and before the consolidation of the IRI in the 1980s, the scientific community was neither aware nor generally concerned with Islamic rulings on medical matters, including the issue of transexual/gender treatment. By the early 1970s, its perception of transexuality had become firmly shaped by behavioral psychology’s gender-sexual dimorphism. In this by-now-familiar style of reasoning, a determinate relation among gender identification, gender role behavior, sexual desire, and subjective gender identity was envisioned for each and every body.

By the mid-1980s, however, it became clear that the bio-medical and psycho-sexological sciences needed to present their reasoning about transgender/sexual matters in a different style – painted with a “green brush” -- to be able to interact with legal authorities when so needed. With the establishment of the Islamic Republic of Iran, all social and cultural

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Taymurzadeh, 2001, pages 278-286, 365-366, and 355-360 respectively. Note the double introductions by a medical doctor and a scholar of fiqh. A series of legislations, concerning procedures for medical examination of persons subject to army conscription and grounds for issuing exemption from service were passed in 1989, Ashrafian Bonab, Zaruriyat, pp. 413-429. The army conscription law is currently under revision, as part of which transgender/sexual exemptions are expected to be moved from current Article 32 – mental and neurological diseases – to glandular disorders – currently Article 30. This change has been lobbied for by transgender/sexual activists for many years. Article 32 exemptions are referred to as red exemptions, because becoming marked by mental disease makes one virtually unemployable. On the other hand, glandular diseases are considered benign by employers. Homosexual men have also been receiving military exemption under article 32. The shift, from some MtF transgender/sexual activists’ point of view, thus has the additional value of setting them further apart from male homosexuals. This issue, I will discuss more fully in chapter 6.

18 For instance, Dr. Mehdi Amir-Movahedi, a prominent gynecologist and a highly regarded specialist in uterine surgeries, intersex surgeries, and vaginal construction for women who were born without or with very restricted vaginas, emphatically stated that no one in the medical community in Iran knew about Ayatollah Khomeini’s ruling (in the mid-1960s) that sex-change was permissible. In the 1970s, he had served on the Board of Directors of the Medical Council of Iran, which in 1976 ruled against permissibility of sex surgeries, except for the intersex, on moral and medical grounds. (More on this episode in chapter 5.) He said, “If we knew of this ruling, perhaps our decision would have been different.” (Interview, December 2007)

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phenomena, from the media to the educational system and beyond, came under the critical ideological scrutiny of the new republic. Indeed, the new republic took shape through these very practices of reconstructive scrutiny. Within the domain of medicine and psychology, this scrutiny was initially focused on problems ensuing from the mixing of the sexes that transgressed rules of looking and touching [ahkam-i nazar va lams]—these issues formed the primary concern of the first nationwide Congress of Compliance, held in Tehran in 1995. Organized by the High Council for Compliance of Medical Matters with Precepts of the Holy Law (established in 1994 within the Under-secretariat for Student, Cultural, Legal, and Parliamentary Affairs of the Ministry of Health, Healing, and Medical Education [HHME]), the Congress was overseen by a Scientific Committee that included eight ayatollahs, five hujjat al-Isilms, and forty doctors, including Dr. Marzieh Vahid-Dastjerdi (at the time a member of the parliament, appointed by Ahmadinejad as minister of HHME in September 2009). The Council was itself the outcome of several initiatives organized to address medical compliance with Islamicization launched in the 1980s, including a seminar held in Mashhad (1989) on the subject of Islamic Perspectives in Medicine, and the International Congress on Medical Ethics in Tehran (1993).

Most significantly, with regard to the centrality of gender mixing in the discussion of medical compliance, Ayatollah Khamenei’s address to the HHME minister and the members of Scientific and Executive committees in the evening before the Congress (when he had granted them an audience) was fully and totally centered on the topic: “What we are most afflicted by is the issue of women and men—whether in educational and scientific sectors, or in practical sectors, hospitals, clinics and the like—this is a very important work that you brothers and sisters have begun.” Papers presented at the congress covered various aspects of separation of sexes in medical practice and education.

19 Proceedings of this congress have been published in three volumes: Javad Tavakkoli Bazzaz, ed., Majmu`eh-i maqalat-i avvalin kungireh-i sarasari-i intibaq-i `umur-i pizishki ba mavazin-i shar`-i muqaddas [Collected papers from the first nationwide congress of compliance of medical matters with precepts of the holy law], Tehran: Taymurzadeh, 1998. After the first Compliance Congress, local conferences were held in several provinces, including Mazandaran, Bushihr, and Fasa. A second congress was held in Tehran in March 1997.
20 Tavakkoli Bazzaz, Majmu`eh-i maqalat, volume 1, p. 2.
so that rules of looking and touching could be observed, and a few were devoted to discussing some of the contemporary issues that needed Islamic guidelines, such as abortion, infertility treatment, family planning and contraception, and surrogate motherhood.\textsuperscript{21}

While in the Congress, the focus of compliance concerned medical practice, psychological matters were also included. In fact, transgender/sexuality was raised among the various contemporary issues in one of the papers -- written by a psychologist, Mustafá Najafi.\textsuperscript{22} Najafi raised the challenge of a transgender/sexual living as the other sex/gender over a long period of time in order to ensure that the person could really adapt to the opposite sex/gender, as was done in other countries. He asked, “Is this possible at all in our culture and in our shar‘?” (p. 126) and concluded that psychologists faced these sorts of problems on a daily level and needed authoritative and uniform standards for dealing with them.

In the end, the scope of the actual implementation of policies and practices for ensuring compliance in medicine remained limited. After the second nationwide Compliance Congress (1997), in April 1998, Marzieh Vahid-Dastjerdi, then a member of the parliament, helped draft a proposal for sex-segregation of all medical services.\textsuperscript{23} The plan was vehemently opposed by doctors and health professionals and was eventually abandoned on grounds of expediency (not enough female doctors and specialists and


More recently, couples in which one partner is a post-op transexual have turned to the use of surrogate parenthood. For the Interdisciplinary Seminar on Surrogacy, October 24-25, 2007, see http://surrogacy.avesina.ac.ir/index.htm. The seminar was organized around six panels: legal, psychological, medical, fiqhi, philosophical, and sociological. Before the wider availability of these technologies, aside from adoption, some married MtFs would allow their husbands to contract temporary marriages with the condition of taking over the ensuing child for the couple.

\textsuperscript{22} Mustafá Najafi, “Ravanpizishki va intibaq” [Psychiatry and compliance], Tavakkoli Bazzaz, Majmu’eh-i maqalat, volume 3, pp. 123-127.

\textsuperscript{23} Currently Minister of Health, Healing, and Medical Education, she served as a member of parliament for two terms (1992-96 and 1997-2001).
male nurses) and cost of radical separation, including establishment of separate hospitals for women and men.\textsuperscript{24}

Regardless of the failure of legislation and abandonment of the stated long-term goal of the project, however, the broader process of Compliance ultimately provided for the possibility of legal consolidation of status of transgender/sexuality, through a combination of fiqh [Islamic jurisprudence], medico-psychological discourse, and the political activism of transgender/sexual groups: after several years of lobbying by a number of transgender/sexual activists (see chapter 6), on 9 October 1987 the LMOI sent a query to the Legal Office of Ministry of Justice asking for clarification on the legality of sex reassignment surgery (SRS). The Ministry’s response, based completely on various sections of Ayatollah Khomeini’s \textit{Tahrir al-wasilah}, rather than on any particular article of the law, stated that sex (re-)assignment surgeries were legal whether on the intersex or on transgender/sexuals, though detailed legal provisions had not yet been worked out as to how to deal with effects of sex-change in terms of laws of marriage, divorce, child custody and other similar issues.\textsuperscript{25} Over the next decades, the development of detailed legal and medical procedures on transgender/sexuality became a celebrated show-case of achievement of Compliance of medical and legal concepts and practices with those of fiqh.

\textbf{Specialization of Fiqh}

Not only were official bodies established for the Compliance project, and not only were various seminars and congresses held to articulate long-term aspirations and medium-term guidelines for Compliance, but religious scholars began to also systematically publish highly specialized tomes on medical matters [masa’il-i mustahdis-i pizishki]. Previously, discussion of such issues would be embedded within relevant sections of

\textsuperscript{24} For Vahid-Dastjerdi’s response to a question asked about possible re-introduction of the earlier project, now that she is Minister of HHME, denying any plans for its implementation, see \textit{I’timad}, 9 September 2009, p. 10.

\textsuperscript{25} This exchange of letters is reproduced in chapter seven, “Sex-Change from the Perspective of Iranian Law,” of Hujjat al-Islam Karimi-nia’s in-progress-dissertation (pp. 184-186). I am grateful to him for giving me a manuscript copy of this chapter.

Chapter 1/ Afsaneh Najmabadi/16
Tauzih al-masa’il genre (usually as appendices, when it came to specific novel issues, such as artificial insemination). Now fiqh [Islamic jurisprudence] became specialized and took “disciplinary” shape, including the publication of a large number of books dedicated to doctors and health care professionals. By 1999, a published bibliography of this growing literature covered 586 entries, including sections on population control, abortion, insemination, sex-change and genetic modifications, brain death, euthanasia, dissection, and organ transplants.

When it comes to sex-change, as it is with many other issues, there was – and is – no unanimity of opinion among fatwa-issuing Shi‘i scholars in Iran. All consider surgeries on the intersex permissible [because it brings out “the hidden sex” of the body]. Some explicitly argued against non-intersex sex reassignment surgeries, while others expressed doubt about its permissibility, or simply did not take a stand, and some have changed their opinion over the years. Given the politico-religious stature of Ayatollah Khomeini,

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28 The website of Gender Identity Disorder Organization of Iran [http://www.gid.org.ir/main_f.htm] has a section that lists the opinion of all major top religious scholars; including Khomeini, Khamenei, Sani‘i, Fazil Lankarani, Makarim Shirazi, Musavi Ardabili, Khau’i, Gulpaygani, and Tabrizi. In addition to published tauzih al-masa’il-type books, many of the ayatollahs now have web-sites, which houses their writings and through which they receive questions from their followers and offer answers.
29 For instance, Ayatollah Sani‘i’s earlier position permitted surgeries only in the case of the intersex. Ayatollah Sani‘i Istifta‘at-i pizishki [back page title translation: Medical decrees], Qum: Intisharat-i Maysam Tammar, 2006 (ninth printing of second edition, first printing 1997), pp. 124-125. His current website, however, has a somewhat modified position in which he does not rule out sex-change for transgender/sexuals in absolute terms, stating that in itself one cannot say that sex-change is forbidden, but emphasizes that, if not in all cases but in most cases, he would consider it forbidden “as it causes numerous problems and disorders.” [http://saanei.org/?view=01,00,00,00,0#01,05,13,87,0, last visited September 9, 2009]. There is a similar ambiguity in the published ruling of Ayatollah Khamenei [Risalah-i aubat al-Istifta‘at (Persian translation by Ahmad Riza Husayni), Tehran: Intisharat-i Bayn al-Milali-i al-Hudá, 2005 (ninth printing, 2001), p. 306] compared to his more explicitly permissible position as reflected on GID-Iran website.
many authors also opted to structure the rulings of various sources of emulation in relation to those issued by Khomeini.\textsuperscript{30}

But regardless of these differing stances, or the Shi‘i scholars’ deference to Khomeini, it was the overwhelming weight of Ayatollah Khomeini’s own fatwa that translated into law. This weight cannot be understood as a matter of religious authority; it was an authority derived from his unique position as leader of the most massive revolution in late-twentieth century.\textsuperscript{31} While the Iranian constitution has codified the position of the supreme faqih as the pinnacle of power, only Khomeini in fact had the combined religious and political authority that would translate his fiqhi opinion into law.\textsuperscript{32}

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\textsuperscript{30} A good example of the genre is Hadi Hujjat and Muhammad Hadi Tal’ati, compilers, \textit{Ahkam-i pizshkan va mashaghil-i marbut beh pizishti} [back page title translation, Islamic rules of physicians and medical matters], prepared by Scientific-Cultural Association of Kirman National Library, Department of Islamic Knowledge, published by Qum: Bustan-i Kitab, 2006 (fourth printing [1996]). In this volume, rulings are taken from Ayatollah Khomeini’s Arabic \textit{Tahrir al-wasilah}, with additional rulings (where differences pertain) from rulings issued by Ayatollahs Gulpaygani and Araki. The rulings on sex-change appear on pp. 47-48.

\textsuperscript{31} Here lies also the significance of re-issuance of his fatwa on permissibility of sex-change after the revolution. Unlike the earlier opinion issued in the 1960s, which had gone largely unnoticed, the mid-1980s ruling became productive of state law. Today, even though Ayatollah Khamenei is the Supreme Leader, the weight of his religious fatwas is no different from those of many other grand ayatollahs of similar rank. The Compliance of all legislation with Islamic concepts is supervised not by him but by the Council of Guardians.

\textsuperscript{32} Even with Khomeini’s unchallenged political authority, his fiqhi views are narrated in a manner that makes room for non-conforming views. In Hujjat and Tal’ati’s compilation, \textit{Ahkam-i pizshkan}, after reproducing Khomeini’s questions 1 and 2 (in Persian), the compilers conclude, “changing sex through surgery in either case is \textit{prima facie} [zahiran] not forbidden.” (p. 47) The emphasis is in original. The expression, \textit{zahiran}, in distinction from \textit{mashhur}, indicates an opinion that is not dominantly shared among scholars, but it is “the immediately apparent” position. Its usage emphasizes the space for disagreement and dissent, in this case even with Khomeini. [See Roy Mottahedeh’s introduction to Muhammad Baqir as-Sadr, \textit{Lessons in Islamic Jurisprudence}, tr. Roy Mottahedeh, Oxford: Oneworld, 2003.] Opinions of only two scholars are systematically covered in this particular compilation. Gulpaygani is not quoted any rulings on sex-change surgeries except confirming its permissibility for the intersex (p. 122), Araki similarly confirms that permissibility but on changing sex otherwise he is quoted as prudently saying that “there is a problem/objection there” [mahhal-i ishkal ast]. (pp. 122-23) The issue continues to be one in which there is no unanimity. As recently as May 8, 2008, a full seminar was devoted in Mufid University in Qum to the topic of “Sex Change,” in which Hujjat al-Islam Qa’ini presented a lecture about sex-change as “one of the recent topics that have preoccupied the minds of many in our society.” Largely skeptical of the medical profession’s claims that the real sex of a person could actually be changed, Qa’ini reviews the usual two categories of determining/bringing out the sex of a khunsá mushkil (which he considers possible with medical advances), and changing sex of a person. On the latter, he says that those who approve do so on the ground that whatever has not been forbidden is allowed, unless one can show why it ought to be forbidden. Those who oppose do so on the ground that changing what God has created is a satanic scheme of things. This is, as we will shortly see, an explicit polemic against Hujjat al-Islam Karimi-nia who argues that such prohibition has pertinence only to changing the nature of a person as human (for instance, to another
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Khomeini’s ruling in *Tahrir al-wasilah*, appears under a section on “The Examination of Contemporary Questions,” within which a subsection is devoted to “The Changing of Sex.” In this section, in the familiar responda style of Q and A, ten problems are covered. Questions 1 and 2 deal directly with permissibility of sex-surgeries for transgender/sexual and intersex persons. Subsequent questions cover particular effects of change, such as the status of a person’s marriage after the change. Question (and Answer) 1 reads:

The prima facie [al-zahir] view is contrary to prohibiting the changing, by operation, of a man’s sex to that of a woman or vice versa; likewise, the operation [in the case] of a hermaphrodite is not prohibited in order that s/he may become incorporated into one of the two sexes. Does this [sex change operation] become obligatory if a woman perceives, in herself, the inclinations which are among the type of inclinations of a man [lit. the root/origin inclinations of a man], or some qualities of masculinity; or if a man perceives, in himself, the inclinations or some qualities of the opposite sex? The prima facie view is that it [sex change] is not obligatory if the person is truly of one sex, and changing his/her sex to the opposite sex is possible.

The double negative in the first sentence, “contrary to prohibiting,” and the concluding “not obligatory” are the critical terms that have defined the dominant views among top Iranian Shi‘ite scholars and most importantly have defined the legal procedures for gender/sex reassignment. From the point of view of transgender/sexuals, this conceptualization has opened up the space for acquiring the certificate of transgender/sexuality without being required to go through any hormonal or somatic changes if they do not so wish. This continues to be a subject of much contestation.

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33 Ayatollah Ruhallah Khomeini, *Tahrir al-wasilah*, Najaf: Matba‘at al-Adab, 1967 or 8 [1387 AH] in two volumes; contemporary questions section [al-masa‘il al-mustahdithah], volume 2, pp. 753-755. *Tahrir al-wasilah* was apparently written in 1964-65, during the first year of Khomeini’s exile to Bursa, Turkey. It was published only after his move to Najaf in late 1965. I am grateful to Maryann Shenoda for translation from Arabic of this section of *Tahrir al-wasilah*, which I have slightly modified.
between transgender/sexuals and various state authorities. Legal and religious authorities know fully well that many certified transgender/sexuals do very little, beyond living transgender lives, once they obtain their certification; at most they may take hormones. As Dr. Saberi of LMOI put it, “These patients [transgender/sexuals] can easily draw circles around us and play games with us.”

In his interview with me (June 2006), he was more specific: “Some of these people got their physician’s recommendation and then went around and did anything they felt like it. There is this fellow who eight years ago got the certification for GID, s/he got involved with the law and they brought her/him here. For eight years s/he has lived as a homosexual [pronounced as such in Persian] and has engaged in same-sex-gaming sexual behavior [RAFTARHA-YI JINSI-I HAMJINSBAZANEH]. S/he even makes a living from this work, but hasn’t operated, doesn’t even cross-dress, only uses make-up, in a style that anyone who looks at her/him would recognize this person is homosexual.” While the authorities do not like this situation, they cannot overrule Khomeini’s double negative, which has now become accepted by a large number of senior scholars of fiqh. Khomeini’s overwhelming and exceptional political authority has over-ruled even his own cautionary “prima facie.”

It is important to note that while Khomeini’s fatwa has become the basis for securing some of the rights they seek, some transgender/sexuals do not consider their style of living -- which Dr. Saberi finds an abuse of law -- an exercise of bad faith. They consider “their living as the other sex/gender” an enactment of “their true sex/gender.” In that sense they see their status no different from the intersex person whose “true sex/gender” has been determined. Indeed, Question 2 in the section “the Changing of Sex” of “the Examination of Contemporary Questions” in Tahrir al-wasilah states, “For if it is known that he is a man, then that which is incumbent upon men is incumbent upon him and that which is prohibited to him is that which is prohibited to them [men] and the same is the case for women.” This resonates with the sense of gender/sex within which many sex/gender variant persons configure their relationships and practices. Maryam Khatun Mulk-ara’s answer to a reporter, Hamid Riza Khalidi, about her marital life, for example,

articulates this perception. Khalidi asks, “Have you been married?” “Yes, twice,” she answers. “How could it be? You were still a man…” Mulk-ara responds: “Look, the shar‘i rule for us in this respect is exactly similar to the rule for a woman who may face some difficulty concerning her marriage, but doesn’t say anything to her fiancé or spouse until the wedding night. When at wedding night, the husband finds out, he could divorce her or accept and live with it. We had the same situation. My first spouse knew about my situation about a year before my operation. We performed the marriage contract [ma ba ham ‘aqdi khvandim].”

Dr. Saberi and Islamic scholars, such as Hujjat al-Islam Karimi-nia, however, think the sentence that follows the one quoted above in Question 2 in relation to the intersex would not permit Mulk-ara’s interpretation, “However, regarding the necessity of changing his appearance and the exposure of what is concealed, it is not obligatory unless some or all of his legal responsibilities depend on the operation and unless it is impossible for him to have prudence with regards to divine prohibitions, then the sex change is obligatory.”

The “double negative” gives certain permissions; yet excludes any practices subject to “divine prohibitions.” This same “double negative” creates multiple conclusions on exactly how this distinction is to be made. Dr. Saberi, for example, invokes social considerations to disallow “living as the other sex/gender”:

A shar‘i obstacle is one thing, a customary obstacle is another. Just imagine a place for women, let’s say a hair-dressing salon, where only women are there [by law, only women can work in beauty salons for women] and suddenly you notice someone there, dressed as a woman but is a man. So this will make you upset. In our culture, this is not an acceptable customary practice, to allow someone to live cross-dressed. There will be plenty of private plaintiffs. Someone will come and

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35 Mulk-ara has been subject of numerous interviews and reports, in Iran and internationally, both in print and film, about Iranian transexuals. Born male, and named Faridun, for many years in the 1970s Mulk-ara had lived as a woman-looking male and began to seek religious and medical guidance to change sex. Eventually in 1985, she received an official letter from Ayatollah Khomeini on permissibility of sex-change. She finally sought SRS in Thailand in 2002, though in the intervening years she had lived as a woman under the name Maryam Khatun Mulk-ara. More on her in chapters 5 and 6.

36 I’timad, May 8th, 2005, pp. 7 and 10, quote from p. 10. The hypothetical question she is discussing is most likely the issue of virginity.
file a complaint that she had gone to an all-women gathering and there was a man in women’s clothes there. We will have to find out and explain what is going on, etc. But even so there are certain moral issues that women would be concerned about. Suppose someone notices that his daughter in university is walking with another girl, but actually that girl is a man, only looks like a woman. Well, this wouldn’t be acceptable. So, we cannot issue such permits. … We can’t just say that there is no shar'i obstacle on this issue … we do recommend living for a while in that frame, but only in private gatherings in places where the person is known, with people who know her/his problem. We tell them if they go in public like that and get picked up [by the police] and tell the police that this is a therapeutic recommendation, we would not confirm it …; we can only say you had permission for private gatherings.  

Even a brief review of the responda literature suggests the complexity of fiqh as a source of authoritative judgment – both generally and in relation to transgender/sexuals. The designation of male and female in classical fiqh is distinctly related to observance of subject-dependent rules. These distinctions are not identical to and do not perform the same work as biological sex taxonomies. For instance, a person of ambiguous genitalia can become assigned a “ritual gender/sex” so that s/he would follow the rules of one gender/sex. Yet, the transformation of socio-cultural notion of sex/gender over the past century has brought into proximate identicality the male/female distinction of fiqh with the biological sex taxonomies and social categories men and women. It is this proximity

37 Interview, June 2006. The social-cultural acceptability of such gender-sex mixing is, however, localized within sub-socio-cultural spaces. Houri, a pre-op in-the-habit MtF in her late-twenties, has worked in a women’s hair-dressing salon for several years with no trouble. When in the context of an official meeting with judicial and police personnel, one of the judges asked her about her job and heard her response, he simply said, “I didn’t hear that.” I use “the habit,” (and “going into the habit”) in the sense of clothing, of “a distinctive dress or costume” as dictionaries define it. The reason for this odd translation for libas (and dar libas raftan) is to emphasize the drastic effects of the move because of the state-required, and vastly different, styles of public dress for men and women. The decision “to go into the habit” is particularly transformative of daily life experiences for MtFs who beyond their ordinary plucking of eyebrows and use of make-up would have to wear headscarves and shift to a style of dressing in public that is always under scrutiny by “morality squads” for all women.

that has enabled the convergence of some fiqhi thinking with the bio-medical and psycho-sexological discourse about transexuality. Yet a very important distinction remains. Unlike the latter, fiqhi thought is not invested in etiology; it does not seek the reasons for the phenomenon. It works in a problem-solving mode. The scientific problem-solving has become keyed into finding the causes; for fiqhi problem-solving the causes have no relevance. Fiqhi thought is invested in insuring that all persons act in a manner that does not break the given rules, nor cross what it considers hudud-allah, the bounds set by allah for human behavior.

As Hujjat al-Islam Karimi-nia put it at the Mashhad seminar on transexuality (May 2005), when he was asked by a feminine-stylized person by which entrance s/he should enter the shrine of Imam Riza, the shar‘i rules are subject dependent; when the subject changes, the rule could be different. On certain issues, changing from the category male to female (or vice versa) changes the subject and thus the rules. Indeed, that is precisely how the gendered-ness of daily life becomes produced.

The most sever challenge that fiqhi thinking had classically faced in this domain was when the subject was completely ambiguous, as in khunsá mushkil, for which elaborate set of rules were worked out to deal with the unknowability of the subject’s sex/gender. More recently, the unanimous opinion that the intersex may choose to go for sex-disambiguation surgery offers an alternative to such persons being assigned merely a ritual gender/sex. Such medically possible technologies are welcomed as technologies of transforming doubt and unknowability into certainty.

A more difficult challenge, vis-à-vis “the subject of transexuality,” arises when “the subject” is in transition. How does one deal with “the discordant subject,” with the “lack of correspondence between gender/sex of soul and body,” as Karimi-nia’s concept of transexuality would have it? That is, what ritual gender/sex could be assigned to persons who are called (and often refer to themselves as) bilataklif (in a conundrum), or, as

39 See Sanders, “Gendering the Ungendered Body.”
40 For a discussion of technologies that are used to cover up doubt, see Alice Dreger, Hermaphrodites and the Medical Invention of Sex, Cambridge: Harvard University Press, 1998, pp. 188-192.
Karimi-nia refers to them, as those in barzakh (in the purgatory). Does one go by the gender/sex of the body or that of the soul? Here, transgender/sexual insist on going by the soul. This is how many transgender/sexuals explain their daily living arrangements. It is also what enables their problematic, explicit, and often emphasized disaffiliation from people who engage in seemingly identical sex/gender practices, but who do not consider themselves TS [we are not same-sex-gamers -- ma hamjinsbaz nistim]. Karimi-nia, on the other hand, wary of the intrusion of “same-sex-gaming” that haunts fiqhi thinking on this subject, seems to lean on going by the gender/sex of the body, though at times he has been more flexible. His arguments against permissibility of “ritual” sex/gender reassignment of in-transition persons (or if the person does not desire bodily modification at all) often leans back not on fiqhi rules but, like Saberi, on what consequences such reassignment would have for public order [nazm-i ‘umumi], public chastity [iffat-i ‘umumi], ethical living [akhlaq-i hasaneh], and potential crime [jurm].

Understanding fiqhi thinking on this topic is further complicated by the fact that in responda literature, within the tauzih al-masa’il genre written by ayatollahs, for instance, there is usually no explication of the reasoning that leads to a particular ruling. Such explication usually appears in other tomes, and even more often only in the oral lessons that a scholar holds with his circle of students – future preachers and scholars. As an outsider to Islamic circles of education, I needed to craft my own circle for responda to better understand the development of fiqh on the issue of transgender/sexuals. I headed to Qum to meet Hujjat al-Islam Muhammad Mahdi Karimi-nia, the junior scholar who has devoted much of his recent research and writing to the topic of transgender/sexuality.41

Going to Qum
The highway connecting Tehran to Qum is very straight and on a very flat plain—as if a geo-spatialization of sirat-i mustaqim, the straight path that believing Muslim women and

41 While he has become internationally known for this work, he has other publications, many concerned with international comparative law, such as Hamzisti-i musalimat-amiz dar Islam va huquq-i bayn al-milal [Peaceful co-existence in Islam and international law], Qum: Markaz-i Intisharat-i Mu’assiseh-i Amuzishi va Pazhuishi-i Imam Khomeini, 2004; and Huquq-i bashar va qanun-i asasi-i jumhuri-i Islami-i Iran [Human Rights and the Constitution of Islamic Republic of Iran], Qum: Jilveh-i Kamal, 2006.
men are enjoined to follow in life. Its very flatness and straightness reminded me of Zia’s comment. Zia self-identifies as gay among friends. He is indeed known as gay to a much wider circle. In the weekly meeting of a support group for transgender/sexuals that is held at Navvab Safavi’s Center for Critical Socially-Vulnerable Groups of Welfare Organization [“socially vulnerable” includes largely addicts, but also embraces run-away teenagers, and more recently abused children], Zia, in the presence of a Welfare Organization social worker suggested, “since the culture named us all as deviants [munharif], we possess the power to redefine what that label might mean. Think metaphorically of driving; most people take the straight highway to get where they want to go, but we deviate from the straight path and take some side roads—a much more interesting way to travel than the boring straight highway.”

Like all major urban centers, or perhaps even more than many given its new significance since 1979 as a politico-religious bastion, Qum has grown enormously. Karimi-nia’s office was on the second floor of the Specialization Center in Islamic Law and Judiciary [markaz-i takhassusi-i huquq va qaza-yi Islami]. His education, teaching, and current research offer a prime example of professionalization and specialization of fiqh. While he has received his recognition as a hujjat al-Islam through seminary education, he is currently completing a doctoral dissertation in the Law Faculty at Imam Khomeini Institute in Qum, teaches in Arak University, while carrying out research at the Specialization Center. His dissertation is on transexuality; in particular, putting his Islamic jurisprudential skills to come up with answers for the many daily life questions such as issues of marriage, divorce, child custody, inheritance, etc. – all of which in fiqh are structured around gender/sex of an individual.

In between my meetings with Hujjat al-Islam Karimi-nia and since then, I send him questions in email messages and he patiently answers them. This dynamic of Q&A, at times face-to-face, at times in virtual space, is no different from that which produces the responsa literature, except that I was not a theology student, nor seeking an answer in order to resolve a dilemma of practice. Initially, it seemed that the difference mattered;

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42 He was generous with his time. I met him on three different occasions there in 2006-07.
Karimi-nia was used to reporters and documentary film-makers seeking to interview him. He received me similarly. In our first meeting, that style of reception informed his pronouncements. He began with the same style of formulation and presentation of the problem, and the Islamic response to resolution, of transexuality that I had heard him pronounce in documentaries: that the ground for permissibility of SRS is that it has not explicitly been prohibited in the Qur’an or in the subsequent basic tenets of fiqh, unlike such matters as drinking wine, eating pork, or same-sex-gaming [hamjinsbazi]. He further elaborated that even for such prohibited matters, there is the issue of iztirar: namely, circumstantial necessity. If you are stranded on an island and the only thing that would save you from starvation is a pig, you are allowed to eat its meat, but only as much as it staves your starvation, not for pleasure of eating. So even if some faqihs think transexuality changes God’s creation and it ought not be allowed (a position he argues against by insisting that the surgery does not change the essence of a human being as a human being, but changes only his/her bodily appearance), they should permit it, because in many cases not acting on this leads to suicides of transexuals.

This smoothly articulated sketch is the result of eight years of research and writing, as well as repeated presentations not only to journalists and documentary producers, but also at numerous regional and national seminars on transexuality. In 1999, in a law class, he chose to work on legal and jurisprudential aspects of sex-change for a final research paper. This was his first time ever learning about this topic. The term paper was received very positively by his professor (Razzaqi), who encouraged him to choose this as his dissertation topic -- a work-in-progress at the time of our conversations in 2006 and 2007. The paper was later revised and published. Karimi-nia presented the same paper in the first international congress of Islamic Countries Organization for Forensic Medicine (June 24-26, 2004). That seems to coincide with the period when he began getting

43 Muhamamd Mahdi Karimi-nia, “Taghyir-i jinsiyaat az manzar-i fiqhi va huquqi” [Changing sex from the fiqhi and legal point of view], Ma’rifat, volume 9, No. 4 (October/November 2000): 76-82.
44 The abstract of paper was published in English and Persian in the congress’s program -- made available to me by Hujjat al-Islam Karimi-nia. In the conference papers’ titles [published in the Journal of Islamic Organization of Forensic Medicine, No. 1, no date], it appears as MM Kariminia. “Jurisprudence and Lawful Evaluation of ‘Sex Reversing’” [The journal’s English title]. Another paper was also presented at this conference, SM. Karrazi, “Sex Change Operation.” Two more related papers were presented in the
invitations for other seminars in Iran and was approached by national and international media for interviews. He has since become a regular requirement of such conversations.

Karimi-nia’s Ma’rifat article begins with a presentation of physiological differences of male and female (chromosomal, etc.) bodies, then reviews the fiqhi literature on the khunsá [hermaphrodite], bringing the bio-medical concepts in conversation with the religious discourse on this topic. He finally concludes that, “It seems that it is preferable to think in terms of ‘reforming/correcting sex’ rather than ‘changing sex,’ since according to some physicians sex-change in perfect men and perfect women who suffer from no deficiency does not exist and is impossible. The only thing that takes place in surgical operations in this field concerns the kind of khunsá who has both kind of genitals, so that one set is eliminated and the other strengthened.” (p. 77). This is very much in line with what many physicians had insisted upon since the 1940s in Iran (as we will see in the next chapter). Some still do hold this position.

Within a short few years, Karimi-nia changed his position radically. As he became deeply invested in studying this topic, he worked closely with doctors and psychologists and through them began to know many transexuals closely. Soon he became known, in part through several international and national documentaries as well as Iranian news coverage of this topic, as a trans-friendly cleric. Many practicing Muslim transexuals from all over Iran regularly consult with him on their options.45

45 Karimi-nia regularly participates in seminars and workshops held in Tehran and in provincial capitals to familiarize the medical, legal and law-enforcement authorities with transexuality. He also teaches classes on law in special workshops for members of the police and other law enforcement personnel. This covers the topic of family law and in that context he discusses the intersex and transgender/sexuals, in order to “indirectly make them understand that when they see someone with non-normative [ghyar-i muti’arif] behavior they should not judge quickly and be provoked by it. I show them the BBC documentary; their perspective on this issue changes enormously.” (Interview, June 2007)
As a novice in “asking questions,” I neither had a journalist’s experience, nor the status of a theology student; I did not have the confidence of either entitlement. Cautiously, I started with “safe” questions, “Are transgender/sexuals permitted to live as ‘the other gender/sex’?” For certified transexuals [pronounced in Persian as in English], he said, “it is permitted to live trans-dressed [mubaddal-pushi], so long as the purpose of such cross-dressing is to cure their condition and get better, and that they do not engage in same-sex-gaming.” This is from the point of shari‘, he emphasized. From a legal point of view, “the legal certificate is not specific, though some transexuals have shown me letters [from LMOI in provincial capitals and from some other local authorities] giving them permission to trans-dress. The letters are meant to prevent the police from harassing them. Such permissions are transitional, for transexuals to have a chance to reflect over their situation; LMOI cannot give someone a permanent permit. Should a general permit be issued for living in the opposite sex’s ‘habit’, all hell would break lose [literally: not a stone would stay put on another [sang ru-yi sang band nakhvahad shud]].”

When he agreed that certified transexuals are permitted to live transgendered lives in every way but having sex with someone of their own bodily sex -- another case of “filtering” --, I pushed his argument of circumstantial necessity to ask if having sex with someone of their own bodily sex cannot be permitted in such cases as a matter of necessity. He categorically rejected this argument: “having sex is not a need the lack of satisfaction of which would be life-threatening.” But as he knows, I pushed from a different direction, “transexuals consider themselves to be the other sex.” This is after all how Mulk-ara had explained to the reporter of I’timad her long years of pre-op conjugal life. Karimi-nia was unimpressed: “in Islam categorical sex is bodily sex, determined by the genitals. The medical sciences have other grounds as well, such as chromosomes; that may be helpful in disambiguating the intersex, but for the purposes of religious law it is the apparent sex of the body that counts.” “What counts” refers to how sex-gender categories determine various fiqhi obligations – rules to live by for a pious life – for males and females, as pointed out above. Now I drew an argument from a text by Dr. Kahani of the LMOI and his colleague Peyman Shojaei, in which they note that in several

46 Interview, June 2006.
countries, the authorities have given up trying to control and reduce “this problem” and instead have opted to change their old “sexual ethics” and treat people afflicted with GID through satisfaction of their sexual, emotional, and psychological needs by their own sex. By changing their laws and allowing same-sex-gaming, they have attempted to solve this problem. Kahani and Shojaei referred to this as jism-darmani [soma-therapy]. Since he allowed cross-dressing [mubaddal-pushi] as a measure of “cure” – even though ordinarily mubaddal-pushi is considered prohibited -- I asked Karimi-nia, why he would not authorize jism-darmani as a “cure,” meaning for transexuals to engage in what may look as same-sex sex, but which in their case is not so. He did not believe that jism-darmani works as a cure. At this point I expected to hear Islamic jurisprudential arguments about “the people of Lot” and their condemnation. But after a pause, Karimi-nia offered the example of a woman from Shiraz who had recently come to visit him. “She called me from Shiraz. She says she has a child from her marriage many years ago. When her child was two years old, her husband died. She says she had always considered herself a man. I asked her how could she have considered herself a man if she got married as a woman. She says, ‘I thought I had an active role even in that relationship.’ After her husband died in an accident, she and her two-year old started living with another woman so that she would not be alone. They have lived together for the past twenty-three years. I asked her if they had [sexual] relations. She said, ‘yes, I have had relations with this woman.’ So you see, for twenty-three years she has been a same-sex-gamer and still her problem has not been solved. She had gone to Zamani [Dr. Mirjalali’s assistant; Mirjalali is by far the

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47 Ali Reza Kahani [Clinical Forensic Specialist, Member of GID Committee (of LMOI)] and Peyman Shojaei, Ikhtilal-i hauviyat-i jinsi (GID); digarjinsiyat-ju-ha (TS) [Gender Identity Disorders (GID): Transsexualism – book’s own title translation], Tehran: Taymurzadeh, 2002. This argument appears on p. 54 and indicates that at least in this segment and despite previous pages that had attempted to demarcate transexuality from homosexuality, here they are collapsed onto each other. The book begins by explaining transsexualism as a development failure, in which the person’s socialization into gender roles has failed to become aligned with the biological sex category. As such, it is argued that it ought to be recognized as an illness. Correspondingly, there is an emphasis on how parents’ correct attitudes to their children could be preventative [pishgiri] and how if they carefully kept their children and their growth and development under observation and acted quickly when they observed something amiss, the problem could be prevented at a very early stage, even before the kid started school. (p. 52) Developmental failure has become by far the most popular concept of transexuality. The book, however, is more nuanced; after reviewing various theories of physiology, psychology, and sociology, it concludes that it is not possible to know for certain what causes the condition, though it weighs more heavily on the impact of socialization, in particular early childhood upbringing, as the most likely reasons. Distinct from these developmental models, Karimi-nia’s createdness of the disparity between the gender/sex of soul and body does not need to find a cause; it is centered on how to deal with the fiqhi effects of such creation in practices of daily life.
most (in)famous SR surgeon in Iran] and he had told her that they could change her sex and this will solve her dilemma. She had talked about it with her partner who had accepted it and had said that they could then have a shar‘i marriage. Now she wanted to know if that is permitted in shar‘. So you see even doctors do not think same-sex relations solve a transexual’s problem.”

“But then, doesn’t that depend on one’s concept of cure [shafa]?” I asked. “That way” she had lived a content life for the past twenty-three years, is that not shafa? No, Karimi-nia strongly objected, “that would be condoning sinful prohibited practices as a necessity. Transexuals have a disparity between their body and soul. The only shafa is to remove this disparity, since we cannot change people’s soul, we can bring their bodies in line with their soul. This is permitted but not required. If a transexual can live without committing sins, s/he doesn’t have to go for bodily changes. It is a permissible option, not required.”

Karimi-nia’s proposition on permitting provisional transgendered living comes under pressure not only by the uneducated public, but by the legal authorities, as noted earlier, who are aware that people get their certificates in order to live legally-sanctioned sex-gender variant lives. Karimi-nia shares this anxiety of the authorities, but from a fiqhi direction. The courts, NAJA [Police Force], and the LMOI have been working hard to close this loophole. In May 2007, another seminar was held in Iranshahr Hospital to discuss how what LMOI and Karimi-nia consider abuse of the system could be eliminated.

Karimi-nia insisted that the permission for sex-change was conditioned by two points: that it must be an issue of iztirar (zarurat) – absolute necessity-- and that it must be real not apparent (haqiqi not suvari or zahiri) – which he interprets as meaning that sex-change must be required to be completed. But here fiqhi caution cannot sanction legal closure: what is permitted [halal] cannot be made into required [vajib] short of a fatwa issued by a mujtahid who has complete hegemony over jurisprudential opinion. In Iran’s recent past, only Ayatollah Khomeini enjoyed such unchallengeable politico-religious
authority. Since his death, no one comes anywhere close to him. The many ayatollahs do not even agree on the permissibility issue (though their opinion does not have any legal consequence since Khomeini had determined that permissibility), much less turning it into a requirement. This situation continues to allow a domain of murkiness for living non-hetero-normative lives. The closest the authorities have come to attempt to tighten the regulations concerns the timing of issuing new name-changed shinasnamehs [books of identification]. Many transgender/sexuals, especially FtMs, apply for new identity documents after the initial operations, referred to as takhlieh, “emptying out.” They obtain letters from surgeons certifying that they have done their SRS; sometimes courts have required bodily examination, something that transgender/sexuals have found humiliating and resisted. This also raises a problem from a fiqhi viewpoint: if a transexual has had only a partial “emptying out” operation, who should bodily examine him/her? In the case of a dead khunsá mushkil, for instance, Karmini-nia explained, the body has to be washed fully clothed – contrary to all other dead bodies that ought to be ritually washed naked by a person of their own sex/gender. But examination with full clothing would defeat the very aim of bodily examination of a transexual. Now codified legally, the courts have been instructed to accept physician certification.

The attempt to refuse new documents till completion of reconstructive surgeries has also created vehement reaction because of the state of surgically skilled professionals available in Iran. In particular, many FtMs opt not to go for reconstructive surgery at all or do so only partially. Moreover, a common concern both for FtMs and MtFs is financial. Except for those from well-to-do and supportive families, it is simply not possible for most transgender/sexuals to do all the various surgeries in a short span of time; often they space it out while saving money for the next stage. While the government gives partial financial aid to transgender/sexuals, the subsidy covers only a fraction of the costs. Unless the government would be willing to cover total cost, the legal requirement would be unenforceable – something that has prevented the government from introducing it. Hanging over this dispute is the fact that the government cannot be seen to enforce something that many Islamic jurists disagree with, something that cannot be considered a religious requirement, nor is it a matter of “expediency for the state.” It is
this complicated imbrication of considerations of state and requirements of religion that provides negotiating and resisting spaces for transgender/sexuals.

In my third meeting with Karimi-nia, I heralded these arguments to point out to him that the full process can take years, that many transgender/sexuals for financial reasons cannot complete the process very speedily and their period of in-between-ness may last years; restriction of a time period for full transition and withholding of legal changes would cause enormous hardship. He was strongly taken aback by this suggestion, as if he had not thought about it. At times, I got the impression that his jurisprudential training makes him think of all matters as fiqhi problems to be solved through the learned style of fiqhi reasoning, rather than thinking through the implications for living individuals involved.

After a short pause, he suggested that during transition years, they must live according to the rules of ihtiat [caution] that govern the mamsuh -- people who lack genitals. I asked what about a man that in war or in an accident loses his penis? That is different, he said, he can’t get married of course, but since he was known to be a man, if he was already married, he does not have to annul his marriage. But a FtM without phalloplasty can live as a man but is not allowed to get married. “That is our fiqhi rule, and this is accepted by 80 to ninety percent of medical scientists as well, milak-i jinsiyyat barmigardeh beh alat-i tanasuli [the criterion of sex/gender references sexual/reproductive organ].” When I pointed out to him that then this meant FtMs with full beards would have to dress in women’s clothes and live as women and that would pose enormous hardships for them, he reflected thoughtfully and said it had to be worked out more carefully. But, at least for the moment of our exchange, he insisted that the regulations about the khunsá should be applicable to in-between people. This may be a valid fiqhi position, but many transgender/sexuals simply do not care for that level of shar‘i compliance. As one FtM

48 A recent court case was resolved with allowing a FtM (Ardishir) to marry his long-time girlfriend (Shaqayiq). From the newspaper reports, it is not clear whether Ardishir had gone through full reconstructive surgery. Shaqayiq had gone to the family courts to get permission to marry Ardishir despite her father’s opposition (a father’s permission is legally required for a woman’s first marriage). Her father stated in the court that he could not imagine his daughter’s best friend as her husband. Eventually he agreed to give his permission so long as there were no medical grounds for difficulty in marriage. The case was sent to the LMOI, which confirmed that was no medical impediment to the marriage. See I’timad, 25 August 2009, p. 11 and 9 September 2009, p. 11.
put it, “Once I was diagnosed as TS, I started having sex with my girlfriend without feeling sinful.”

Karimi-nia saw his own mission on several levels. First, to fully develop the Islamic jurisprudential arguments and provide fiqhi answers on all questions to do with transexuality, especially in such matters as marriage, divorce, inheritance, custody rights, etc. – domains in which categorical distinction between male and female make a difference in rights and obligations. This he sees as a challenge in seminary circles, most of whom do not know anything about this topic and are very skeptical, if not overtly hostile. His second domain of work he considers to be legal advocacy. Given the nexus of law and fiqih in the Islamic Republic of Iran, he advocates legal consolidation of the transexuals’ status. In Mashahd seminar, Karimi-nia compared the occasion to one held the previous year in Hamadan on miscarriage and abortion [both in Persian go under a single expression, siqt-i janin, the loss of fetus]. He suggested that this seminar should result, in a similar pattern, in parliamentary legislation, to be submitted to the Majlis, and result in proper legal regulations. Finally, education of various authorities as well as families and individuals. As he repeated several times, the jurisprudential permissibility of sex-change does not extend to social circulation of knowledge, much less changing social norms [‘urf-i jami‘eh]. We need, he iterated several times, a vast campaign of social education. “We say, for instance, that certified transexuals can live trans-gendered lives, but the courts have to be educated, the police has to be educated, the society has to accept this. The police and the courts have some justified fears; if they allow transdressed public behavior, it will affect adversely public order. Even after all the press interviews

49 Despite such tensions and reservations, Karimi-nia continues to be an Islamic advocate voice for transgender/sexuals. In the Iranshahr Hospital seminar (May 2007), he said, he told the audience that people with kidney problem have an organization, there are committees and associations for every possible sub-population in this country, except for transexuals. He had supported Mulk-ara’s attempts to form an NGO, but has become more and more convinced that it should be a state organization. For one thing, he said in my third meeting with him in June 2007, many transexuals are involved in advocacy for a few years and then they disappear. One needed sustained continuity. Second, there are myriads of little committees and organizations, in this or that state institution, each doing a bit here, a bit there. One organization needed to pull all this under its umbrella and centralize all these initiatives and little budgets. For the sake of continuity and social capital, he also thought it would be better if the organization is headed by a team of professionals, surgeons, psychologists and psychiatrists, sociologists, lawyers, someone from the seminaries, etc. -- something akin to the organization that deals with special diseases. Yet it is this very fragmentary, at times haphazard, state of things that also provides the flexibility and fluidity on which transexual activists depend as we will see in chapter 6.
and articles, they still call transexuals daujinsi!\(^5\) Then even worse, at other times, they mix them with same-sex-gamers [hamjinsbazan].”

Karimi-nia had repeatedly and insistently, in his conversations with me, in public presentations such as at the Mashhad seminar, and in documentary interviews, expressed his belief that “a Great Wall of China” separated transgender/sexuals from same-sex-gamers. The insistence at one level was counter-intuitive: Nowhere in fiqhi texts transexuals and homosexuals are proximate categories requiring a separating border; transexuals are placed, because of related bio-technological emergences, in proximity with the intersex, as we have seen in Khomeini’s and other senior fiqh scholars’ fatwas. Recall that even Karimi-nia began his writings by confounding the intersex with transgender/sexuals before he moved onto the notion sex/gender discordant soul and body. How then have transgender/sexuals acquired, at times explicit, proximate status to homosexuals, not only in hostile opinion among many fiqh scholars, but also in the thinking of an even trans-friendly scholar such as Karimi-nia? This proximity has been shaped through the coming together of domains of science (in particular the notion of transsexuality as articulated in psycho-sexological literature) and fiqh. While in fiqhi thinking, there may be no reason to ever connect these two categories, contemporary fiqhi thinking does not take shape in some seminary-isolated space; as we have seen, Karimi-nia’s thinking was in part shaped through conversations with doctors and psychologists, within whose domain of thinking, largely based on sexological gender-behavioral model, transexuality and homosexuality do indeed constitute neighboring categories. The effect of various sex/gender categorical imperatives – whether ensuing from fiqhi rules of ritual subject-hood, bio-medical and psycho-sexological taxonomies, or socio-cultural paradigms that depend on gender/sex certainty – is most evident in the daily acts of hostility and violence that transgender/sexuals experience, despite legality. While within the fiqhi logic of “dependency of the rules on the subject” there is no necessary link between liwat (anal intercourse), musahiqih (tribadism) – both beyond bounds of allah and subject to criminal prosecution in Iran – and transgender/sexuality,

\(^5\) Daujinsi literally means “of two sexes,” it is the word used in contemporary Persian for the intersex, the fiqhi word for which is the Arabic khunsá.
the work of these other registers contributes to creating a single logic of categorization, keeping all gender/sex variant desires and practices into close proximity. Moreover, the sexological categorization, as far as Karimi-nia’s work with transexuals is concerned, receives visual confirmation in self-presentation of many transexuals, and possibly as well through often indistinct living styles of trans- and homo-sexuals. Ritual gender re-assignment of non-operated body would raise the specter of condoning “sexual-reassignment,” of providing a shar’î hat [kulah-i shar’î] for same-sex practices – something that Karimi-nia cannot afford to be seen to engage in; he must separate the categories by a “Great Wall of China.”

This categorical difference, he insists, is recognized both by the medical sciences and in a fiqhi point of view. It was also important, he reiterates, to uphold this difference from the point of view of social acceptability of transgender/sexuality: only with that difference can the society become accepting of transgender/sexuals, since in his opinion there is a social consensus on condemnation of same-sex-gaming. It was important to make it clear to people, he said, that “transexuals are discontent with their sexual/gender selves, and that they are not necessarily same-sex-gamers, even though a few of them may engage in this filthy activity; they are not necessarily same-sex-gamers, the majority of them desire to have a legal and shar’î life. … This is confirmed by medical sciences, which also separate the two categories by noting that a same-sex-gamer has no problem with his/her body, is not unhappy with his/her body. He believes he is a man and goes after doing this filthy [kasif] act; she believes she is a woman and engages in this ugly [zisht] act.\(^\text{51}\) … These acts are against the shar’, against public order, thus they are sinful and if a crime is proven, it is punishable. But if a person truly feels s/he is transexual, we say the road is open for him/her to cross this bridge and put him/herself in the category of transexual, s/he can change sex and have a healthy/uncorrupt [salim] life.”

Paradoxically, Karimi-nia uses two seemingly contradictory metaphors. In many conversations, lectures, and interviews, when asked about how his views on transexuality

\(^{51}\) Note the gender difference in qualifying same-sex acts of men and women! It seems to echo not only distinct social attitudes towards, but also fiqhi and legal differentiation of punishments of, same-sex acts between two men and two women.
relate to fiqhi views of homosexuality, he insistently separates the two and states that a “Great Wall of China” separates a transexual from a homosexual. His Great Wall of China, that world-known best example of a frontier, is to do what frontiers are expected to do: to solidly, and against corrosions of time and force, separate “a (legitimate) space and its (alien) exteriority.” Simultaneously, and in the same context, he speaks of offering “a bridge” to homosexuals to cross over if they are so inclined. This bridge thus connects the space of legitimacy to its abject exterior – that of same-sex-gaming, hamjinsbazi as he (and others) most commonly call it. Karimi-nia needs a solid frontier to protect the fiqhi acceptability of sex-change within the bounds of allah, while needing to keep the bridge open for some to pass. This paradox of a wall of separation and a bridge of connection is what offers the space of living habitable lives to sex/gender variant persons. Their story “privileges a ‘logic of ambiguity’ through its interaction. It ‘turns’ the frontier into a crossing, and the river into a bridge.”

I indicated to him that in the press coverage internationally at times it has been argued that this bridge is extended to homosexuals as a “solution,” perhaps even a “medical cure,” for their sexuality. He vehemently denied this. “No, no, we never say that. We believe that if someone is transexual, it is her/his task to prove it. If a same-sex-gamer makes that claim, they have to prove it; we never offer a solution for same-sex-gamers. … If someone is after same-sex-gaming, this is in Islam a crime, it is against social order, if it is proven, it has punishment.”

During this period, there was a beginning of a conversation among gay men, especially those who were coming to some of the transgender/sexual support groups, about whether the legibility that transexuality had acquired in legal, scientific, and fiqhi discourses -- and had provided them with certain rights and service accessibilities -- was something that could be pursued by gay men to similar effects. Because of different circuits of socializing and styles of public presentation, women-loving women seemed to be less interested in this conversation. To begin with, few ever came to these meetings.

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Moreover, they were more interested in how they could get family sanction for their living together arrangements, even if under a “don’t ask don’t tell” attitude. When will the family stop asking when their young daughter was going to get married?

That was not as much of a problem for young men. Men could reasonably postpone marriage pressure till much later years. In the meantime, a present burden was the social approbation of being marked as kuni and iva-khvahar54, plus the always-present danger of blackmail and legal entanglement and potential accusations of sodomy (punishable by death). Were there any bio-psychological or fiqhi avenues they could open up, similar to the psychological discourse that now gave them exemption from military service?

It was with these thoughts that I began to push Karimi-nia’s arguments across some potential red lines. His own interest in my research provided an opportunity. In fall 2006, the Sociology Association of Tehran University invited me to give a talk about my research. When Karimi-nia, some months later, had asked me for any writings in Persian about my work, I sent him the only Persian writing I had – the text of my Tehran University talk. When I went to Qum in June 2007, to my great surprise, Karimi-nia not only had read the paper, but had also prepared five pages of written response to points of disagreement.55 He spent much time going over and engaging in a seminary-style conversation with me on every point.

In that talk, among other issues, I had argued that in classical Perso-Islamic thought there was no concept of natural and unnatural desire and there was no presumption of a natural heterosexuality. Desire was incited through beauty of the object desired; it was only how one acted upon desire that became subject of fiqhi rules of the prohibited or permitted. His critique of these ideas was indicative of almost hegemonic modernist notions of sex

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54 Two very derogatory naming of homosexual men. For fuller discussion, see chapter 5.
55 Indeed in this third meeting, Karimi-nia treated me a lot more seriously. To my surprise, he closed the door, something ordinarily not done if it is only one man and a woman, something he had not done in any of our previous meetings, a gesture that I read as declaration of irrelevance of my gender to the occasion of our one-to-one interaction across his seminar table. Perhaps, he was reproducing the scene of a formal lesson plan or something of that nature, after all. That I was already sixty years old at the time and he was nineteen years my junior was no doubt helpful!
and sexuality in today’s Iran. He argued that “the naturalness of the mutual attraction of a man and a woman is evident and obvious … and that the naturalness of this desire has never been denied in Iranian and Islamic thought.” Yet, there was an important departure from the modernist notion as well. In the modernist paradigm of the earlier decades, it was gender segregation that was thought to be the cause of same-sex relations; frustration of sexual desire toward its natural objects derailed it to unnatural ones. Thus the advocacy of unveiling of women and gender heterosocialization. This Karimi-nia strongly argued against. He offered two examples to prove the contrary. In the story of Lot, he said, the prophet offered the men to marry his daughters. But despite availability of the heterosexual option, they insisted on seeking the male guests (visiting angels).\(^{56}\) Second, the example of European countries in which women and men freely socialize and yet same-sex-gaming is very prevalent. He suggested that there were many issues involved in the “phenomenon of same-sex-gaming,” the most important one was lack of attention to religious and moral teachings. “The more attention is paid to moral education and practice of religious teachings, the less moral deviations, including sexual deviations, will emerge.” The problem, he argued, is that often in understanding human behavior, human will is not given the necessary weight.\(^{57}\)

In response to my insistence on using the classical Islamic distinction between desire and act, one as ghayr-iradi [not-willed] and one as iradi [willed] and the importance of ikhtiar [consciously deciding] in performance of religious obligations, his response was that, “Yes, the initial desire may be ghayr-iradi, but if the person acts on it, even if that act is simply desire-ful looking, that is already a willful act and is already haram [prohibited]. And of course if the desire is expressed, if it is acted upon, clearly all those are iradi.”

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\(^{56}\) For a popularized version of the story of Lot, completely centered on their sexual indiscretions, see the pamphlet, Hazrat-i Lut, by Karim Bavafa, Tabriz: Ahrar, 2006. This is part of a series on prophets as narrated in the Qur’an, all produced as glossy, short (this one 20 pages) relatively high print runs (5000 in this case).

In great detail, he went over the story of the people of Lot and the Islamic condemnation of sex among men. When I pointed out the alternative interpretations that several Muslim gay activists have developed about that story, he considered it an inappropriate language game. While he agreed that the distinction I insisted upon between sodomy [liwat] and homosexuality was accurate from the point of fiqh, he thought I was playing with words [bazi ba lughat].

In the end, as flexible and argumentative as he was on several other issues, this was one red line that he would not touch; it was his Great Wall of China after all. In psychiatry and legal-medicine texts transexuals are categorized in relation to homosexuals; in texts of fiqh, however, they continue to cohabit the same space as khunsâ mushkil [the difficult hermaphrodite]. The fatwas issued by various authorities, whether in support of or in opposition to permitting sex-change, as we have seen, continue to discuss “two kinds of sex-change” in the same ruling—those pertaining to the intersex and those to non-intersex. Even Karimi-nia’s more recent departure from this historical categorization continues this link, in a sense, because he sees khunsâ mushkil as someone with bodily two-sexedness and transexuals as a body-soul two-sexedness. One way to account for this persistence is that a faqih would face great trouble if he reclassified transexuality to share a space with anything associated with same-sex practices, liwat and sahaq. The body-soul two-sexedness protects not only transexuals but also their clerical supporters from homosexual intrusions.

59 In fact, this kind of classification is not confined to fiqhi textual space. In the Mashhad seminar, the MtF TSs were seated in the front row of the women’s side of the audience, recalling the rule concerning the position of khunsâ mushkil in publicly mixed occasions, such as a public prayer: they are to locate themselves in front of women’s rows and behind the men’s rows – that way, regardless of what their “hidden” sex/gender may be, they are located in a ritually correct space. Another example of such confounding is that despite separation of the transgender/sexuals and the intersex in bio-medical space, the latter now also have to take their case to the TPI commission to get surgical permissions. They too are now located within the spaces shaped in the current nexus of science/law/religion. There are no standard at-birth procedures for medical decisions concerning an intersex birth; moreover, outside major cities, many births continue to be homebirths and even if supervised by a local mid-wife, there is no indication that mid-wives take any action beyond doing their best guessing a bio-sex so that they could inform the parents. This means often it is not till adolescence, or even adulthood, usually connected with issues of marriage (“could I perform anxiety”), that intersex persons seek medical and surgical assistance.
Psyche and Soul

Karimi-nia’s central perception of transexuality as a disparity between gender/sex of body and soul is empowered by a slippage between psyche and soul that has marked the entry of “the new science of psychology” into Persian-language Iranian discourse since early decades of the 20th century. Like medicine, psychology was made subject to the workings of the Islamic state through the Compliance project of the 1980s. The Office of Islamic Studies in Mental Health was established in 1987 in the Center for Mental Health Research of Tehran Psychiatric Institute, under the auspices of the Under-secretariat for Student, Cultural, Legal, and Parliamentary Affairs of the Ministry of Health, Healing, and Medical Education [HHME]. It held monthly meetings on the last Thursday of every month and brief reports on the papers presented in these meetings were regularly published in Andisheh va raftar.

Unlike bio-medical practices, psychology faced fewer challenges with regard to Compliance in matters of daily practice, because bodily examination and improper looking and touching was usually not involved. Therapy sessions theoretically became a challenge if an unrelated man and woman could not be in a closed room alone, but if this created a problem in actual practice, I have not seen any discussion of the matter in proceedings of seminars or related publications. Perhaps the relatively consistent gender-segmentation between clients and therapists precludes any such problem.

Furthermore, while psychological discourse had initially attempted to map earlier Perso-Islamic concepts of soul onto the modern notion of psyche, subsequent developments in the field were even less concerned with such “reverse compliance.” Writers who in the 1930s and 40s were interested in the intersection of psychology with philosophy and spirituality were subsequently marginalized by psychiatrists and psychologists who were practice-oriented and invested almost exclusively in behavioral psychology.60

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60 For the work of an important example of this earlier interest, see Husayn Kazimzadeh Iranshahr, Usul-i asasi-i rayanshinasi [Foundational principles of psychology], Tehran: Shirkat-i Nisbi-i Hajj Muhammad Husayn Iqbal va Shuraka’, 1958 (second printing. The date of first printing is unclear. Rizazadeh Shafaq’s introduction is dated August 1953, Tahirzadeh Bihzad’s introduction is dated 1952, and Kazimzadeh’s own introduction dated 1937.)
In contemporary Iran, the major debates in psychology have focused on methods of therapy, and the dominant approach among psychiatrists and psychologists is informed by the psychological literature that sees transexuality as a disorder, namely Gender Identity Disorder (GID). However sympathetic such an approach might appear to be in contrast with outright (religious or moral) condemnation, its pathologization of transgender/sexuals supports a therapeutic approach whose principal aim is dissuasion [insiraf]. Indeed, what is called “Islam-therapy” shares common ground with morally-conservative currents in behavioral psychology in that both aim at changing non-heteronormative “amoral” behavior. So too, the pathologization of transexuality as GID supports – or is consistent with – the imperative of “filtering” “true transsexuals” from other gender/sex variant persons, especially homosexuals. Since one criterion that this filtering mode uses is the belief that true transsexuals cannot be dissuaded, dissuasion becomes not only the aim of therapy, but also a key therapeutic technique. Islam-therapy distinguishes itself by offering a different path to that desired destination, in which the soul comes into play.61

Not surprisingly, the dissuasive approach to therapy sets in motion various levels of distrust and skepticism, if not outright antagonism, between the therapist and the transgender/sexual person, at least in some cases. Kamran, a 23-year-old FtM, for instance, had several harrowing stories about his therapist. He said the therapist always treated him rough, once slamming the door shut as he walked in, as if he was very angry with him, another time threatening to throw an ashtray at him because he was not cooperative, etc. But Kamran was very blasé about the whole thing. The first time the therapist was rough, he was a bit scared, he said. But then he remembered his friends had told him to expect it: this was part of being tested for his strength, for his manhood. Only women would get frightened! He had been advised to anticipate and react in a manly way.

61 Yet the contemporary weight of discourse of psychology is such that even a booklet that is basically a book of prayers [du’ā] appropriate for various problems and occasions (social, mental, and physical ailments) is now titled as psycho-therapy. See Muhammad Riza Karimi, Darman ba Qur’an: ravan-darmani-i Islami [Healing with the Qur’an: Islamic psychotherapy], Isfahan: Intisharat-i Guya, 1999.
In stark contrast, one name that is always mentioned with deep respect and a common acknowledgment for his pioneering courage among the therapists who work closely with transgender/sexual and other gender/sex variant persons, is that of Dr. Faridun Mehrabi. Among other achievements, he is credited with the establishment of the “Sex Clinic” in TPI in 2003. In his private practice, Dr. Mehrabi has collaborated and mentored a younger generation of psychologist to work with gender/sexuality non-hetero-normative persons and their families. These psychologists are also generally considered by transgender/sexual and gay and lesbian communities as the most-friendly therapists (but, some have complained, too pricey for many to afford), and both Mehrabi himself and the younger cohort have now produced clinically-based research on transexuality.62

One of the earliest psychologists who began working closely and sympathetically with gender/sexual non-hetero-normative young people in Tehran almost thirty years ago, first in TPI and Mihrigan Hospital and later in his own private clinic as well, Dr. Mehrabi talked about “facing a great deal of hostility, even after Ayatollah Khomeini’s fatwa in 1985. I was teaching in TPI at the time, we were inundated with TS people coming, and pleading for sex-change. I must have given over a hundred talks at the office of the Journal [Andisheh va raftar].”63 In one of the earliest articles that appeared in the Journal, Dr. Mehrabi presented a study based on 68 cases in his own clinical practice who had been treated between March 1989 and October 1995. 64 He also supervised one of the

62 See, for instance, Mehrdad Eftekhar and Nahaleh Moshtagh, “Transsexualism – Iran,” pp. 145-146, volume 6, Encyclopedia of Women in Islamic Cultures, Suad Joseph et al (editors), Leiden: Brill, 2007. Both authors are among junior colleagues of Dr. Mehrabi. In addition to working with Dr. Mehrabi and at the TPI, Dr. Eftekhar works in several other public and private places, including Kausar Infertility Clinic, Sexual Dysfunction Clinic in Farmaniyeh, as well as his own private practice. He is as well supervising graduate level research at TPI. Several recent dissertations have been on transexuality, including: Azadeh Baghaki, A Study of Perspectives and Sexual Practices of Transexual and Homosexual Patients of Tehran Sexual Disorders Clinic in 2007-08 [1386], doctoral dissertation, Medical School of IUMS, 2008. For a fuller list of MA and Ph.D dissertations on transexuality, see the online catalogue of National Archives and Library of IRI, key-word: taghyir-i jins.

63 Interview, June 2006.

64 “Barrisi-i borkhi az vizhighiha-yi ‘tabaddul-khvahi-i jinsi’ dar bimaran-i Irani” [Some Characteristics of Iranian Transsexualists” – journal’s translation], Andisheh va raftar: A Journal of Psychiatry and Clinical Psychology, Volume 2, No. 3, Winter 1996. pp. 6-12. The article offered a basic report on the distribution of various factors in the population under study (age, level of literacy, categories of employment, reasons for seeking consultation, who referred them, sexual orientation, psychological profile, and structure of families), reviewed the existing literature on transexuality, and compared some of the numerical results with similar figures from European and American studies. Not till winter 2004 two more articles appeared
earliest MA dissertations on the subject. Based on a sample of 15 MtF and 60 “non-afflicted” persons, much of the dissertation is a summary of psycho-sexological literature from English-language sources on GID. A questionnaire “in compliance with diagnostic criteria of DSM-IV, MMPI-2, Millon Clinical Multiaxial Inventory, and Cottle Personality Inventories” and a questionnaire developed by the researcher to get information about early life developments of the subject were used. Questions in the latter are focused on games the subject played, clothes and playmates s/he preferred, parents reactions to non-gender/sex-normative childhood interests, emotional relation with each parent, etc. The dissertation is informed by the theoretical writings of John Money and Richard Green (Transsexualism and Sex Reassignment), Kaplan (Psychology of Adolescence), and a whole host of diagnostic tests developed and approved by APA. The questionnaire on early life development has since become a prototype for questionnaires that transexual applicants must complete when they begin their supervised counseling. While the dissertation appears to rely on and contribute to the GID approach to transexuality, its dedication takes a somewhat surprising turn. It reads: to “all researchers of science, who passionately work in search of truth,” and to “all transexual patients – who have to suffer this most difficult human problem and do not know how to resolve the conflict between soul and body.”

How is it that an expression that is not the dominant concept of transexuality in Iranian psychological discourse, but is instead largely used by religious writers – such as Kariminia (discussed above) – pops up in a clinical psychology dissertation? One answer might be that such traffic has become a hallmark of professional practices in Islamic Republic in this journal on transexuals. The first -- Hamid Reza Attar and Maryam Rasulian, “Tashkhis-i avvaliyeh-i ikhtilal-i hauviyat-i jinsi: guzarish-i mauridi” [First Diagnosis of Gender Identity Disorder: Case Report – journal’s translation], volume 9, No. 3, pp. 6-11 – while noted that surgical sex-change in confirmed cases was the most tested method to treat transexuals, reported on the case of one female-born 40-year old person who had gone through six operations between 1997-2000 to become a man, yet after living for a brief period of one month as a man had returned to LMOI and requested to be changed back to a woman. It recommended more carefully interviews and supervised therapy. The second article in the same issue is authored by Khodayarifard, Mohammadi, and Abedini. I will discuss this article more fully below.

65 Husayn Ranjbar Shayan, “Barrisi va muqayiseh-i vizhigiha-i shakhsiyati-i afraz-i mubtala beh ikhtilal-i hauviyat-i jinsi va afraz-i bihanjar” [Investigating and Comparing the personality traits of persons afflicted with gender identity disorder and normal persons], MA dissertation (No. 233) in Clinical Psychology, Tehran Psychiatric Institute, Iran University of Medical Sciences and Health and Treatment Services, winter 1999.
of Iran. It is the effect of “the bureaucratization of religion and the Islamicization of the professions.” Another (related) answer points back to the early 20th century and the introduction of psychology into Iran. More specifically, the notion of psyche, in its meaning within modern psychology, was first introduced into Iran through the teaching and writings of Ali Akbar Siasi.66

Siasi is rightly considered a pioneering influence in shaping the more humanist-oriented subfield of psychology in Iran (distinct from its later turn to clinical behavioral psychology and psychiatry). His autobiographical account emphasized the introduction of psychology into the curriculum of Political Science School in 1925, as a science hitherto unknown in Iran.67 In a meeting with the then head of the Political Science School, Ali Akbar Dihkhuda68, Siasi discussed his field of specialization: pedagogical sciences and in particular psychology ['ilm al-nafs]. His linking of psychology and pedagogy – the subtitle to his earliest textbook on the topic, based on his lecture notes, ‘IIm al-nafs ya ravanshinasi bears a subtitle: az lihaz-i tarbiat [from a pedagogical point of view] -- was in part informed by the pragmatic orientation of a generation of nationalist social scientists turned state-builders in the early decades of the twentieth century.69

As a result of the meeting with Siasi, Dihkhuda (the future supreme lexicographer of modern Persian) expressed interest in having Siasi teach this subject in the School, and in subsequent discussions within the field, “the expression ‘ravanshinasi’ was chosen for the Persian name of the new ‘ilm al-nafs.’” (295) These linguistic choices were the result of a series of translations: Siasi translated psyche into nafs (an Arabic word, allowing him to claim the older notion of ‘ilm al-nafs [science of nafs] as the equivalent of the new

66 See Schayegh, Who Is Knowledgeable is Strong, p. 70.
68 Dihkhuda’s later fame is as the designer and director for the first decades of Iran’s equivalent of Oxford English Dictionary, Farhang-i Dihkhuda.
69 See Schayegh, Who Is Knowledgeable is Strong.
psychology), and Persianized nafs as ravan, and coining ravanshinasi as the science of ravan.\textsuperscript{70}

Siasi argues that a human being has two components: the first is material, badaniyat (things bodily), which is the subject of the science of life. To identify this science, he Persianizes ‘ilm al-hayat as zist-shinasi, an expression that is now commonly used for biology. The second aspect of a human being is more properly the subject of ‘ilm al-nafs or ravan-shinasi. It is the combination of feelings, thoughts, actions, and reactions referred to as nafsiyyat, which are attributed to one’s ravan (psyche). Siasi notes that “in this book, nafs and ruh always have the same meaning and the Persian word ‘ravan’ will be used for them.”\textsuperscript{71} Siasi made ravan (psyche) equivalent to ruh (soul), rather than using these terms to maintain a distinction between psyche (ravan) and soul (ruh). He re-articulates this equivalence in his later works on psychology. This is particularly significant in his book that attempts to read Ibn Sina’s ‘Ilm al-nafs through the concepts and methodology of “the new science of psychology.”\textsuperscript{72} Here Siasi does not simply assume that ruh and nafs/ravan are identical concepts. He begins with the three concepts ruh [soul], badan [body], and nafs [psyche], but suggests that for the science of psychology the two concepts are identical, and that any discussion of ruh as distinct from nafs belongs to the domain of philosophy.\textsuperscript{73}

\textsuperscript{70} Siasi’s choice of words, in conversation with Dihkhuda, was clearly a thoughtful one. His appreciation for language and its significance show through his writings’ fluent and clear prose, and careful choice of expressions. Unlike much later writings on this subject to this day, Siasi’s prose does not read like a bad translation! Indeed, in introduction to the first edition of his first textbook on this subject, he noted the linguistic challenges he had faced. Ali Akbar Siasi, ‘Ilm al-nafs ya ravanshinasi [Science of essence/soul or psychology], first published in 1938, later re-publications are by Tehran University Press.

\textsuperscript{71} Siasi, ‘Ilm al-nafs ya ravanshinasi, p. 10. He links psychology with, and distinguishes it from, two other fields of new sciences, namely biology and sociology, noting that the new science of psychology has moved away from its previous affiliation with philosophy and entered into empirical sciences (11-12), and that like biology and sociology, the basic methodology of psychology is observation and empirical evidence. (21)

\textsuperscript{72} Ali Akbar Siasi, ‘Ilm al-nafs-i Ibn Sina va tatbiq-i ‘an ba ravanshinasi-i jadid, Tehran: Tehran University Press, 1954 [the French translation of the title as in the back cover of the book: La psychologie d’Avicenne et ses analogies dans la psychologie moderne]. Tatbiq is precisely the word used today for Compliance – today’s compliance project shares this common desire for bringing into compliance European sciences and prior modalities of knowledge production with the desire of this earlier generation of state-builders, though the direction of compliance is reversed.

\textsuperscript{73} Siasi, ‘Ilm al-nafs-i Ibn Sina, p. 22, note 1, and pp. 40-41.
Other writers have continued to tackle this problem in various ways. Kazimzadeh Iranshahr in chapter 8 of his book [Usul-i asasi-i ravan-shinasi], “Summary of the ideas of Islamic philosophers and scholars about nafs and ruh,” argues that it was impossible to find a clear answer to understanding the two words, ruh and nafs, in these writings since there is no unity of opinion. He eventually concludes that human beings are composed of three elements, jism, nafs, and ruh, and that ruh and nafs are not the same things. (130)

But in his view it is a failing of Western philosophy to have obliterated the distinction between nafs and ruh.74

Similarly, Akbar Danasirisht argues that ‘Ilm al-nafs should be really translated into jan-shinasi [science of life] rather than psychology, since Ibn Sina’s concept of nafs, in his view, is a more holistic concept, which includes the totality of a human life [jan]. He notes with regret that in psychology much of what appeared in Ibn Sina’s ‘Ilm al-nafs has been bracketed into biology and philosophy.75

In a more literally inspired attempt to delineate these related concepts, Kayvan Najmabadi surveys Persian literary and Perso-Islamic philosophical texts to investigate such terms as jan, tan, ravan, jasad, ruh, nafs, and the shifting correspondence among Old Persian (pre-Islamic) and later Islamo-Arabic-informed concepts.76 The author’s aim is, in part, to demonstrate that in Old Persian these concepts were clear and clearly delineated and that later infusion of Arabo-Islamic concepts has led to collapse of such distinction (as between ruh and nafs, for instance, or between jan and ravan).

74 In its later chapters, the book becomes a remarkable exercise in bringing together the “Eastern” (including Zoroastrian, Islamic, illuminationist mysticism) philosophical writings on nafs (and its seven levels of development) into conversation with “Western Idea of the Self.” It seems to be much informed by writings on and conversation about Occultation circulating in the 1920s and ‘30s in Europe and the U.S. This line of thinking does not seem to have continued after the 1950s.


76 Kayvan Najmabadi, Jan, tan, ravan [Life, body, soul/psyche], Tehran: Nashr-i Cheshmeh, 2004. The English translation of this book’s title is actually a challenge, since a central thread of the book is to argue for the changing meaning of and the ambiguous relationship among these concepts.
The principal psychology journal, *Andisheh va raftar: A Journal of Psychiatry and Clinical Psychology*, continues to address this question as well. In its regular column on equivalent vocabulary, “ruh” has been equated with soul, saving “ravan” for psyche. Nonetheless, an expression such as bimariha-yi ruhi has exactly the same meaning as bimariha-yi ravani [psychological illnesses] in the professional literature, messing up the attempt to detach psyche from a religiously embedded use of ruh.

While the debate over psyche and soul continues, the implicit certainty of some kind of relation between nafs, ravan, and psyche has enabled the traffic between “the new science of psychology” and the sciences of religion [‘ulum al-din]. Such slippages and murkiness enable the contemporary traffic between psychology and Islamic philosophy and fiqh. That ravan and ruh have the ambiguous relation that they do is what allows Karimi-nia to translate psycho-sexological concepts of transgender/sexuality back into a gender/sex disparity between soul and body; it provides a way to address transexuality as a psychological condition in Islamic terms. Moreover, the concept of disparity between soul and body is more benign than that informed by psycho-sexological discourse of gender identity disorder, especially with the heavily negative load of disorder, *ikhtilal*, in Persian, compared to the more neutral weight of disparity [*nakhvani*]. The latter refers to a discordant relationship (in this case between body and soul), and compared to the medico-pathological load of ikhtilal [disparity/incompatibility -- as in ikhtilal-i havas, ikhtilal-i hazimeh, etc.] is far less norm-centered.

Moreover, the slippage between soul and psyche that fuels the debates about their relation to one another has produced a creative space for extensive discursive and practical collaboration on the issue of transexuality among psychiatrists, scholars of fiqh, sexologists, surgeons and other health professionals. For instance, a book by Drs. Kahani and Shojaei, both psychiatrists affiliated with the LMOI, draws on psycho-sexological and sociological literature, along with the texts of several fatwas on this topic (including those of Khomeini, Sani‘i, Khamenei, Lankarani, Makarim Shirazi, and Musavi...
Ardabili). Such syncretic approaches were critical to working out the legal and administrative procedures for certification of transgender/sexuals, since they speak to the requirements of Compliance. Figures from the various domains of statecraft, the (psychological and psychiatric) practices of bio-sciences, and sciences of religion also share media and educational presentations and performances on a regular basis. Dr. Mirjalali (the most well-known sex reassignment surgeon in Iran) and Hujjat al-Islam Karimi-nia have appeared in numerous documentaries in which producers have interviewed both and brought them within a single narrative frame. Drs. Kahani and Saberi have also appeared in many of these productions. Even more importantly, with regard to developments inside Iran, these figures often share platform in scientific seminars and state-sponsored workshops and educational presentations on this topic. Major seminars, national or regional, are usually video-taped. Like the documentary films and videos, the recorded proceedings of these events circulate widely, increasing the ripple effects of these occasions for production of knowledge about transgender/sexuality. Collectively, in documentaries and in seminars, these figures have come to stand as embodiments of Science and Religion, as they explicitly draw upon and benefit from each other’s domain of authority.

As this public conglomeration of figures from many different domains might suggest, and despite the sense of an increasingly dominant, GID-based approach, there is no unanimity among scholars in psychology and professional therapeutic practitioners on the nature of transgender/sexuality or its treatment. Some psychiatrists consider it a “delusional state” that has to be medically handled, with drugs and electroshock treatments, if needed.

Another segment of the psychiatric community advocates and practices Islam-therapy, sometimes subsumed under spiritual therapy. In the decades of emergence of the nexus between science and Islam, this school has carved its own sphere of scholarship and practice, along with institutions and scholarly publications. While this school is not currently dominant insofar as the actual treatment of transexuals in the certification process is concerned, their institutional consolidation makes their approach available as

77 Kahani and Shojaei, Ikhtilal-i hauviyat-i jinsi, pp. 57-65.
an option to the public as well as to the state. Furthermore, it shares common ground with morally conservative currents in behavioral psychology that aim at changing non-hetero-normative “amoral” behavior. Islam-therapy distinguishes itself by offering a different path to the same desired destination.\(^{78}\)

This school of spiritual/Islamic psychology developed in affiliation with the Office of Islamic Studies in Mental Health. This Office had been established in 1987, as part of the Compliance project, within the Center for Mental Health Research of Psychology Institute of Tehran, under the auspices of Under-secretariat for Student, Cultural, Legal, and Parliamentary Affairs of the Ministry of Health, Healing, and Medical Education [HHME]. It held monthly meetings on the last Thursday of every month and brief reports on the papers presented in these meetings were regularly published in Andisheh va raftar. However, it took a decade for this school to establish itself even at a level that could support its own nation-wide seminars. The first seminar on “The Role of Religion in Mental Health” was not held until December 15-18, 1997. In anticipation, abstracts of forty-five papers presented at the monthly meetings of the Office of Islamic Studies in

\(^{78}\)Yet the contemporary weight of psychological discourse is such that even a book of prayers [du’a] appropriate for various problems and occasions (social, mental, and physical ailments), is now titled psycho-therapy. See Muhammad Riza Karimi, Darman ba Qur’an: ravandarmani-Islami [Healing with the Qur’an: Islamic psychotherapy], Isfahan: Intisharat-i Guya, 1999.
Mental Health were published by the Under-secretariat in fall 1997. It took another decade for the subject to become more academically main-streamed.

The papers presented at the monthly meeting of the Office of Islamic Studies in Mental Health covered a variety of subjects, centered on relationship between religious belief and practices, and various psychological problems, chief among them depression. There were also reports on clinical studies of results of religiously-informed approaches to healing patients compared to non-religious therapeutic practices. A number of talks covered historical comparisons between Perso-Islamic medical texts and modern psychology and neuro-biology when it came to mental illness.

In that context, the discussion of status of ruh/soul/psyche, nafs/spirit/essence, jism/body, and ravan/psyche were revisited. Some participants suggested re-introducing a distinction between ruh and ravan, in order to delineate ma’rifat al-nafs from ravan-shinasi, re-embedding ruh within the concept of human in Islamic philosophy.

Dr. Mohammad Reza Mohammadi’s paper, delivered on December 15, 1994, argued that in addition to...
the three dimensions that form the basis of current scientific understanding of human beings, namely biological, psychological, and social, one must introduce a fourth dimension, spiritual.82 Mohammadi’s was not simply a theoretical proposition. He had been a pioneer in practicing treatment methods based on his theoretical and philosophical propositions, and keenly promoted spiritual/Islam therapy as a way of treating “patients with deep character disorders.” In this paper, for instance, he claimed that patients with such affliction, “for whom none of the standard medical and non-medical treatment methods had been effective, within a few limited sessions working on their spiritual dimension responded with deep changes in them and gained new outlook on life. Moreover, this method has proven effective in dealing with sexual perversions, in particular with same-sex-gamers [hamjinsbazan]. Despite the deep roots of this kind of psycho-behavioral disorders, [such patients] have taken positive steps toward growth and uplifting in their life style.”83

Dr. Mohammadi has also used this method to attempt to “cure” transexuals who were referred to him by the LMOI and has reported the success in one case in Andisheh va raftar.84 Mohammadi’s approach does not prevail either in the certification process or among psychology and psychiatry professionals. For example, few articles by spiritual therapists make it through the publication nets of Andisheh va raftar. However, Mohammadi’s continued presence as an expert who provides a religio-psychological approach consistent with the requirements of Compliance cannot be dismissed.

The research he presented in Andisheh va raftar article reported on a 20-year old male student diagnosed with gender/sexual disorder, desiring sex-change. The paper noted that “cognitive-behavioral therapy with an emphasis on spiritual therapy” was employed in his treatment. The 30-session moral and spiritual therapy reportedly “reduced the

82 Abstract printed in Bu-alhari and Ramazani Farani, Majmu’eh-i chakidah, p. 13. See also Mohammad Reza Mohammadi, and Hushmand Hashemi-Kohanzad, “Ravan-darmani-i ma’navi” [Spiritual psychotherapy], Tibb va tazkieh [Medicine and purification], No. 43 (Winter 2001): 104-120.
83 Majmu’eh-i chakidah, p. 13.
subject’s same-sex desires and increased his participation in sex-appropriate activities, leading to his abandonment of plans to change sex” (p. 12). The article reviews the existing Anglo-Canadian-American research, emphasizing that “after surgery, there is no meaningful change in such people in terms of adaptability, and that 31 percent of such people regret their action”85 (p. 13). It further claimed that it has been demonstrated that “ethical therapy and spiritual and religious therapy is very effective in treating gender dysphoria in adolescents.”

Most importantly, the authors argue that since under “our country’s cultural particularities, it is possible that gender dysphoric disorder may not be seen as a disease and that such behavior may be considered criminal and devotional, and given that carrying out the surgical operations for sex change is not easy in our country, the main aim of this research is to identify the role of cognitive-behavioral methods with an emphasis on spiritual therapy for improvement and treatment of adolescents afflicted with gender dysphoric disorder.” (pp. 13-14) The methods employed by the researchers are described as “self-monitoring in which the subject records daily activities,” “positive thinking” involving positive feedback and encouragement for good and positive experiences, “problem-solving” in order to build the person’s self confidence in facing life’s daily problems, “family therapy,” “changing perceptions and beliefs” through helping the patient to recognize his/her perceptual errors and replace these perceptions with more realistic ones, and finally “spiritual and ethical therapy.” (pp. 14-15) The key for understanding the latter is “to distinguish the two concepts of ravan (psyche) and ruh (spirit)…. In psychology reference books these two concepts are taken to be identical. …. Spiritual therapy is based on two important principles. First, achieving soulfulness

85The paper heavily references many of the writings of George Rekers and his colleagues. Rekers’ books [including Growing up straight: What families should know about homosexuality (1982), Shaping your child's sexual identity (1982), Counseling Families (Resources for Christian Counseling) (1988)] and his numerous articles are well known for their argument that gender and sexual non-normativity are “cultural constructs” that can be treated and corrected into “normality.” For a summary of Rekers’ views on GID and a large related bibliography, see “Gender Identity Disorder,” accessed online: http://www.leaderu.com/jhs/rekers.html. The bibliography also includes some of the references included in Khodayarifar, Mohammadi, and Abedini’s article, such as several pieces by Susan J. Bradley. In this connection, see Judith Butler, “Undiagnosing Gender,” pp. 274-298 (particularly pp. 286-287), in Paisley Currah, Richard M. Juang, and Shannon Price Minter, eds., Transgender Rights, Minneapolis: University of Minnesota Press, 2006.
requires loving others, loving work, and loving belonging. Second, spirituality requires religious belief, belief in unity and belief in change.” (p. 15)

Mohammadi and his colleagues’ work at once addresses two distinct “adversary” audiences when it comes to non-hetero-normative gender/sexualities, and in particular transgender/sexuality. Recall that Hujjat al-Islam’s trans-friendly Islamic jurisprudential arguments are based on the concept of transgender/sexuality as a disparity between gender/sex of soul and body; a concept that had been able to converse with the psycho-sexological-behavioral discourse on GID because of the slippage between soul and psyche. By insisting on re-introducing the distinction between ruh/soul and ravan/psyche, Mohammadi’s proposition would tend to undercut that possibility. The distinction is also critical for crafting an autonomous discursive space for Islam-therapy, through reclaiming ma’rifat al-nafs [knowledge of soul/self] as distinctly different from “the new science of psychology” -- contrary to the earlier continuity claimed by Siasi -- and establishing itself in continuity with an earlier Islamic discourse.86

Khodayarifard and Mohammadi’s article continues to give a full descriptive report on the case under study. After a series of initial cognitive tests, and a meeting with the subject and his family explaining the aims and methods of treatment, the subject was asked to keep a journal of daily reports in relation with “his real sex/gender role, that is, being a boy.” (p. 16) In individual therapy sessions, the subject was told that “there was no surgical operations that would completely and successfully transform him into a woman and that he must try to accept his real gender/sex and to engage in sex/gender appropriate activities.” (p. 17) In subsequent session, the subject reported that while he continued to want to be a girl, he no longer desired to have sexual relations with either a man or a woman. He came to the conclusion that sex-change, completely and successfully, is not possible and that he must attempt to accept his physiological sex and become concordant with it. He was affirmed and encouraged “to practice more often male gender/sex role and avoid girlish behavior.” (17) In subsequent sessions, the subject reported that contrary to earlier times, when he had enjoyed attention by men and “had enjoyed passive

86 See Hamdiyeh, “Tafakkur-i ilahi va bihdasht-i ravani.”

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womanly sex/gender role, now if a man touches me I had a bad feeling, I hate myself and feel a strong sense of inferiority and hopelessness.” (p. 18) The reports of these sessions are interwoven with what the subject was recording in his diary, indicating a progressive shift from imagining himself as, enacting his behavior as, and desiring to be, a woman to slowly accepting the reality of being a man and adopting appropriate behavior, concluding with the triumphal note that the subject has finally concluded that he had wasted twenty years of his life pursuing an irrational and futile desire and now is keen to live as a man, get married, and form a family. (pp. 18-19) After a year of post-treatment follow-up, the authors reported, the subject had shown no sign that would indicate a return of his illness (19).

I interviewed Dr. Mohammadi in 2006. His interest in turning to spiritual therapy, he said, went back to around 1988, when doing his residency in psychiatry in Tehran University. He was invited by the LMOI to attend the meetings of trans-certification commission, and become one of the certifying psychiatrists. “Serving on that commission,” he explained “slowly made me realize that we give these people certification, they go and operate, they are happy for six months or so, then again they are unhappy, discontent with life, etc. I also started noticing that a lot of other people I dealt with -- suicidal adolescents, others suffering from various personality disorders -- I noticed that in many cases none of the current practices – psychotherapy, psycho-behavioral therapy, cognitive therapy, cognitive-psychotherapy, medical-psychiatric treatments – work with these patients. It was then that I suggested we should bring into our program spiritual therapy.” In a summary presentation of the published paper, he explained that, “we usually consider three levels of biology, psychology, and social circumstances. … I noticed that what was missing was the spiritual dimension of life; we need to add a spiritual/ruhi dimension to this model of bodily/jismi, psychological/ravani, social/ijtima‘i health. … We need to re-introduce the concept of ruhi/spiritual and ma‘navi/contemplative/spiritual [usually used as the opposite of material, maddi] into our thinking and methods of working with patients. … I tried it on several cases. … The first case that responded well was with a transexual who after twelve sessions changed his
resolve and began to accept himself. It is easier to work with homosexuals than with trans-people.”

In a sense, similar to my conversation with Hujjat al-Islam Karimi-nia, it seemed that what was at stake was what constituted “cure” for Dr. Mohammadi. But unlike the former, who had accepted the “truth of transexuality as disparity between body and soul,” Mohammadi was convinced that gender/sexual non-hetero-normative persons could be talked into hetero-normativity; they could be persuaded to accept their birth bodies and re-orient their desires “properly.” He claimed both aims could be achieved through spiritual therapy.

I asked about the kind of conversations that he carried out with his “patients.” He activated a power-point presentation that he uses for training intern-students, and talked me through it. Once again, similar to my interactions with Karimi-nia, I came to occupy the position of a student. He began with a general exposition, that “it was important to introduce patients to a concept that was broader than death as end of life. Being born is at the same time a death, the death of being part of a mother’s body. Dying is similarly a new birth…. In my work with patients, I spend a lot of time talking about what life means, what being alive means. For instance, I was working with a patient when I was working in a London hospital. I asked him: take several people Princess Diana (who had died a few months earlier), I, Einstein, and Jesus Christ. Which one of us is more of a living character? This allows me to discuss biologic living but also spiritual living. The biggest challenge is to get a patient to enter this conversation.”

He gave two examples of people who had responded to his treatment a person with suicidal tendencies and one with death-phobia. I told him that I could understand the relevance of a conversation about meaning of life and death in those contexts, but how would it work with a TS? Mohammadi explained that in his thinking, “A TS is just like a drug addict; wanting to satisfy what s/he desires at the moment, not thinking about the longer meaning of life. … The problem is teaching these people how to control their impulses…. I know of a FtM person who has gone through 29 surgeries and is about to
have a thirtieth. I asked him why he was doing that [to put in prosthetic testes]? He said because when he dies he wants the person who will wash his body to see a complete male body. So I suggest to a TS applicant that we ought to discuss the long-run of life and its meaning versus the here and now. I ask what do you want from life? So let’s say it is a man who wants to become a woman. I ask what does that mean to you? Why do you want to become a woman?”

A: Suppose I play that TS and tell you because I want men to accept me as a woman – many of MtFs I have talked to say just that.

M: What do you want to do after you become a woman?

A: Well, after I am a woman, I plan to get married.

M: What do you know about marriage? Do you know that even two perfect people have a lot of marriage problems? In Iran, the divorce rate is around 20%, so even in that case one out of five marriages break down. But you have additional problems, you will always have mental problems, so yours may break up even sooner. Look around you, most transexuals are unhappy, they spend six months with one partner, it doesn’t work, they move to another. You will be in another impasse in life from where you are. So why not think about how to get out of the current impasse. … It is like someone who has appendicitis, the surgeon knows that it must be operated upon; it is not a matter of you choosing what is good for you.

Caught between my skepticism about marriage in any case and a strong aversion against his authoritarian paternalism, I shifted the conversation and asked how successful his approach had been. Mohammadi explained that “most of them come for a few sessions and then stop coming. They don’t want to change their mind. They are sent here by LMOI for a six-month (to a year at most) therapy. That is not enough time. Many after one or two sessions, realize this is not going along with what they want. There was one
student from Sari [a northern city], I worked with her/him for seventy sessions. First, cognitive therapy for eighteen months; no result, s/he had told her/his father that come end of September either I have permission to operate and you pay for it or I will commit suicide. At that point I decided to introduce spiritual therapy. Now he is at a point where he is planning to marry—a girl he met at the University. It takes a long time for this method to work.” Mohammadi considered part of his challenge to be professional isolation. He complained that the majority of his colleagues did not consider his approach to be scientific and he had only recently succeeded to get an article published in the flagship journal of the profession. From the opposite direction, he said, sympathetic colleagues want him to engage in directly religious therapy -- Islam therapy. “But that wouldn’t work,” he explains, “unless the person is a religious person. Seventy percent of people who come here are aimless in life. They don’t believe in anything. First we have to deal with that problem.”

Mohammadi’s practices, from the point of view of transexuals who had campaigned against him, were considered nothing short of terrifying. Two FtM activists I worked with closely had been sent to Dr. Mohammadi for their supervised therapy. Both continue to be angry about the experience, and one of them indicated that the only time in his life he came close to contemplating suicide was during those months when he was convinced Mohammadi would never send a supportive report to LMOI. When I first met him in 2006, Sina had already done his first stages of surgery, had been on hormones for a year, and was getting his legal papers changed and planning to return to his studies in Europe. As a highly successful student, with top grades in the nation-wide university entrance exams, he had received a scholarship to pursue his medical education in a European university. Even though his family had been very sympathetic to his sex/gender variant desires, he had decided to postpone any somatic changes until he had experienced life in a European country. “Maybe I would be happy as a lesbian,” he said. Two years later, he returned to Iran to go through his transition. He was describing the process he went through when he handed me a notebook. “Here,” he said, “this is the journal that Dr. Mohammadi forced me to keep.” I had already read Mohammdi’s article in Andisheh va

87 See note 84.
raftar where he had explained requiring clients to keep a journal as part of the therapy process, but never thought I would be privy to one. Like the subject reported in that article, Sina had been asked by Dr. Mohammadi to record his daily thoughts, feelings, when he felt as a man, when he felt as a woman, his immediate and long term goals in life. At every session, Mohammadi would read the journal and engage Sina in a conversation that Sina considered hostile, at times pushing him to the edge of despair. Sina offered me to take the notebook home and read it.

The diary starts on 18 July 2005. The top line lays out his requirements: to write about thoughts, feelings, sensibilities, important happenings in relation to being a boy or being a girl, to explain his secondary aims in life, and the primary aim in life [hadaf-i naha’i dar zindigi]. Sina’s first entries record whenever he had been happy and calm: when he is mistaken (on the phone, for instance) for a man; when friends give him support for his eventual surgery; he also records a persistent anxiety: having abandoned for the moment his studies abroad, he wants to be finished with his transition and go back to complete the work. By 6 August 2005, he has his first direct hostile segment against Mohammadi: “when I left your office today, I was under such physical and mental stress that my whole body was shaking…,” ending with: “I wonder when I will be rid of you psychologists and reach my inner goal.” The next entry addresses Mohammadi directly again, contrasting his negative combative attitude to his father (who had initially rejected him but had later come around to accepting things): “unlike you, he comforts and supports me.”

What is most striking about the entries is how Sina had used the process to frustrate at every turn Mohammadi’s project. There was little in these pages that would give Mohammadi the kind of leverage he would have needed to have the life and death discussions he considered the crucial point of his therapy. There were pages with Mohammadi’s underlining and question marks. There were pages where Sina was explicitly expressing his anger at Mohammadi who would insist on challenging his perception of himself. In these pages, Sina had opted to write in the style of directly addressing him, using the journal as a way of confronting him, turning the pages of journal against his pressures rather than being pressured by the requirement of keeping a
diary, which he knew of course was written for Mohammadi to facilitate his intervention against his desire to sex-change.

In several entries he notes that he cooked the family lunch on that day; in every case he records that he did so with his father, deflecting the possibility that Mohammadi would read femininity into this “fact.” In a long entry (August 17, 2006), Sina writes about how he had been infuriated by men’s unwanted attention to him on a street – for him a sign of his masculinity, as women are supposed to enjoy male attention -- ending with a direct address to Mohammadi: “and then you keep telling me I have to stay in this gender [jinsiyat]. Believe me if you persist and I have to tolerate such mental ['asabi] pressures, I will probably do stupid things like many others who have my problem [implying suicide].” This segment had been underlined in green, presumably by Mohammadi in order to discuss it with him. An entry two-days later, expresses deep anxiety over his surgery, contemplating about going the illegal route since he has his family’s consent and even the encouragement of psychologists such as Mehrabi, addressing Mohammadi again: “it is only you who is against it and put obstacles in my way.” He goes on addressing Mohammadi for another three pages. “After so many years of struggling against myself, dealing with my family and other doctors, when as you know I have a time limitation because I must return to my studies otherwise I would lose my scholarship, yet you do not issue your consent. … You may be able to delay things for me but will never be able to change my mind … it is my natural right to enjoy life and meet my needs like all other human beings.”

More than a month into therapy, Mohammadi seems to have lost his patience with Sina’s resistance; on top of the last page of an entry, he has written the goals that he expects of these daily recordings (which clearly Sina had refused to fulfill, and less so by the day): “your thoughts, feelings, sensibilities, daily happenings, your primary and secondary goals in life.”

Mohammadi’s injunction does not produce any different entries. Sina’s critical addresses to Mohammadi, bearing his underlining, and double underlining, of long passages
become a witness to a thug of war between two determined persons; a struggle over their respective ideas of Sina’s manliness and Mohammadi’s denial of that option. Indeed, he says in another entry, one of the reasons he hates keeping this journal is that, “Writing a journal is something girls do.” A few entries later, Sina writes only a few sentences, indicating that he did not intend to waste his precious time on writing these entries and unnecessarily lengthening his sessions as if he were not serious in his quest for sex-change. He only looks forward to the end of these required sessions. He ends by saying that he is saying all this for a final time.

Sina, however, is a hostage to the procedural frame that made his certification contingent on a recommendation by Mohammadi (who at that time was still approved as a practitioner in the certification process). In the same way that Mohammadi was set to change his mind, Sina had to change Mohammadi’s mind: to prove to him that there was no way he could be talk-cured out of his desire for sex-change. He had no choice but to continue. Cleverly, in mid-September 2005, he adopted Mohammadi’s own approach and began to write a series of less personal, more philosophical/ethical and medical notes; it is almost as if it is Sina who is giving Mohammadi a last chance by using his own concerns and language. An October entry is over 11 pages long; it explains at length that his condition is God’s doing, but science can at least partially correct it; if God didn’t make TSs who did? If God didn’t want science to figure things out, it would not have happened. Whether ironically or as a gesture of reconciliation, in the middle of this long narrative, he addresses him as “dear Sir Dr. Mohammadi,” explaining, “When I see a young woman I am excited; I don’t know why I have been created this way. It isn’t under my control; science does know why; but why should I be fighting myself? I think the way God has created me, this is his way of testing me. I don’t know if you believe in miracles, but I do, and I have seen it in my own life. One example is how my father was turned around in his stubborn rejection of my condition. Only God could have changed his mind after four years of fighting me. I tell you: I have decided not to fight on this issue any more and will let God’s way guide me forward. I know I need surgery so I am sure this is in God’s plans and whether in 6 months or 600 months, this will happen. My first and last word is surgery. wa-s-salam [an end of conversation expression]. I don’t have time for
writing more notes for you. I want to devote my time to doing useful things. I sincerely thank you for making me think about my future clearly.” Shortly after, Sina told me, he took his father with him to a meeting with Mohammadi. His father threatened him with legal action if he refused to write a letter testifying that his treatment of Sina had failed to change his mind. By that time, Mohammadi had come to agree.

While Mohammadi is not currently prominent among professionals who treat transexuality, as noted previously, he remains an influential psychiatrist in other fields, such as drug addiction treatment. His papers reported on the successful outcome of his dissuasive therapeutic approach, but several mainstream psychiatrists and psychologists I interviewed were highly skeptical of both the approach and of Mohammadi’s claims of success. Two were planning to develop a research project that would reach out to and study all transgender/sexual applicants that LMOI had sent to Mohammadi over the previous decades. This study has since been abandoned, in part because persistent complaints about Mohammadi and his treatment methods by vocal transgender/sexual activists eventually streamlined the process; the LMOI discontinued referring applicants to Rouzbeh Hospital (where Dr. Mohammadi is based) and to Imam Husayn Hospital where several other trans-hostile therapists were based. They are all now sent to TPI.

And yet, the kind of influence his approach may exert cannot be ignored. Of late he has collaborated with Dr. Behnam Ohadi on a neuro-psycho-biological study of transexuals, perhaps hoping that the study would validate spiritual therapy by proving that there are no physiological differences between hetero-normative and non-hetero-normative brains. The collaboration illustrates the ways in which apparently disparate domains that affect transexuality in Iran can intersect in unexpected ways.

**Back at Tehran Psychiatric Institute**
Hamid Farzadi, who is among the newer generation trained by Dr. Mehrabi, is the supervising therapist at TPI. As such, he sits at the heart of the state-supervised certification process for transexuals. While it is not surprising that his approach to
transexuals is the polar opposite to Mohammadi’s, the position he presented to me challenged my own assumptions about how far a person in his position might be willing to go under the conditions of a state-supervised certification process. In my mind, a state-supervised process was something akin to Foucault’s panopticon, with all lights focused on bodies and psychies of transgender/sexuals. When I first began this project, I had imagined this thing we call “the state” with a very clear agenda of eliminating homosexuals. As I became more familiar with the so-called “filtering” process, I imagined the supervised process as one aimed at trapping transgender/sexuals to confessions of homosexuality. Farzadi’s approach was unexpectedly disarming.

When I interviewed him in October 2006, Farzadi had worked almost four years at TPI. His responsibilities included: supervising the admission of “Sex Clinic” clients, directing certification process for transgender/sexuals all the way to the Commission stage, and writing and sending the report on the Commission’s decision to the LMOI. To a great extent, he has been responsible for ensuring that each applicant is supervised by a coordinated team composed of a therapist (at the time either Farzadi himself or Ms. Pahlavani, another psychotherapist) and a social worker (at the time Ms. Mohseni-nia), and that individual information is recorded in a fashion usable for clinical data analysis. He has had to invent, through trial and error, “the structure of the transition process at TPI, since there is no institution here that sets standards of practice,” he said. He attributed the success of the process, and the subsequent assignation of TPI as the sole institution to which LMOI sends transgender/sexuals, to the fact that “we are far less orthodox here, we look at it as a social and historical issue not a moral issue. If someone is sane, does not have any mental disorder, we think that person has the right to decide her/his own life, this person is not a legal minor, does not need a guardian, if it is not a case of some disorder that pushed the person to harm him/herself, if the person is logical and rational, then it is not up to us to stop her/him from sex-surgery.”

I reacted to this confident self-presentation, which seemed to ignore the process of “filtering” that had come to seem so central to the dominant view of transexuality, with a good deal of skepticism and resistance. I asked him how he dealt with the limitations set
upon an individual “to decide how to live her/his own life” when only transexuality is legal among the possible range of sexual/gender variant lives? After all, I emphasized, within the dominant conception, the required supervised therapy months are argued to be critical for telling apart transexuals from homosexuals. Initially, Farzadi responded by reiterating the familiar narrative of clinical distinction between the two categories, and insisting that there was no way a homosexual person would put her/his body through the kind of somatic changes that a transexual aspires for. Even when they report similar sexual practices, he maintained, their self-perception in these practices are distinct from each other.

I resisted his answer, giving him the example of the woman in her mid-forties who had gone to Hujjat al-Islam to ask if she was living in sin. Karimi-nia’s response had been to offer her the option of sex-change in order to live without sin. Farzadi agreed that strong feelings about guilt and sin can be a problem and at times push people in the direction of using sex-change in this way. He said, “That is possible, but at least in Tehran that would be rare. This is a big city, it is true that homosexual acts are not legal, not accepted by religion, and are considered amoral, but homosexuals don’t have any difficulty living their lives, many male homosexual couples rent the same house and live as roommates. They just can’t get married! That is all. It is very unlikely that considerations of illegality would push anyone to ask for sex-change. Even if some religious leaders may so recommend, I don’t know any psychologist who would go for it. It would be highly unprofessional. Dr. Mehrabi in his workshops and classes always talked about this issue: do you think if you dissuade a transexual from changing sex you are serving that person? No that is not so. You saw at the Commission meeting, that woman, Zahra [a FtM, still using female name]. She is very religious, so much so that she said if she feared her parents would curse her (‘aqq-i validin), if she feared this act was not religiously permitted, she would suffer and live with it all her life.”

But he was surely familiar, I responded, with how many applicants came to these therapy sessions with prepared narratives, and that many needed to get the certificate to live their lives less harassed by security and city police forces. Farzadi’s response, I had not
anticipated: “Yes, I know, but I base my work on the basis of truthfulness. In the first meeting I tell the person: look, everything you tell me I take as true, if you lie about your life, I will take it as true, you are an individual and you have the right to do anything with your life, don’t try to tell me stories to convince me, I am already convinced. If someone wants to commit suicide, that is their business. I tell the person: I am not going to say go and have surgery; that is only one option. I am not playing thief and police here, I am not a detective to trap you and catch you. I am here to help you come to terms with what you want. It is not my job to tell you what you ought to want.”

My surprise at this response was generated by the fact that, as I had come to know, the clinical practices of even the most sympathetic therapists was in part based on desirability of dissuasion [insiraf]. Indeed, only if a person was totally un-persuadable, s/he would be considered a “really transexual” candidate for sex-change.88 To be certain of his meaning, I asked, “You don’t aim for insiraf?” “Definitely not,” Farzadi said with no hesitation, as he proceeded to support his position with the famous Khomeini fatwa: “If we want to dissuade our client, in most cases we can. We can tell them this is a sin, this will ruin your family, etc. etc. But here, we don’t go for that kind orthodoxy. I say, at the present we don’t have a mujtahid higher than Imam Khomeini and he said it was OK and if our preliminary clinical investigations rule out any mental disorders and psychological problems, why should I aim to dissuade? Some of my psychologist colleagues react emotionally to this problem. I ask them why don’t you react similarly when someone is diagnosed as clinically depressed? This is a similar phenomenon. … no I don’t act with the clients like a policing system, like a detective who is there to catch them [mauchgiri], or to dissuade them.”

Farzadi’s approach seems to be also a way out of a potential ethical problem that, I speculate, is faced by many therapists who work within the “dissuasion” paradigm. For 88 Farzadi’s narrative of not playing cop and robber was also importantly humbling to me. It made me realize that in the initial months of my research, I had approached everyone (whether gender/sex-variant persons, surgeons, legal personnel, or therapists) with skepticism towards their story, as if I were laying traps for them to trip over the HS/TS line, and how I could catch them in that game. It was totally disarming to see someone dealing with this from exact opposite direction, with a reception attitude that suspended skepticism altogether.
instance, when questioning Zahra – whom Farzadi had recalled earlier in our conversation – in the meeting of the TPI commission I attended, Farzadi had asked “If you could live like a man from all points of view, would you be willing not to go for sex-change?” Zahra responded: “I will have problems with my partner, our society will not accept it, I myself cannot accept it.” Zahra’s response had made me wonder then about the ethical dilemma that proceeded from it: when the homosexual category is socially abject and legally troublesome, does one vote for a TS status in such a case? The same question had arisen for me in the case of a MtF candidate who went before the Commission on the same day as Zahra, for whom the summary report indicated that “From first year of middle school s/he had felt s/he was a woman, but s/he hates homosexuality, while being attracted to men. Her/his religious family thinks s/he is a homosexual. Four or five times s/he has thought of committing suicide. S/he says that s/he has not had any sexual relations. ‘I can’t with a woman and I can’t with a man so long as I have a male body.’” Several of the therapists reiterated that they considered her/him a border case [between HS and TS], yet, they felt they had to take into account that under the circumstances, they could not withhold certification as a transexual.

Farzadi, on the other hand, would not face a similar ethical dilemma: according to his approach, if the circumstances make a person ask for a TS status, that is the person’s right and not his business. I wondered out loud how different it would be if legal authorities and NAJA [the police force] shared his approach. This time, Farzadi echoed what by now I had heard from professionals across the spectrum of positions on transexuality: “What you have to understand is that in our country we have a pretty advanced medical system, [and] our religious system is relatively enlightened on this issue, but socially things are not the same. Also, there is no uniform or standard way of dealing with many issues. So I say it is a person’s individual human right to go trans-dressed, but if I said this to a client, and s/he got arrested on the street tomorrow, s/he would suffer a great deal until someone could convince the police that they had the wrong person in custody. S/he may suffer in all kinds of ways in detention. S/he could come back and say: didn’t you say I

89 In chapters 7 and 8, I will return to transgender/sexual narratives from a different direction: how to understand them in terms of concepts of self.

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could trans-dress? To convince the authorities that these people should be permitted to live fully as the other sex/gender for at least a year (once they have been certified) before surgical operation, it takes someone as authoritative as Ayatollah Khomeini, or someone who goes after this matter as a full-time job! But even if we standardize proper legal processes, there is the society, the family, the neighbors. How could a male-bodied person dress up as female and go into all-women spaces? How is s/he going to be received? It isn’t just a matter of law and religion. 

Once again, Farzadi’s rather radical approach to transexuality, which seems to circumvent the filtering process altogether by allowing applicants to identify themselves without question, and recognizing the practical needs of transgender/sexuals undergoing transition, counters any rigid notion about how the Islamic state enacts its power in the case of transexuals and beyond. The nature of that power is more effectively described as productive – in that it sets the limits on what criteria will be used to approve a person as transexual/gender. Within those limits, paradoxically conflicting and competitive approaches produce the habitable space of living for transgender/sexuals and indeed for the very categories of persons that the state is invested in allocating to the beyond of acceptability.

**Vernacular Psychology and the Brain**

Among the approaches that does not currently play a central role in the certification process is the neuro-psycho-biological approach of Behnam Ohadi. Ohadi is important for my account in part because he has come to the scene of transexuality – and of neuro-psycho-biology – from the world of popular psychology, a very different starting point.

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90 While some educational workshops are said to have taken place in order to train the police force with transexuals and how to treat them, many harrowing tales of rape of MtFs continue to emerge; many police officers assume MtFs are male sex-workers, and that as such they deserve to be raped. Farzadi was skeptical about the claims of training workshops. There is also the question of professional hierarchies; while Farzadi possibly has more clinical experience than many psychologists who get invited to various seminars – he said every month he sent seven or eight cases for certification to LMOI -- not once, he said, “have they invited me to go and talk to them with all my accumulated experience about this problem.” Farzadi has a master degree in clinical psychology, and this seems to disqualify him despite his years of work at TPI.

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than either Mohammadi’s or Farzadi’s. As such, he represents yet another discursive site from which the nature of transexuality is being constituted and contested in Iran.

Much of Ohadi’s writings has been in the tradition of mass-marketed vernacular psychology that emerged in the 1940s (discussed in chapter 2) – a genre that has exploded into a national market of multi-million readers over the past several decades. Several publishers specialize in producing such books and pamphlets; in paperback glossy editions, in impressive textbook-looking formats, in small popular pamphlets that are light and good for metro-reading. Old popular titles are reprinted, retranslated, with no saturation limit in sight. As importantly, Islamicly-inspired vernacular psychology texts have emerged as a popular genre as well. Several Qum publishers now publish popular short books on sexual, marriage, and parental matters for adolescents and young couples that combine ethical Islamic injunctions with modern behavioral psycho-sexological advice.

Ohadi is among the local authors that have now joined the previously-established line of translated authors working in this genre. Ohadi’s books cover a wide spectrum of topics, but he is best known for his writings on, and translations of works related to, the topic of sexuality. Looking for one of his titles, I went to a well-known bookseller across from Tehran University on the famous booksellers’ row. Upon mentioning the name, the book-seller gave a sarcastic look and said, “oh, yah, the guy who writes books by the kilo.” In addition to writing psycho-sexological texts “by the kilo,” Obadi also regularly publishes articles on psychological and family counseling matters in magazines (such as Psychology and Society, Zanan – both now closed down) as well as popular dailies (such as I’timad, Sharq – the latter closed down for a second time in 2006, but

91 A primary example is Hannah and Abraham Stone, A Marriage Manual. First translated and published in 1948, it has gone through numerous re-translations and reprints. At least twelve different translators have re-translated this text. Each translation has gone through numerous reprints, as high as nineteen over one decade, sometimes by different publishers. One translation has been used to produce an audio version for the blind. I will discuss these texts further in chapter 2.
92 Including psychologically-inflected analyses of literary figures such as Sadiq Hidayat and Furugh Farrukhzad.
93 The catalogue of National Archives and Library of the Islamic Republic of Iran lists nine books (several into multiple printings) and thirteen articles.
expected to resume publication after a recent court decision removed its closure order. He also has several blogs.94

His most reprinted book, Tamayulat va raftarha-yi jinsi-i tabi‘i va ghayr-i tabi‘i-i insan [Natural and unnatural human sexual tendencies and behaviors], is largely responsible for his name being associated with the topic of sexuality in a variety of media today in Iran. The book is a revised, somewhat modernized, somewhat popularized, version of the sexological literature already in circulation by the 1970s (see chapter 2). Predictable chapters cover “defining key concepts,” “stages of psycho-sexual development,” “psychology of human sexuality,” “psychology of love,” “psychology of sexual puberty,” “criteria of natural and unnatural,” “sexual dysfunction,” “sexual deviations,” “sexual/gender identity disorders,” “homosexuality,” and “sexual abuse.”95

First published in 2000 (Isfahan: Intisharat-i Sadiq Hidayat), by 2005 it had gone through five reprints. As the numerous prefaces by well-known academic and professional psychiatrists to the various editions repeatedly echo in their praise of the book, its central aim is to draw the important border between “the natural and the deviationist behaviors,”96 and to emphasize the importance of the scientific recognition of “natural and unnatural human sexual tendencies and behaviors” so that such behaviors are not treated as crimes but as illnesses that require cure.97 His version of the “repressive hypothesis” has become the hallmark of Ohadi’s numerous books and articles: he suggests that the suppression of the natural satisfaction of sexual desire causes Iranian society’s various sexual troubles. Ohadi persistently argues that the more social control is exercised over young people’s heterosexual activities, the more they turn to masturbation, homosexuality and sexual deviations.98

95 He considers himself a sexology pioneer, however. See his interview with a monthly magazine, Firdausi, Nos. 60-61, published on his own blog: http://iranbodonline.blogfa.com/post-291.aspx, posting’s date is March 10, 2008. I do not have the magazine’s date.
96 From preface to the fifth edition, p. 3, by Dr. Firuzeh Ra’isi, director of the Clinic for Treatment of Sexual Problems in Rouzbeh Hospital.
97 From preface by Dr. Khalil Mu’mini, also a psychiatrist, fifth edition, p. 16.
98 See, for instance, chapter 6 on psychology of sexual puberty, pp. 132-136.
Obadi’s project, centered on necessity of “scientific and rational” treatment of issues of sex and sexuality (p. 32), has now taken him into empirical neuro-psycho-biological research on transexuality. Inspired by similar psycho-somatic research carried out in the 1990s by de Vries, Zhou, Hofman, Gooren, Swaab, Green, Kruijver, and others who had reported statistically meaningful differences in particular areas of the brain between transgender/sexuals and non-transgender/sexual control groups, in 2006 Ohadi chose to do his doctoral dissertation as a similar empirical study. He published an early report about this project in Ravanshinasi va jami’eh and an article based on the dissertation research has subsequently been published. According to his published resume, he is currently continuing this line of comparative research with female homosexuals and male homosexuals, comparing each group with non-homosexual control groups.

The debates over such somatic etiological projects are well known and I do not propose to restage them here. What I consider is the particular scene of play between science and law in Iran associated with this kind of research. In his Ravanshinasi va jami’eh article, Ohadi paid special tribute to Dr. Mohammad Reza Mohammadi as chair of Psychiatry Department at Tehran University of Medical Sciences for his unfailing support. The published research article, with his primary authorship, also bears several other names. In addition to Dr. Rahimian (of the MRI Center where the actual brain measurements were conducted), and several TUMS professionals (in addition to Dr. Mohammadi – who supervised Ohadi’s dissertation – several other psychiatrists and one professor of social medicine), the list includes Dr. Mahdi Saberi, legal psychiatrist and head of the commission at the LMOI that processes and decides on transexual applications and certifications. What these dedications and inclusions make clear is the difference between


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the stage of transexuality in Tehran and the European and American scenes: somatic etiological research is being carried out with support of psychiatrists who are located in a legal supervisory position over transexual lives. There is no suggestion of concern about “conflicts of interest” in such a public declaration of the researcher’s associations with these psychiatrists.

While Mohammadi’s support for such research was more likely motivated by the hope for a negative result that would further back up his contention that these “delusional states” can be and should be treated by bringing people back to the “straight path” via Islam/spiritual therapy, transexuals’ participation in Ohadi’s research was motivated by the hope of some biological proof that would further consolidate their legal status and make their desired bodily changes and social practices easier. In fact, I first heard about this research from transexual activists I worked with during fieldwork in 2006-07. Somewhat to my surprise, the same activists whom I had followed in admiration for their tireless lobbying of and negotiation with numerous local, regional, and national government bodies to get things changed for transexuals were recruiting transexuals to participate in this study. Ever skeptical of the legal effects of bio-etiological arguments, I was horrified. I thought of the nightmare of official policies becoming based on some brain measurement. I explained my fears to transexual activists involved. I vehemently argued that etiological, presumably scientific, research was ill-conceived, that it was based on the premise that some simple causal connection could be found between something (whether fetal development, parental upbringing, etc.) and a very complex phenomenon that we were better off thinking whatever had caused it did not matter and was unknowable. People develop in infinitely different ways and that is that. How about invoking the well-known jurisprudential cautionary end of Qur’anic interpretive tradition, “God knows best”? I expressed my fears that such results could hurt them as much as they hoped they would help them. I talked about one advantage of the current system -- namely, its critical dependence on their own narratives -- that they could lose should these presumably empirical experiments conclude that something in their brains could tell doctors and legal authorities what their rights ought to be.
None of them were receptive to my arguments. Given the many difficulties they dealt with, given the authority of science, given that Dr. Ohadi was considered among the trans-friendly psychiatrists, they insisted they had nothing to lose from their participation. They knew they were different and the experiment would show that. But what if then the doctors decided what the ground for that difference is and exclude anyone whom they decided did not fit the pattern? They did not think that was something they needed to worry about. Should that be the outcome, they would find ways of going around it.

It turned out they were perhaps more in tune with the complexities of how science works (or doesn’t) in Iran. Some of them were invited to the final presentation of Dr. Ohadi’s research to the examining board. They thought it was too ambiguous to mean much; none of them seemed to have liked the results. But it didn’t matter anyway, they were sure. When I asked another trans-friendly psychiatrist, a key figure in TPI and its trans-diagnosis Commission with whom I had worked, what the legal repercussions of Ohadi’s findings were, he responded with a simple “nothing” and concurred with the activists that this research was of no legal consequence. In part, this is because of the many kinds of

102 In the preliminary pre-publication version of the paper (I am grateful to Dr. Ohadi for making a copy available to me), there was an English Abstract that was not included in the print version. I reproduce the abstract here without editing (only spelling errors have been corrected).

“Abstract: The comparison of brain imaging characteristics between transsexuals and normal individuals. **Objective:** The aim of this study was to compare the brain imaging characteristic of transsexuals with normal individuals. **Method:** In this descriptive analytical study 30 person were selected by sequential sampling in two control and case groups that had the inclusion criteria and did not have the exclusion criteria from patients admitted to Rouzbeh Hospital and forensic medical organization. demographic information such as height, weight, head circumference and BMI were obtained and brain MRI performed by 3D FSE method. collected data were analyzed by Analyze volumetric software (Mayo Foundation, Rochester).Red nucleus ,CSF, intradural and parenchima volume and Corpus callosum area were analyzed statistically using T-test Pearson correlation coefficient tests. **Results:** red nucleus volume difference between case and control groups were significant. difference of red nucleus , parenchima and IDV volume between male and females were significant too. In addition there was no significant difference in red nucleus volume between male patients and normal females but the difference between female patients and normal males was significant. **Conclusion:** in this study difference in brain anatomical structure between transsexuals and normal individuals observed. It seems that maybe sometime in the process of development and CSF differentiation in prenatal period and intrauterine life brain anatomical structure changed and does not follow the normal pathway consistent with ones gender. **Key word:** gender identity disorder, transsexualism , brain imaging , MRI volumetry “

103 Indeed, transexuals have already begun to use the purported results of Ohadi’s research, insisting on brain differences, as a way of arguing against people who argue transexuality is an “acquired” [iktisabi] condition and thus could be unlearnt (such as Mohammadi) and those gays and lesbians who criticize TSs for going this way in order to live less socially abject lives and escape state repression. See GID of Iran web-site, Open Forum section, entry dated May 24, 2009 [3 Khurdad 1388], signed by Roham. The heated discussion continued to be an important theme in the postings of several months around this period.
disagreements between several sub-groups of psychiatrists in the medical establishment that cut in various ways. Some of the issues are simply over professional domains of power: the kind of sexological school that Ohadi represents is not considered scientific enough by most of the academics in Iran. Other lines of differentiation arise over the status of interaction between science and religion in the field of psychology. These are not neat and solid. Whereas Mohammadi’s approach is supported by the whole “Islamization of sciences” project, trans-friendly psychiatrists have Khomeini’s fatwa on their side – something that no doctor, on either side, nor any lawmaker would challenge.

Points of Entry: Experiencing Certification and Modes of Cognition

A disparity between transgender/sexual’s experience of the certification process and that of the professionals who administer it emerges in my account of the Iranian discourse of transexuality as it is constituted at the intersection of medicine, the law, fiqh, psychology/psychiatry, and several institutions of the Islamic state in Iran. It is evident, for example, in the juxtaposition of Farzadi’s commitment not to play cops and robbers with certification applicants and their own kunkur-based strategies for outwitting what they see not as a diagnostic process, but a game of detection, with the therapist set to trap them in failure. Given the centrality of filtering – notwithstanding Farzadi’s approach – in the process, this is hardly surprising. More importantly, though, the disparity between perspectives on the diagnostic process of “filtering” points to the fact that, while “filtering” shares much of the conceptual vocabulary of Euro-American GID literature, in important ways, it constitutes a far less rigid grid that many professionals, invested in claims of scientific standards and its international compatibility, would like it to be.

To begin with, tashkhis – the word used in Persian for diagnosis in a medical context -- has a far less pathological burden than diagnosis bears in English.104 Beyond its psychomedical usage, it is widely used to mean perception, distinction, and discernment. For

104 While OED notes the etymology of diagnosis going to the Greek root that bears similar meanings -- to distinguish, to discern -- the listed meanings are medical [Determination of the nature of a diseased condition] and biological [Distinctive characterization in precise terms, (of a genus, species, etc.)]. Diagnosis is of course currently used in other domains in English, such as diagnostic tests of cars or computers, but these seem to be later metaphoric derivatives on the biomedical.

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instance, a person referred to as mutishakhkhis means a person of distinction. One can be complimented for having a strong sense of tashkhis – discernment. Second, the sites of diagnosis are multiple, each with its own style of cognition. The associative chains of meaning, which affiliate tashkhis with discernment and distinction, at once enable, and are in turn confirmed by, the informal styles and various sites of (self-)discernment of a person as transgender/sexual. Indeed, the disparity also suggests that a purely discursive and institutionally-focused account of certification as a focal point for the wider discourses of transexuality, does not adequately account for the much more indeterminate and varied way that these terms and the wider discourse of transexuality actually work in relation to the certification process and transgender/sexual lives. In particular, professional scientific procedures, and the religious sanction that has enabled them since the 1980s, do not derive their authority simply within and from scientific and legal-religious discourses. The various sites and styles of (self-)cognition that emerge in casual party conversations, in unsolicited professional advice, in a TS support group, on a television documentary, and through media coverage of and by transexuals, all participate interactively in production of meaning of (self-) naming persons as TS or gay or lizbian.

In the Iranian case, this interaction emerges in relation to the certification process and its attendant debates. To understand how this interaction bears on the self-identification and lives of Iranian TS, gay, and lizbian people, it is important to note that points of entry into the labyrinth of certification – whether first going to a therapist, to LMOI, to a urologist, or even to the Army physician -- are quite diverse and make a huge difference for how a person experiences and navigates it. There are also different levels of entry, which also affect the way one is processed. To begin with, the formal certification is usually preceded by years of struggle with family; some have lived years of (at least partially) double lives. In addition, some may have taken hormones for years, and may have even found willing surgeons to do early stages of surgery, such that one may get away with not even entering the formal certification until fully post-op. It is a publicly acknowledged fact that people can get hormones and even be operated upon with no permit, at which point they can go to the LMOI to begin the legal process of name and official documentation change. While they would face a great deal of resistance and hostility,
faced with a changed body, the LMOI has no option but to finally agree to the legal status of somatic change. Money is also as much a factor in this as anything else. As one applicant bitterly said about the Commission’s resistance to ratify his/her case, if s/he had money s/he wouldn’t even be there, since s/he could have gotten the whole thing done without legal certification.

Points of entry are also often related to how one comes to recognize oneself, or be categorized by others, as possibly transgender/sexual. The suspecting, recognizing, and categorizing agents could be one’s parents and relatives, teachers and other school personnel, therapists, doctors, and other health professional who “notice” something different. They may also be social workers or religious scholars to whom one may turn for advice, or they may be the police cadre who in processing non-conforming persons arrested by morality squads may “recognize” the person not as a sex-deviant but as a gender-disordered-person. Other non-hetero-normative persons, including other transgender/sexuals and self-identified homosexuals, may also engage in diagnosing and categorizing one another. Moments of self-cognition are also at times narrated as a process of seeing oneself in terms of characters presented in media representations: newspaper reports, magazine articles, radio programs, and quite frequently satellite television programs and documentary videos (see chapter 8).

Sites of cognition are multiple, in terms of both institutional and non-institutional entry points, and each site has its own style of cognition, and bears, again, on the (self)discernment of a person as transgender/sexual. That such discernment occurs outside of state institutional domains is by no means always a positive thing; identification, by oneself or others necessarily involves a level of subjection. Diagnostic discernments made from within a given community can be overbearing and at times hostile, as it was for Amin, a young non-hetero-normative male person I met at a small party of self-identified MtFs and gay men. While Amin considered himself not masculine in the dominant cultural mode, he was not interested in being identified either as gay or as TS. But his non-hetero-normative male persona and gestures marked him for a wide range of people, sometimes as gay sometimes as TS. Two gay men, Muhsin and Zia, at
the party could not agree among them. Muhsin, who was close friend with Amin, insisted that Amin was gay; indeed he has been hoping that they would become lovers. Zia, on the other hand, was convinced Amin was TS and wanted me to listen to his life story and persuade him that he was TS. Amin was only interested in talking about literature and his aspiration to become a writer. When pressed by his friends on matters sexual, he said he was asexual and that he had heard about these categories only recently when he was arrested on his way to a writing workshop. The arresting officers treated him roughly and were about to book him on charges of sexual solicitation at the police station when their supervisor noticed Amin and told his men that they had mis-recognized him; he must be a TS. He then told Amin he should go to the LMOI and get a certificate to avoid similar mix-ups in the future. Amin still did not know what he had been named as, his first perception was that the officer must have thought he was a prostitute and wanted him to go to LMOI to register as such; but he was grateful to be released and miss only half the workshop!

A second example of such problematic identification comes from one of the TS support group’s weekly Thursday afternoon meetings I attended. On this day, a young woman and her mother had come for the first time. As was the practice of the group, we began by going around and introducing ourselves. Many self-identified as MtF, FtM, gay, or TS (only rarely there were women in the meeting who identified as lizbian). When it came to the newcomers, the mother spoke first and explained they were there because her daughter had (sexual) problems and she had heard about transexuals and this meeting from a friend. So the mother had come to the meeting to see whether her daughter was transexual. A discussion immediately ensued, with various people offering their perception/cognition of the young woman. Most suggested that she could not possibly be TS or even lizbian, since she looked very feminine in her attire and make-up. When a guest doctor, who had been invited to talk about sexual practices and HIV risks, suggested that they should let the woman decide for herself, several people disagreed; she was new; the rest of them had a lot of experience with cognition and discernment of TS. Some of the notions of cognition offered at this meeting were sexual-practice based. For
example, in another meeting where the issue arose, several MtFs insisted that those MtFs who have had prior married lives and produced children could not possibly be MtF.

It is not only in a TS support group or among TS and other non-hetero-normative socializing circles, but also in many other places, that professionals as well as lay people offer cognition. Several transexuals remembered how the acceptance of their distinct differences first happened unexpectedly, at a family party, or in clinic, when a doctor whom the transexual had visited for unrelated medical needs, told him/her s/he needed a sex-change. The advice had been offered informally, and in this exchange of casual conversation, it was received as confirmation of the person’s own prior self-identification.

Many moments of (self-)cognition are also narrated through the media – newspaper reports, magazine articles, but even more importantly film and video documentaries. Negar, a 27-year-old MtF from Isfahan, with a master’s degree in mathematics recalled that a few years ago she had read an article in one the newspapers about transgender/sexuals that had made sense to her. Before then, she said, she had no idea that such a phenomenon existed and that it was possible to have sex-change in Iran. Her cognition was further confirmed more than a year prior to our conversation by one of her university roommates who pursued a master’s in psychology. He too had encouraged her to pursue the option. As a result of these encounters, she went to Dr. Majd, who diagnosed her as TS.

Both Mahnaz and Delara – who considered themselves FtM but had not yet adopted male names nor were they “in the habit” – also identified the media, specifically a popular satellite documentary program, as a factor in their self-cognition. This particular program was notable in that it included an actual enactment of “diagnosis” on the set.105 In the

105 Faramarz Amini, producer, Farzand-i bimar-i tab'at: nuqteh-i sifr [Nature’s sick child: Point Zero], three-part special produced for the program Yad-i yaran, Omid-E-Iran Television [OITN, a Persian language satellite channel], 2005. Pt. I: 57 min; Pt. II: 96 min; Pt. III: 81 min. Omid-E-Iran Television was established by Nader Rafiee, who had been in 1985-87 a director/producer of Channel 56 in California. A Los Angeles based, initially cable TV production, started in 1995, it later acquired satellite broadcast capabilities. It produces a variety of news, entertainment, social, and current events programs. (All
second part of the program, in addition to the presenter of the 3-part program, Amini, and MtF Taraneh/Rima Aram (she uses both first names on this and other programs), they were joined by a cast of professionals: Dr. 'Usku’i, a plastic surgeon who has more recently trained for SRS; Farshid Taqizadeh (at the time doing his psychiatry internship at Rouzbeh Hospital, with a focus on study of homosexuality); and Zamani (Dr. Mirjalali’s indispensable assistant, who has worked with him since 1990, first as an operating room technician for general surgery and more recently trained as SRS technician). There was also another participant, Kia, a 23-year-old feminine-stylized male, with long hair, plucked eyebrows, a very close shave, and long fingernails, who was diagnosed on the program. When discussing how doctors conclude who is a good candidate for SRS, Dr. 'Usku’i said that other transexuals, such as Taraneh (to whom she pointed) are the best judges. “Ms. Aram herself has become a good filter,” she said, then pointing to Kia and asking Taraneh for her diagnosis/cognition of Kia. Taraneh, with no hesitancy, pronounced Kia not transexual but gay: “My opinion about our friend is that he is a complete man, but because of psychological problems, and because he hangs out with our community, the community of transes and gays, he has become confused about his identity. I actually think that he is not even gay but bisexual, on the basis of information that I have.” Taqizadeh confirmed this diagnosis/cognition with a professional voice: having interviewed Kia just before the program, he can say for sure that Kia is gay, not trans. Taqizadeh talked at length about his research on homosexuals. Invoking the power and authority of science to determine untouchable “facts” of nature, he argued that “homosexuality is not a deviation, it is very normal, it is deep in our genes, it is embedded in the brain; we have scanned the brain of these people and it is different from the brains of heterosexuals. I realize that in Iran people think of it as deviation and in Islam it is a major sin, but I am saying this from a medical perspective. I have studied since 2002, 250 true homosexuals, that is, not bisexuals, they didn’t come to me out of any necessity, I visited them, I did several kinds of psychological tests and I have the

information from the station web-site.) Like the other LA-based satellite TV, Jaam E Jam, its reception in Iran is popular, though dependent on the government’s policy of the day whether to jam it or not, and how hard to crack down on satellite dishes. During the years of Khatami presidency [1997-2005], there was generally more leniency towards such outside cultural productions making it back to Iran. One indication of that leniency is permitting a local producer, such as Amini, to produce programs in Iran that would get beamed back to Iranian audiences via Los Angeles-based OITN, when Seda va Sima (the Iranian National Radio and Television) would not air a similar program.
results showing that these people do not suffer from sexual deviation. … We need to diagnose properly so that homosexuals are not sent to SRS. All doctors need to learn these things. … We need to establish a school of sexology in Iran. This is necessary, like a heart clinic…. Families need to learn that they need to support their trans and homosexual children. Do they throw out their child if s/he is suffering from thalassemia?” Strikingly, Taqizadeh sets a psycho-neuro-biological presentation in conversation with Taranéh’s “filtering” knowledge that another professional, Dr. ’Usku’i calls upon. At some level, this may strike us as a refreshing recognition of the limit of the medical experts domain of knowledge production. Transexuals often crack jokes about what they thought the real motivation of TS diagnosis was: the surgeons wanted to make a buck out of their challenges. It is also indicative, once again, of the different styles of discernment and naming someone as trans or gay that can traverse professional – scientific, legal, and therapeutic – as well as lay discursive domains.

I address the implications of this style of (self-) discernment/cognition for concepts of transexual self, identification, and identity in chapter 8. For now, having mapped out a provisional nexus of the diverse cognitions of transgender/sexuality in contemporary Iran -- in the complex traffic among fiqhi concepts of khunsá mushkil and the disparity of sex/gender of soul and body, in the psycho-sexological notion of gender identity disorder, and in the more recent neuro-psycho-biological imagining of the brain -- I ask, how did the conceptual possibility of transexuality, around which this nexus formed, come about? What are some of the historical emergences that have made transgender/sexuality a thinkable category in Iran?

106 As one transexual said: “Any young person walking into Mirdamad clinic is immediately welcomed as a certain trans needing surgery.” She added, only half-jokingly, “You mean you haven’t been told yet that you are really FtM? They haven’t set you up with an appointment?”