

Grotesque bodies: Transsexuals' struggle for truth in Iran

By Marie Lecuyer

ABSTRACT Many western commentators have been shocked by the legislation addressing transsexuals' right to transitioning and sex reassignment surgery in a strictly-gendered regulated county like Iran. As if all of a sudden Iran rose among countries of the Middle East as a paradise for transsexuals. Other recurrent narratives depicted the Iranian members of the LGBT community as victims of a purely theocratic and authoritarian regime, forcing non-gender normative individuals to change sex to fit in society. Rather, the space given to transsexuals now allowed to function more freely and be at peace with themselves reshapes the LGBT community's relation to the larger society. This paper looks at the current discourse on transsexuality in Iran and I argue that while the knowledge produced by the state apparatus on the trans subjectivity is forced upon transpersons, trans people have tended to claim ownership of this knowledge to advance their rights and legitimacy in society. They have tried to turn the current discourse to their advantage and define their identity in contradistinction to other non-gender normative groups such as homosexuals.

Looking at Persian miniatures, characters' faces and body lines make gender identification ambiguous. In contemporary Iran, such sex and gender ambiguities are not tolerated and individuals identified as transsexual are allowed to be cured to fully adopt one of the two gender identities and thus fit into the gender-segregated society that is Iran. As such, the Islamic Republic is the world's second leader in sex reassignment surgery (SRS) after Thailand (Terman, 2014). Non-gender normative people are often the target of violent crimes related to homophobia, but in addition to that, trans people are also

subject to heterosexism as a structural form of violence by which power is being reenacted in their bodies. Technologies, in the Foucauldian terms (1977), such as the medical and religio-legal establishments, create knowledge and discourses that ultimately dictate what social deviancy is, what counts as mental illness and how such issues ought to be addressed. In other words, such discourses "determine individual meanings" (Swarr, 2012) and deprive people of their agency. While the fatwa issued in 1984 by supreme leader Ayatollah Ruhollah Khomeini has allowed many transsexuals to come to peace with themselves, the medico-legal institutions forms a surveillance apparatus, setting in motion a process of abnormalization by which transgender individuals are "repressed administratively or forcibly killed off" as Mbembe puts it (1990). As such, trans people have to cooperate with the system and many have incorporated the label of 'abnormality' to their own identity and used it to their advantage to assert their existence as legal and legitimate citizens. However, this strategy has been pursued in contradistinction to Iranian homosexuals and thus led to further discrimination against them while reifying gender binaries.

Technologies of Submission

In 1984, the supreme leader Ayatollah Ruhollah Khomeini issued a religious and legal pronouncement after Maryam Hatoon Molkara – a male-to-female transsexual - lobbied him directly, making transsexuality and sex reassignment surgery (SRS) legal. This was not the first time Khomeini expressed his opinion on the issue. He did so twenty years earlier from Iraq, in his Arabic treatise. However, the barrier of the language and the fact that he was not the political authority he would become fifteen years later limited the forcefulness of his pronouncement (Terman, 2014). In a society where in the public realm gender is strictly regulated, legal legibility improved the life of many families and benefited many transsexuals who

could now find 'inner peace'.

However, the process of certification and transitioning remains conditioned to the government's supervision and knowledge so as to protect gender dysphoric people from themselves since indeed "there have been cases of patients wrongly regarding themselves to be transsexuals" (Javeheri, 2010). The diagnosis and transitioning process requires much time and determination on the part of applicants who have to go through the labyrinths of the Iranian bureaucracy. They go through a process of 'filtering' by which they are differentiated between 'true transsexuals' and 'true homosexuals' or victims of other psychological problems (Najmabadi 2013) so as "to see whether hormone therapy and surgery are necessary" (Javaheri, 2010). After successful identification as trans, applicants receive a certificate they will carry around to move more freely within the gender segregated society. Ultimately, this certificate makes trans persons eligible for sex reassignment surgery (SRS). Although there is no obligation for them to go on the operating table, it remains necessary if one wants to change legal status (Terman, 2014). The process for obtaining a certificate starts at the Tehran Institute of Psychiatry (TIP) with thirteen sessions for self-identified transsexuals and a series of questions and tests applicants often find absurd. From color and sport preferences to what kind of watch they wear or if their legs are shaved, all are gender clues enabling psychiatrists to evaluate their patients along male/female lenses (Najmabadi, 2013). Some applicants recounted moments of brutality and abuse where once the therapist got impatient and threw an ashtray at his patient. Some of those abusive behaviors are said to be part of the diagnosis process to test people's (wo)manhood (Najmabadi, 2013). If the applicant satisfies the demands of the TIP, the case is sent to the Forensic Medicine Organization (FMO) who must confirm the Gender Identity Disorder diagnosis, after which the Administrative Court of Ministry of Justice delivers the certificate (Najmabadi 2013). With documents certifying their status of liminal

gender, they will be protected from police harassment and accusations of being a transvestite, breaking Iran's gender rules and dress laws (Terman, 2014). Many trans would still be "picked up by the police on suspicion of 'moral corruption and sexual deviancy'. The big difference was that [they] would be released after [they] showed [their] papers" (Najmabadi, 2013).

The medico-legal institutions work as a system of surveillance conditioning people living outside of the binary gender norms. Transgender minorities are neither free to assess their identity by themselves, nor to entirely freely 'function in society' on a daily basis (Swarr, 2012). Medical treatments that aim at delineating gender identities are in most cases the ultimate alternative for liminal genders to finally fit in society, be freed from discrimination (Swarr 2012, 94) and thus live "livable and loving lives" (Najmabadi, 2013). Many non-gender normative Iranians end up undergoing sexual change surgery as a result of all the constraints and impossibilities a state of liminal gender causes in a society where heterosexual marriage is a huge "key imperative ... the determinant of one's life plot" (Najmabadi, 2013). One male-to- female transgendered person recalls that she was willing to have the surgery "so that [she] could expediently get a husband and save [herself] and [her] family from all this humiliation and disgrace" (Najmabadi, 2013). The frustration of not being able to do simple things like going to places and hotels, adopting a child, and to love and live like a couple, with the full rights that husband and wife are granted is also an important factor pushing many to sacrifice their identity.

What leads many to transitioning may not be the direct state coercion but rather the institutions and embedded norms on sex and gender that leaves little choice to trans people but try to fit in (Foucault, 1977). But the way knowledge interacts with transgender subjects is not unilateral. In their interaction with the various establishments, trans people incorporate the knowledge and discourse created about the self. As a result, they

ultimately come to think of themselves as sick people.

Discourse of Affliction

State and social control over sexual normativity operates by a process of abnormalization whereby the state's discourse on non-heteronormativity as a pathology becomes socially taken for granted and defines trans persons' sense of self. As such one cannot freely self-identify as trans. Instead, "the truth of that designation depends on documented affirmation by some other-than-self authority" (Najmabadi, 2013). The Iranian government and medical establishment officially frames transsexuality as a disease: the Gender Identity Disorder or gender dysphoria – a sense of one's own gender identity not matching the gender one has been assigned at birth (Javaheri, 2010). In 2011, the disease officially ceased to be classified as a mental disorder and was famed as a glandular disorder. The transfer from mental to bodily disorder somehow reduces the discrimination (and especially from employers) transgender/sexual people usually face in society (Najmabadi, 2013). Being trans thus means to be classified as sick and therefore be of inferior status. Had the discourse been different and less reductive, there may not be as many people going through transitioning and SRS. In Iran, transsexuality and homosexuality are the only two non-heteronormative categories discussed. Homosexuality is somewhat acknowledged (and/since it is banned) and framed as a pathology and moral deviancy. Transsexuality, though pathologized, is God's fault, He made trans persons born this way by getting the soul or the body wrong (Saeidzadeh 2015). Trans people may use religious explanations like this one, or believe in a somatic etiological discourse to argue that "transsexuality is not a deviation, it is very normal, it is deep in our genes, it is embedded in our brain" (Najmabadi 2013). Although pointing at the cause of people's sexual orientation and different gender identities does not solve the problem of unjust discrimination in any ways (and could well be used

against them), they use those narratives to make their gender and sexual condition more legitimate for some: "If cancer is not a shameful disease, why should transsexuality be?" (Eqbali, 2004).

These kinds of discourse convinced many members of sexual minorities that they were trans and had to go into transitioning. But many who underwent SRS have come to regret their choice as they realized they had been misinformed and had thus misidentified themselves. Once confronted to the reality of a new body and to new discourses about gender and sexuality, they may not identify as trans anymore. Although it may be rare people admit their regret openly (A. Parsi, personal communication 2015), an interviewee shares his sorrow:

I have committed a huge mistake. Why did I want to become a woman? I didn't even become a woman, I've become something deficient, and I would give anything to go back to my previous state. In another incident, I was at a doctor's office and encountered two transsexuals who were begging the doctor to operate them to go back to their previous state (Change sex or die, 2007).

In Iran the heteronormative discourse identifies and manages sexual deviants: they get diagnosed and sometimes cured to fit into society. The process of normalization that promises non-heteronormative individuals to live in harmony with themselves and society costs many lives - literally and figuratively - and abnormalizes non-normative sexual identities as sick people. Although transsexuality is tolerated and transitioning from one gender to another is allowed, the discourse of pathologization imposed on them greatly reduces one's power over one's self-identification. But whether they buy into it or not, many transsexuals cooperate with the dominant discourse in the hope this will further their legal recognition and improve their lives. As an interviewee puts it, "the more we participate in such activities, the more seriously our demands will be taken. We will be seen as respectable people. It will also teach TSS

how to act as responsible people" (Najmabadi, 2013). The current dominant discourse medicalizes non-gender normative individuals and as such creates more deferential bodies, who accept their condition, relieved from the threat of embodying sin. As one FtM explains in an interview with Afsaneh Najmabadi, "Once I was diagnosed as trans, I started having sex with my girlfriend without feeling sinful" (2013). While the current discourse is being forced upon them, many trans persons have integrated it to their own identity, for better or for worse. What is more, many claim ownership of the current knowledge created about them and brandish the current discourse to push for more rights and legitimacy.

Strategy of heteroperformativity

Members of the trans minority engage with the dominant discourse so as to have a say in the national narrative while playing by the rules (Castle 2008, 125). In fact, as the Foucauldian notion of power suggests, power comes through the imposition of knowledge and discourse. Thus, by mastering the dominant narratives at play in society, "the newly capacitated actors [become] able to access full inclusion in public life" (Castle 2008) and challenge "dominant ideas about who can and should not participate in the public forum" (Castle 2008).

In Iran, where gender identities are highly visible due to strict dressing codes and gender-segregation, trans persons create their sense of being by performing (wo)manhood. They reiterate narratives of heteronormativity and perform gendered habits and activities. For example womanhood is proficiently performed through "clothes, makeup, cooking, doing what women do" (Najmabadi 2013) and is peer-regulated when "one MtF says reproachfully of another MtF: 'even real women do not walk/talk/gesticulate/use makeup like this'" (Najmabadi 2013).

Some trans people are somewhat resentful of homosexuals playing with the system made available only

for trans. Individuals who get certified as trans but don't go into the transitioning process are said to be abusing the system and "to be really same sex players" (Najmabadi 2013), meaning not trans, not legal nor legitimate. Homosexuals are ostracized and punished for not "agreeing to believe in [those productions of gender]" (Butler, 1990). As a result, some trans believe they run the risk of being associated with other non-heteronormative minorities and homosexuals in particular. By pretending to be trans to the legal and medical authorities while not performing as such - not adopting the heterosexual codes that trans in Iran tend to replicate - homosexuals 'imposters' are said to be making it harder for trans to gain acceptance and legitimacy from the larger society because homosexuality - a cardinal crime - remains unaccepted by society and banned by the government (Javaheri, 2010). Cognitive pronouncements such as 'I am trans' are fundamental designations that regulate, delineate and ultimately protect the trans community from harmful association with homosexuals who threaten the heteronormative order of things - an order out of which the trans community has managed to carve a space to finally live in (Najmabadi, 2013). The meaning of the pronouncements and performances by trans individuals depends on the tacit collaboration with the larger society (Butler, 1990). Society receives the trans community as a "team of performers" to use Goffman's words (as cited in Najmabadi, 2013) and is more likely to accept transsexuality as it enacts the pre-existing categories of men and women. Even for transsexuals themselves, "the tight binarization and the indistinction between sex/gender and sexuality makes it difficult to conceive of postoperative sexuality as anything but heterosexual" (Najmabadi, 2013), as if the only point of undergoing SRS was to become the other gender and not be categorized as non-straight or non-(wo)man.

As Imre puts it, "homosexuality is heterosexuality's very precondition in that identity is always based on exclusion" (2008). Thus, if asserting one's identity consists in not being someone else, members of one minority

perform their identity by excluding other groups and emulating the system of values of the majority or state's ideology so as to be considered legitimate members of society. Similarly, Puar says homosexual subjects 'allying' with the heterosexual majority against Muslims in the United Kingdom "are complicit with heterosexual nationalist formations rather than inherently or automatically excluded from or opposed to them" (2007). It seems that Puar and Imre's points can be applied to the case of Iran where a number of transsexuals have been complicit with heterosexual subjects in distancing themselves from homosexuals and by emulating heteronormative performances in order to gain acceptance from state and society. As one MtFs interviewee insists, "we are women, not same-sex players" (Najmabadi, 2013).

Forms of heteronationalism emerged during the war effort against Iraq. During the 1980-1988 years, any non-heteronormative behavior was "marred as a betrayal of national and Islamic values at a time when the very fate of the Islamic Republic and the integrity of the national domain were seen under attack" (Najmabadi 2013), and was thus "insulting the blood of the martyrs of the sacred defense" (Najmabadi 2013). But two dynamics were at play in the newly formed Islamic Republic of the early 1980s. On one hand in post-revolutionary Iran new regulations imposed strict heteronormative dressing and gender segregation in public, while on the other hand, successful lobbying convinced Ayatollah Ruollah Khomeini to allow transitioning states and SRS for transsexuals. From then on, transsexuality became more socially acceptable than homosexuality. Transsexuality was thus framed as a born disease that could be cured by adopting the correct gender attitudes and performances or/and ultimately having a sex surgery done, whereas homosexuals were labeled as morally ill, afflicted by a 'willed deviancy' (Najmabadi 2013) and were (and still are) people for whom psychotherapy and repression are the only solution to keep them in check. We certainly all remember Ahmadinejad's famous speech at Columbia University: "We don't have

homosexuals like you do in your county" (Iran president in NY, 2007). So like Puar claims about anti-Muslim gay individuals, one could infer that some trans in Iran have followed heteronormative narratives as a way "of reclaiming an otherwise withheld national belonging - to be [Iranian] is (quit forcibly) to be [anti-homosexual] - while maintaining their exceptional identity" (Puar, 2010). Claiming one's right to exist as a trans- or, for that matter as a sick person - in Iran needs one being pragmatic. Although "the Islamic law considers sex change a human right" (Javaheri, 2010), trans activists in Iran have made clear that on the contrary they have chosen not to politicize the issue and would rather "work within the limits to avoid pressure from the government" (Saeidzadeh, 2015). It thus seems that heterosexuality (or heterosexualites) even if redefined by trans people's efforts to gain recognition, remains the limit in Iran.

Conclusion

The legislation allowing transgender people to obtain precious documents certifying their trans identities, giving them access to sometimes much wanted medical treatments and surgeries, grants trans people and some members from the wider LGBT community more space to better 'function' in society. However, the current knowledge on gender and sexuality embedded in the various institutions such as the medical, legal, but also family and religious establishments in Iran has very much conditioned and constrained - sometimes disastrously so - the ways trans people could become full members of society. It has also meant for the trans community cooperating with the current reductionist discourse of affliction labeling them as 'legitimately sick' and thereby reducing them to an inferior class of citizens. Although reductionist, many trans individuals have brandished this label so as to advance their rights, build their legitimacy and identity in contradistinction to "same-sex players" widely seen as repulsive. This strategy allows them to

further negotiate terms of heteronormativity without threatening too much the current 'order of things' in a society where gender codes are highly visible. However, while some trans claim to belong to the binary order, they also reify the heteronormative discourse and reinforce abhorrence of homosexuality.

Marie Lecuyer studied political science and international development at McGill University. She focuses on issues of violence emanating from the state and society, sovereignty and foreign policy.

References

- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge.
- Castle, T. (2008). Sexual Citizenship: Articulating Citizenship, Identity, and the Pursuit of the Good Life in Urban Brazil. *PoLAR: Political and Legal Anthropology Review* 31(1):118-33
- Change Sex or Die: An Exclusive Interview with an Iranian Transgendered Activist on Iran's Surgical "Cure" for Homosexuality. (2007, may n.d). Direland. Retrieved from http://direland.tpepad.com/direland/2007/05/change_sex_or_d.html
- Eqbali, A. (2004). Iran's transsexuals get Islamic approval, but! *The Middle-East*. Retrieved from <http://www.middle-east-online.com/english/?id=11423>
- Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. New York: Pantheon Books.
- Imre, A. (2008). Lesbian Nationalism. *Signs*33(2): 255-282.
- Iran president in NY campus row. (2007, September 25). BBC. Retrieved from http://news.bbc.co.uk/2/hi/middle_east/7010962.stm

- Mbembe, A. (1992). Provisional notes on the post-colony. *Africa* 62 (1).
- Najmabadi, A. (2013). *Professing Selves: Transsexuality and same-sex desire in contemporary Iran*. Durham, NC: Duke University Press.
- Puar, J. (2007). *Terrorist assemblages: Homonationalism in queer times*. Durham, London: Duke University Press.
- Puar, J. (2010, June 02). To be gay and racist is no anomaly. *The Guardian*. Retrieved from <http://www.theguardian.com/commentisfree/2010/jun/02/gay-lesbian-islamophobia>
- Saeidzadeh, Z. (2015). *The legality of sex change surgery and construction of transsexual identity in contemporary Iran*. Master thesis, University of Lund.
- Swarr, A.L. (2012). *Sex in Transition: Remaking Gender and Race in South Africa*. New York: SUNY Press.
- Terman, R. (2014). *Transitions in Iran*. *World Policy Journal*. Retrieved from <http://www.worldpolicy.org/tansition-iran>