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# Life experiences of sexual minorities in Iran: limitations, adaptations and challenges

Naima Mohammadi<sup>1</sup>

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**Abstract** The purpose of this study is to present a description, theming, and status comparison of sexual minorities, such as transgender persons and transsexuals in the Islamic society of Iran. Cultural as well as religious sensitivities have made the living conditions of sexual minorities, as an individual and a social being, extremely challenging. Using a hermeneutic interpretation (interpretative phenomenological analysis) a number of 18 semi-structured interviews were conducted with transgender individuals; from the interviews, three main themes: self-confidence, legal respect (in terms of the self) and social esteem were revealed. These individuals were categorized into three groups: transgender individuals (pre-sex reassignment surgery), transsexuals (under hormone therapy), and transsexuals (post-sex reassignment surgery). The findings indicate that social dignity in relation to transgender individuals is a critical issue. More than other social groups, transgender individuals are under a higher level of mental stress pertaining to role conflict, disappointment in romantic relationships, high risk of suicide, being discriminated against, based on sexual orientation, and physical, verbal and sexual abuse. The interviews also introduced exclusion and the inability to adapt/adjust in socially professional situations, as the leading context condition losing social dignity in all three groups. These difficulties have also been noticed in post-surgical transsexuals, especially from those that have undergone male to female sex reassignment surgeries. These findings support the rights of sexual minorities and more specifically transgender individuals in the Civil Rights Charter which has recently been submitted to the Iranian parliament. Moreover, the establishment of transgender health training centers is proposed in order to complete the medical process of sex reassignment and to facilitate appropriate behavioral adjustment to the reassigned sex, especially for male to female sex reassignment transgender individuals.

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## 1 Introduction

The human body has a number of special social and characteristic features, in addition to basic biological ones, which is of significance in defining the sexual identity. One of the most significant parts of every individual's social identity may be his or her affiliation with either the male or female sex (Brown and Ryan 2003). Theoretically, modern feminism has defined its subjects based on sex. Though feminism had been passive to conforming to structures of patriarchy (Zalewski 2003), in the late 1990s postmodern feminism intended to compensate for past weaknesses and insufficiencies. It was during this time that by revising the concept of sexual identity, a pluralistic and heterogeneous subject was formed, which acknowledged sexual minorities including: lesbian, gay, bisexual, transgender and transsexual people (Nicholson 2013). Judith Butler addressed this issue in her book "Gender Trouble" (1990) in order to deconstruct the conventional sexual duality in the academic atmosphere of that time (Lloyd 2007).

As the researcher of this study has found, there are various terminologies to describe individuals whose gender identity is not according to their assigned sex (from birth); some researchers believe "transgender" can be used as an umbrella for binary gender categories (Boswell 2006). Some other researchers believe that "LGBT" culture is a complete representation of this community. Considering the relations between transsexuals and their environment, Prosser (1998) mentions three stages including: pre-transition/operative, transitioning/in the process of hormonal and surgical sex reassignment, and post-transition/operative. This paper focuses on the status of transgender people—individuals whose gender identity is not according to their assigned sex—in Iran, centered on three groups: transgender individuals who are legally prohibited from undergoing sex reassignment surgeries, those undergoing surgery or hormone therapy, and post-surgical transsexuals. This typology is more consistent within the cultural context of this study (Prosser 1998). Also, this definition was highlighted by Carroll et al. (2002) who believed that transgender, unlike transsexual, is a term for people whose identity, expression, behavior, or general sense of self does not conform to what is usually associated with the sex they were born to and in the place they were born in. This study is on the condition of "sexual minorities" which is limited to two groups: transgender and transsexual. Transgender, unlike transsexual, is a term for people whose identity, expression, behavior, or general sense of self does not conform to what is usually associated with the sex they were born to as well as the place they were born in. It is often said sex is a matter of body, while gender occurs in the mind (Carroll et al. 2002). For transsexuals, their sex organs, the primary (testes) as well as the secondary (penis and others) are physical abnormalities that some would rather change through surgical means.

Though, theoretically speaking, gender is not currently under the authoritative hegemony of certain power discourses as it was in the past, in practice it is still a subject which faces Gordian knots concerning its freedom on a number of cultural and religious grounds. For instance, under the laws of some Islamic countries, homosexual acts are considered a crime and are punishable by death or by isolation if not by actual criminal proceedings (Ahmadi 2015). Homosexuality is illustrated as a paradoxical reality and has historically and contemporarily been considered taboo. Some researchers speak out against homosexuality in Islam as a difficult paradox being related to Western colonialism against the

East (Kligerman 2007). However, the experience of being homosexual and Muslim is accompanied by isolation, punishment and emigration in Pakistan (Khan et al. 2009) and South Asian (Ratti 1993), transsexuals—male to female—have challenged the notion of womanhood as being pure and virtuous, in harmony with Muslim ideals in Oman (Wikan 1977), and in Turkey, homosexuality is known to have caused a crisis in fertility rate (Bozkurt et al. 2015).

In a country like Iran, more complexities exist. On one hand, being a theological state that inherited its constitution from ideas of the Islamic Revolution and is deeply rooted in the Shia interpretations of *Shari'a*, Iran criminalizes homosexuality (Minch 2011). On the other hand, there is an existence of approximately 20,000 transsexuals and 1366 individuals who have had sex reassignment operations between 2006 and 2010 (Fatemi et al. 2015). As well as individuals who are waiting to undergo sex reassignment surgeries. Based on a fatwa issued in 2008 by Iranian Shiite clerics, those whose hormonal imbalance is confirmed by two physicians approved by the Iranian judiciary system may undergo sex reassignment surgery. Additionally, a court permit has to be obtained prior to the surgery. Therefore, compared to transsexuals, transgender individuals do not have as equal an opportunity to escape their bodily purgatory. It seems especially problematic in the areas of law, social recognition and the principles of ethical life of sexual minorities as Axel Honneth points out several times (Honneth 1992).

The issue of adapting to society and engaging in social interactions with family and relatives is another important challenge that transsexual people are confronted with in Iran. Research indicates that their initial difficulty is recognition and social adjustment primarily in the family sphere, and then in other institutions (Javaheri 2010; Hejazi et al. 2009; Fatemi et al. 2015). Family support plays a significant role in helping transsexuals adjust to their new identity. However, transsexuals might experience exclusion and social pressure by their families and society. Studies addressing the mental health needs of LGBTQ individuals are scarce in Iran. Studies that investigate mental health issues of minorities in Iran can increase the emphasis on social justice and multiculturalism within the professional counseling sphere in Iran (Fatemi et al. 2015).

What makes the recognition and adjustment of sexual minorities even more challenging is the gender reinforcement which is dominant in Iranian culture and leads to wide and separate discrepancies between the behaviors of men and women. This is done through the enforcement of sex segregation in schools, stadiums, some universities, and several professions and through the issue of controlling bodies, which includes sexual relationships of citizens, mandatory hijab (veil) wearing for women and a standardization of men's clothing by the police, are all obstacles that make transgender people's lives extremely inconvenient. Since the necessary conditions for a social life is sharing a unified group of norms by all or the majority of the members of any given society, and because transgender individuals do not fit these social norms, their chance of enjoying social inclusion is quite low (Sevelius 2013). Ervin Goffman (1963) applies the term "stigma" to describe this issue (Goffman 1963). These challenges have highlighted by some of Iranian researchers who corresponding review of the role of cultural and social exclusion (Javaheri 2010) (Javaheri, Kochakian 2006). Some researchers notice to the low quality of social life among transgender people in Iran (Movahed and Hosienzadeh Kasmani 2012). There is another paper that indicated Iranian GIDs have sexual orientation according to biological sex, while most of people avoid them in social relationships (Alavi et al. 2014). literature review indicate that transgender people have a negative relationship with the bad feelings in the close relationships, observing the relationships as the second issue and receiving the permit from the others and insecure attachment style (Jafar 2014). They propose that by interventions

social networks and media, sexual minorities can be visible as a member of society and improve the quality of their social life. Khodayarifard et al. (2004) proposed family therapy base on cognitive—behavioral technique can be effective to join this group to the society (Khodayarifard et al. 2004). Literatures show that many sexual minorities face to social and cultural problems in Iran. This study aimed to clear limitations, adaptations and challenges of gender minorities in Iran. The Research questions for this study were:

1. How personal, legal and social context conditions affect gender affirmation among transgender individuals and transsexuals undergoing sex reassignment as well as post-surgical cases in Iran?
2. How personal, legal and social context conditions affect body modification among transgender individuals and transsexuals undergoing sex reassignment as well as post-surgical cases in Iran?

## 2 Research method

This qualitative research is of a phenomenological nature and intends to describe the experiences of transgender individuals in Iran and specifically, in Tehran. Some researchers have used the same method as well to investigate the lived experiences of transgender individuals (Applegarth and Nuttall 2016).

The techniques of gathering data were semi-structured interviews and field notes. The advantage of semi-structured questions is that the participants are faced with a flexible situation where they are able to freely discuss the most critical issues they are confronted with. Since the majority of participants usually opened up with an issue influencing their lives more deeply, the opportunity to describe, categorize, and compare participants with a more accurate prioritizing was provided.

After the analysis of all the transcripts, the main themes were explored in relation to each other. The interviews opened with a short and friendly conversation followed by the question, “How do you live in Iran as a sexual minority?” The recorded materials were listened to and transcribed in great detail. Each interview was between 45 and 60 min and the data analysis was conducted through Colaizzi’s seven-step method. Based on the first three steps, a number of 320 concepts were extracted. In the second step, the secondary categories were merged and the study’s main concepts were identified. Since the main criteria to confirm the validity of data is credibility (Burns and Grove 1993; Pyett 2003) individual interviews were arranged for a second time in order to assure the reliability of the data which was discussed with the participants so that they could confirm what they had stated before (Leininger and McFarland 2002). Data was collected for a period of six months in 2016.

### 2.1 Sample

The participants of this study consist of 18 transgender individuals who have taken measures for sex reassignment surgery. Considering the Iranian law according to which the permit for such a surgery requires the consent of the court and the Iranian Legal Medicine Organization, the participants were categorized into three groups. The first group (7 participations; %38.8) were the transsexuals who had undergone the procedure successfully (M to F = 5 and F to M = 2). The second group (5 participations; %27.7) were

undergoing hormone therapy, and the third group (6 participations; %33.3) were those whose surgery applications had been refused yet agreed to share their experiences with the researcher. Snowball sampling method was used in this study (Priest et al. 2002). In order to gather data, four sexual identity disorder treatment centers, two genital reconstructive surgeons and three sexology therapists were referred to. These centers which are located in the north, center and south of Tehran descend economically concerning the socioeconomic status of that area. For every meeting, in-person communication was established with transgender people where they were requested to introduce other individuals who were willing to participate in an honest interview in order to assist this study. The purpose of this study and its significance were explained to the participants prior to gaining their trust concerning the confidentiality of interviews; they had a right to leave the interview at any time, and were allowed to observe and discuss moral issues during the interviews in a safe and private environment.

Their age range was between 20 and 40 years of age and their average education was 11.4 years. Table 1 gives a brief description of the participants.

## 2.2 Findings

Analysis of the experiences of transgender individuals revealed three main themes of tension including self-confidence, self in relation to law, and social esteem. There are three forms of social recognition which are founded in the sphere-specific principles of love and intimacy, citizenship rights and social solidarity. All three are related to direct consequence recognition and social justice in each society (Honneth 1992). A list of the main themes and subthemes is illustrated in Fig. 1 and are discussed in the following section.

## 2.3 Self-confidence

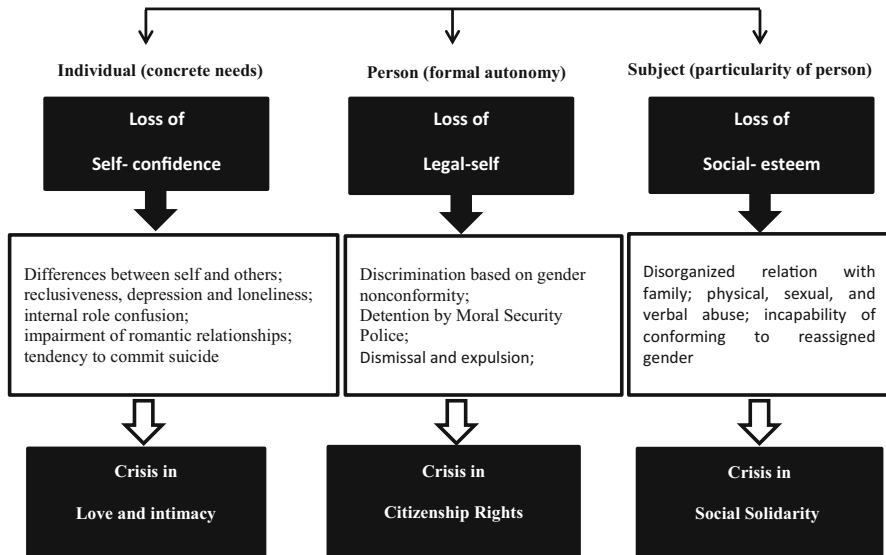
The majority of participants were already aware of their differences with others and as the interviews illustrate, this awareness allowed participants to gain a certain social maturity in accepting these differences, and caused an identity gap between sexual minorities and the rest of society.

Turner et al. (1994) noted that the identification of “self” as opposed to another group under certain conditions creates internal pressures and competitions. In this condition,

**Table 1** Brief details of participants

| Characteristics        | T.S post-Surgery   | T.S undergoing hormone therapy                  | T.G surgery forbidden                                |
|------------------------|--|---|--|
| Number of participants | 7<br>5 M to F<br>2 F to M                                | 5   | 6<br>3 Heterosexuals<br>3 Homosexuals                |
| Age range              | 25–40  | 20–25   | 20–35  |
| Pseudonym              | Mandana<br>Neda<br>Aref<br>Roya<br>Kazem<br>Nikoo<br>Ava | Nariman<br>Raha<br>Kiyam<br>Fereshteh<br>Afshin | Akbar<br>Rosa<br>Hamid<br>Sima<br>Sepideh<br>Mojtaba |





**Fig. 1** Main themes and subthemes

individuals in transsexual and transgender groups may not be subject to the positive treatments that other groups display (Turner et al. 1994). In this condition, individuals in transsexual and transgender groups may not be subject to the positive treatments that other groups display (Johnson and Hunt 1990). The same experiences are expressed by Aref, Kazem, Rosa and Mandana. As Mandana explained:

I had always wanted to dress like my sisters so I used to secretly take their braziers and underwear. When I was around 10 years old, I started to become aware of what I had been doing. My tendencies and feelings were unusual and odd to others.

And Rosa said about her competitions:

from the age of 4 or 5 I would wear a chador to imitate my other who did so to say her prayers,...as I grew up I would consciously try to act like my mother, I felt jealous when my father was romantically intimate to my mother, and had the same sensitivities and competitions as women do...

A secondary subtheme is “*reclusiveness, depression, and loneliness*”. The sexually maladjustment individuals declared in their interviews that subsequent to an internal experience and becoming aware of their difference with others, a feeling of “extreme loneliness” had come upon them. Meyers (2003), Hendricks and Testa (2012) assert that feeling lonely, depression and mental distress among transgender people is related to being a minority group. They experience more rejection and prejudice; therefore they hide their real identity and are reluctant to appear in public.

However, if the awareness of their differences with others results in their inclusion in a group, the extent of depression and anxiety will reduce. Johnson found that transgender people reinforced their membership to the group frequently; they did belong to the transgender community and honored this group identity. The findings indicate that Australian transgender people, because of a strong sense of intergroup identity differences, did not feel lonely (Miles-Johnson 2015). Nevertheless, the lack of such inclusion in Islamic



states will often lead to feelings of loneliness, reclusiveness, hopelessness, and extreme depression among sexual minorities (Bozkurt et al. 2015; Fatemi et al. 2015). They do not have the ability to create a personal (definition of self) self-worth (becoming aware of oppressions and connecting), hope for the future and self-affirmation (Applegarth and Nuttall 2016). As the awareness of the difference between sexual minorities and other matures, the feeling of loneliness is replaced with an identity crisis which is considered as a mental disorder factor and may expose the individual to major physical damages. Ferusson et al. (1999) founded that several psychiatric diagnoses, including major depression, anxiety and alcohol/substance abused have been observed among sexual minorities In the New Zealand. All of these factors reported by participants, as Akbar said:

I wouldn't leave home for months... I constantly took sleeping pills and strong painkillers to fall asleep... I got addicted to those medicines and no one has anything to do with me...

Hamid having the same experience explained:

I feel so terrible that sometimes I don't feel like eating and even when I'm thirsty I won't get up to drink some water...

Ava, Fereshteh, and Aaha states the same words. As interviews have indicated, a serious contrast between body and mind which is referred to as "bodily purgatory" in this study, has exacerbated the level of self-confidence more in case of transgender individuals in comparison with transsexuals. However, the tendency to use drugs and alcohol was not mentioned in the interviews. According to the interviews, mental disorders such as uncertainty, depression, and drug abuse among the three groups of participants is higher amid those who had immigrated to Tehran from other cities in comparison with those whose hometown is Tehran. These participants mentioned their unfulfilled wishes and believed that "all roads lead to Rome".

Hird (2002) quotes Goffman stating that the only wish that an individual with a stigma has is to reach a fixed definition and meaning of their own status (Hird 2002). The participants mentioned their conflicts with their bodies in order to reach this sort of status. The third secondary subtheme is "self- alienation". The transgender individuals' self-confidence has been profoundly influenced by their denial of their own bodies. Akbar, Sepideh, Mojtaba, and Hamid explained their self-denial as follows:

Sepideh: I have been using sanitary pads since I was 13. I try to make the pad bloody even by wounding my genitals with a razorblade...I do this all the time...

Hamid: I have tries to cut my breasts several times, their shape makes me sick.

Freshteh, Aref and Nariman who are under hormone therapy, describe their alienation with their body as follows:

Aref: I don't take my clothes off when taking a shower because I don't want to see my body.

Fereshteh: I don't look at myself in a mirror for weeks, I prefer dirty mirrors where I can see blurred image of myself.

The third secondary subtheme is "*internal role confusion*". Wikan (1977) in an analysis of the cause of self-confidence decrease in Omani transvestites mentions their incapability in performing social roles which are normally carried out by men or women (Wikan 1977). The transsexuals mention a higher level of confusion and role confusion after the sex reassignment surgery in this study. The interviews as well as observing their behaviors

indicate that during social interactions they show signs of “extreme recognition of sexual identity” (Brown and Ryan 2003). Turing into a pseudo-man or pseudo-woman has resulted in losing a high extend of self-confidence among participants. For instance, Kazem’s behaviors on the bus had surprised everyone. He had been standing on the bus with a domineering gesture and looking up while other men had been standing calmly. The way he had been standing blocked the way of men and eventually led to a physical conflict and confusion.

Aref: I jumped off a very tall wall. Even other men were surprised and warned me that it’s dangerous and that I may break my leg. I wanted to prove my manliness.

Mandada: I was trying hard to look charming and attractive and because of this I’ve lost many of my friends. They said I had been trying to attract men’s attention like prostitutes.

Most transgender individuals discuss their internal confusions with their roles. Mojtaba, Sima, Hamid, Rosa, and Akbar discussed their internal challenges. For instance, Rosa and Sima said the following on their feelings:

Rosa: not only do I have anything to say among women, but the men’s world is also not attractive ti me...so most of the time I have no idea what to say.

Sima:I feel guilt when I can’t have hijab and I don’t know what to do...I feel ashamed in from of god...

The fourth secondary subtheme is “*uncertainty and impairment of romantic relationships*”. The lack of a mutual understanding of a transgender individual’s sexual feelings may lead to a misinterpretation of these feeling by others. The majority of every society does not believe the love expressed by men dressed as women and women behaving similar to men (Bentler and Prince 1969). The results of the interviews indicate that romantic propositions on the side of homosexual transgender individuals were harshly rejected and these individuals were subjected to humiliation and even violence. Most transgender individuals have remained incapable of romantic propositions even after their surgery. A number of cases, participants expressed regret in their attempts to have a romantic relationship. Akbar, Raha, Sepideh, Nikoo, Hamid, and Ava shared their experiences:

Ava: after the surgery, I fell in love for a couple of times. Every time that groom’s family found out about my sex change surgery, everything ended sadly...one said that they had referred to Quran and the result had been bad...one said something else...they got back their proposals one way or another...now I’m not considering marriage anymore because I get sad and depressed for a year after every romantic relationship I go into.

Raha: I fell in love with one of my classmates at university, but he always ran away from me. Even one time that I found an excuse to talk to him, he wasn’t even looking at me. He was really handsome and after much effort I found the courage to tell him that I loved him and that I was undergoing hormone therapy and soon the issue would be solved and we could get married...anyway, he got physical with me and wanted to kill me...he told me that I had insulted him and lots of more curses.

The interviews conducted in this study indicate that the majority of cases subsequent to role confusion and disappointment in their romantic relationships had no solution but attempting to commit suicide. The fifth secondary subtheme which is mentioned by all three groups of interviewees is “*tendency to commit suicide*”.

American Foundation for Suicide Prevention has reported concerning the relation between self-identifications and Suicide, suicide attempt and suicide risk among sexual minorities. Homosexual-Transgender people more than others (GLB) committee suicide.

Based on the conducted interviews, all three groups of participants had thought about committing suicide in their early teens and early adulthood. However, the frequency of these attempts has been higher among hormone therapy group and transgender cases than transsexuals who had undergone surgery. Considering the fact that the risk of committing suicide drops by their self-confidence improvement achieved through the measures taken to make body and mind more congruent, transgender cases are more vulnerable to the risk of committing suicide based on the conducted interviews. Aref, Fereshteh, Kiyani, Nariman, Mojtaba, Sima, Sepideh, Rosa, Akbar, and Nikoo explained this issue from which some instances are as follows:

Mojtaba: I have no hope for the things to get better...I have thought of suicide a couple of times, my life doesn't matter to anyone. There is no cure to this pain but death, so how can I ever ask this pain to be cured.

Sima: ...I pass the days with no purpose, I have no hope for future, and I've attempted to commit suicide several times, each time saved by an idiot who has no idea why I should live on...I'm paying a high price just to breathe, nobody can believe what I'm going through.

Sepideh: I think about suicide a lot because I have no motivation to live. I have no love, no hope, no job, no feeling. I'm a total mess...hopelessness is the worst pressure because I have to be someone I'm not for my whole life.

Generally speaking, the interviews indicate that the negative consequences of self-confidence loss is higher among transgender cases than the two groups of transsexuals-post surgery and under hormone therapy- and has caused more internal tension. The transsexual participants in this study are of more desirable self-confidence due to the increased congruity between body and mind. Aguayo et al. have confirmed the significant relation between the opportunity to express love and a higher level of satisfaction of body as determining factors in the increase of self-confidence among the transgender individuals of Columbia (Aguayo-Romero et al. 2015).

### 3 Legal respect

One of the most important aspects of "self" is established through relations with the rights of a society which is in close connection with the theme of self-confidence and the recognition of sexually maladjustment individuals. Since the social laws in Iran are legislated in accordance with Islamic sharia, Fuqaha (Islamic jurists) deem the right of hermaphrodites and transsexuals to undergo sex reassignments surgeries legitimate. However, Shia jurists are against the procedure due to their belief in esteem of soul and that the procedure is regarded as a "satanic act" since it is interfering in god's creation.

These rules oblige physicians to approve the surgery of those sexually maladjusted individuals who receive a legal permit from the court of law or Iranian Legal Medicine Organization (ILMO). A number of participants in this study are those whose request for a sex reassignment surgery has been rejected by ILMO since, according to law, nonconformity between mind and gender is not sufficient for a surgery permit to be issued.

Interviews indicate that “*discrimination based on gender nonconformity*” is the first subtheme identified.

This is a failure in juridical assumption that the law is premised based on anatomically sex (male or female), rather than gender (masculine or feminine). Flynn (2001) assert that discrimination against sexual minorities considered public, such as discrimination in the workplace, school and other public arenas, and the law’s regulation of the private life such as marriage and family (Flynn 2001).

The findings from the interviews conducted with the three groups of participants illustrate discrimination in the process of identifying transgender individuals which cause legal limitations both in their social and private lives. All transgender participants have mentioned the unfair bureaucratic process in order to determine their gender identity. For instance:

Sepideh: after many times of going back and forth to the psychologist and ILMO and taking lots of tests and examinations, they told me I didn’t have the required conditions for a sex reassignment surgery, like everything in Iran here is also about having links, many others got the same answer that day. They said “you people are faking it just to escape military service”, if anyone insisted they would say that “this is fooling the court and is punishable”, it was a heavy slap in my face, the world collapsed on me.

Mojtaba: unfortunately they didn’t give me the sex reassignment surgery permit, I insisted to get another chance to take a test but it was useless. I’m disappointed and miserable, now I get the meaning of miserable and wretched...I talked to some experts in ILMO; they think I’m faking it to get more inheritance (In Iran the share of a male child from his parents inheritance is double) and walk off with the family fortune and whatnot.

The sexual orientation of these individuals is another factor affecting the discrimination against them. Gay transgender individuals comparing with asexual transgender ones confront more strict legal barriers due to their sexual orientation. The majority of transgender participants mentioned their fear of capital punishment in Iran and believed that they might be executed for someone they were not. Here are some instances of this concern:

Rosa: If I get the gay label, I’ll be done! Once that the police came to my house because my landlord and neighbors had complained, one officer told me “pretty men like yourself should be caressed”, he was insulting me and they had the warrant to get into my home, I was with my boyfriend, they searched the house, searched both of us, checked our ID’s, and told me that the landlord wanted me gone and that people are living with their wives and children and we have no right to stain their privacy with our dirty sexual orientation...

Two participants for the hormone therapy group explained another side of discrimination due to gender nonconformity. They complained about the mandatory and unjust hormone therapy and believed that the treatment which is conducted with the intention of body modification may have risks and side effects. They urged their dissatisfaction of this therapy since they had been forced to invest a considerable amount of money and time. A review of previous studies illustrates the limitations of this therapeutic method; Limited financial resources and availability of endocrinologists, in side, lack of awareness of available services (Aguayo-Romero et al. 2015) and also stigma is evident in medical settings (Poteat et al. 2013).

The participants from the hormone therapy group believed that provided that the tangle legal barriers did not exist and the possibility to live as a sexual minority was provided, they would not undergo hormone therapy and the high costs imposed on them.

Nariman: I had made my peace with my identity...if it had been my choice, I would have preferred to live in a country where people can live their special life without a surgery or hormone therapy as a different person...though I'm under a doctor supervised hormone therapy, nothing is known yet, they haven't promised me that the things would be set right,...I have accepted the risk and side effects because I have no other choice...

Fereshteh: despite numerous financial problems, I have started hormone therapy under the supervision of a doctor because I have no right and identity as a sexual minority in this society. To get a license needed to open a beauty salon and have my dream job, I have to first prove authorities that I'm really a woman who was born a man by mistake.

The results of interviews conducted in Iran indicate that the reason due to which Iranian sexually maladjusted cases tend to undergo surgery is a unique form of prejudice/trans phobia (Hill and Willoughby 2005; Nagoshi et al. 2008). That is why Iran has the highest number of surgeries after Thailand. Based on official statistics released by ILMO, an average number of 293 cases obtained permits for the surgery in the City of Tehran in the years between 2009 and 2015. Among these transgender cases, those who are aware that they are deprived from this right feel the highest level of discrimination and legal disposition. These individuals are dissatisfied and displeased by the way they have been denied and isolated.

The second subtheme is "*detention by Moral Security Police*". Most participants mentioned their experiences of being accused, arrested, and physically abused by the police which have led to their negative attitude toward the police for depriving sexual minority of their civil rights. The conclusions drawn by Lombardi et al. (2002), Confirmed that there is negative treatment by police against transgender people (Lombardi et al. 2002). The results of some researches on transsexual people indicate that due to police perceptions of normative gender identity, there are unfair treatments against transgender people on the side of the police (Rosenbaum et al. 2005; Miles-Johnson 2015).

According to the studies, transgender individuals are exposed to street violence more than normal citizens (Hendricks and Testa 2012; Woods et al. 2013; Edelman 2014). The majority of participants expected the police to support them in sustaining their safety and civil respect and not to be the cause of terror and dissatisfaction. As a matter of fact, the results of the majority of interviews indicated that the legitimacy of the police was questioned by those participants who had either noticed or been victimized by the police's prejudgments (Rosenbaum et al. 2005). For instance, Hamid states his experience:

I went to Azadi Stadium to watch a football match with my friends when I was arrested {women are banned to go to sports venues in Iran}. I was beaten so hard that I saw death in front of my eyes...he had no right but when there is no law {related to transsexuals}, anyone does whatever they think is right.

Sima: I had to deal with the police after a quarrel in the ladies' room. I can't get out in women's clothing and so when I went to the ladies' room to freshen up, a couple of women started screaming "what is this bastard doing here, etc." when I wanted to run, the park guard called the police. I was in their custody and under interrogation for 12 h to tell them what I had been doing there. They didn't even know what my

offence was. After making lots of calls and correspondences, they convicted me, but then I was advised and asked to give them a written statement...then they let me go.

Interviews indicate that considering the gender status of sexual minorities in Iran, the police confront with an ambiguous situation while enforcing some social laws. Under these circumstances the police wonder based on which grounds they have to operate and this issue results in tensions between transgender individuals as well those under hormone therapy with the police.

The third subtheme is “*dismissal and expulsion*”. The majority of participants including Sima, Fereshteh, Rosa, Hamid, Kazem, Ali, and Sepideh shared their experiences on expulsion from school, dormitory, and university and dismissal from work due to their sexual identity and orientations. For instance Rosa explains:

When I was doing my bachelor's, I was expelled from the university dorm for being gay. They didn't allow me to stay in the dorm when I was doing my master's and had to pay a lot of rent, university officials didn't also responded.

Ali: I was a master's student when I had to drop out. Though the board of the university had no problem with my studying, I didn't like the atmosphere at the university...

Eliason et al. (2011) reported that there is an exclusive and unwelcoming atmosphere against GLTB in workplace (Eliason et al. 2011). These results appeared that even in medical schools and health care workplaces discrimination against sexual minorities continues. Since in Iran none of the social unit including schools, universities, and etc. lack fixed instructions to enforce on sexual minorities, decisions are made on a personal basis and without legal consistency. The connection between being transgender and job dismissal is noticeable in job interviews. Being dismissed from skilled professions force these individuals to jobs lacking social prestige and financial suitability. Sepideh, Nikoo, Fereshteh, Aref, Sima, Ava, and Rosa mentioned this issue in their interviews and discussed their financial difficulties caused by dismissal. For instance:

Sima: I got fired...the manager told me they hadn't needed a man with lipstick on...actually getting fired is not unusual, I'm used to it.

Transgender individuals are twice as likely to be unemployed and four times as likely to be living in extreme poverty in the United States (Restoy 2016). Flynn (2001) argues the essentiality of the role of court in settling social and personal rights of transgender individuals asserting that court is the only referring body which is able to make any social unit even families accountable (Flynn 2001). It can be interpreted from the interviews that, generally speaking, the attempt to be recognized by legal units and enjoying the rights of an ordinary citizen is the major reason of undergoing bureaucratic processes-referring to court and ILMO, hormone therapy, and sex reassignment surgery-. Although the costs of this surgery is approximately 2000 Pounds and thus a challenge for many individuals, it considered to be the last resort to return to the society and the conventional binary categorization of “man” or “woman” and conforming sexual orientation as “feminine” or “masculine”.

### 3.1 Social-esteem

The participant of all three groups mentioned tensions in their social interactions. The findings of interviews revealed three subthemes including “*disorganized relation with*

family”, “Physical, sexual, and verbal abuse by citizens in daily life”, and “Incapability in conforming to reassigned gender”.

The first subtheme focuses on the disorganized relations with family including humiliation, deprivation, and blame of participant of all three groups. Mojtaba, Afshin, Neda, Mandana, and Sima describe the inability of their parents to understand and settle with them as sad and melancholic. For instance:

Mojtaba: the way my family treats me is bad even to their enemies. My father has removed me from his will...I have escaped several times so far”.

Sima: My dad has not accepted me at all. He hasn't looked at my face for some years, even when he tells me a few words never looks at me...my mom only cries and believes it's a divine test.

Neda: “I have a very prejudiced family. I have beaten several times even my brothers stabbed me once. I was in chain for some months to be stopped from escaping...my father had threatened to kill me.

Interviews indicate that in case the sex reassignment is from F to M, families' approval and gratification can be high. As in eastern societies being male is of preference and superiority over being female, it is more difficult for families to lose a man. Moreover, based on stereotypical beliefs feminine features for men is a sign of inferiority and shame while masculine features for women is less negative if not a value (Wikan 1977; Aguayo-Romero et al. 2015). For instance Kazem quotes his father as follows:

...If your brothers wanted to be woman, I would kill them but I'm proud of you and support you with delight among our relatives.

The participants discussed a higher level of compliance of families with higher educational levels and more moderate religious tendencies with their sexual identity disorder. These families had noticed the issue since the childhood of their sexually different children and encouraged them with body modification. On the other hand, uneducated families with radical religious tendencies did not accept their children's condition until they are in their teens and early adulthood. In some cases, even after the consulting sessions, signs of violent and disorganized behaviors were found. The findings suggest that cases from these families tend to escape from home more often.

Mandana: My cousin who was a medical student, get me and my family to realize my problem. My therapy started through a psychologist. My family studied a lot about this issue after that...

Ava: My parents are medical doctors and are aware of this condition...they have been my biggest supporters with the sex reassignment surgery and been there for me from the beginning...

Another subtheme urged by the participants was “physical, verbal, and sexual abuse” and “sympathetic looks and pre-judgments of other citizens”. The majority of participants have been the victims of street violence; however analysis of the interviews indicates that the causes of violence have varied. Based on a cultural belief, a number of sexual minorities have been mistaken for sexual solicitors and for this reason the majority of participants mentioned their experience of sexual abuse. Since in the Islamic society of Iran sexual solicitation is not done lawfully, sexual solicitors employ similar approaches to attract attention and these similarities has caused prejudices on the side of citizens and



subsequently lowered the social relations and dignity of transgender individuals and those under hormone therapy especially the F to M group. Akbar, Nariman, Kiyani, Afshin, and Hamid had similar experiences. For instance:

Nariman: The bus was very crowded when I noticed a passenger's hand. At first I thought he is pickpocketing but when I looked at her I realized the dude is trying to touch my buttocks to have some fun.

Akbar: I was coming back from work at dusk as usual when two boys stopped me and raped me in an alley.

The other sort of verbal abuse which is of sympathetic nature frequently occurs in religious-hole sites where people attend to worship or pray for healing. The attendance to such environments by sexual minorities encourages the judgment that their presence is due to their deformation or mental disability or atonement for their sins. Sepideh, Kazem, Sima, Rosa, and Neda found the citizens' sympathy irritating. For instance, Neda and Kazem described their experience as:

Neda: I was in Imam Reza shrine when a woman looked at me and facing the shrine said loudly "thank you god"...I was heartbroken and still remember it after these many years...

Kazem: I'm a religious person and it confuses people when you are transsexual and at the same time pious and religious. After I had been empowered by my psychologist to be myself, I went to the local mosque on Sham-e-Ghariban (sunset of Ashura). The worker of the mosque told me to repent and that the god would forgive me because people would pray in that holy place...

The most important theme of exclusion is caused by stigma (Weiss 2004; Sevelius 2013; Bocking 2014) which challenges sexual minorities even after the surgery and turns their sexual identity into a secret which establishes a negative feeling toward themselves (Aguayo-Romero et al. 2015). Once one's sexual identity is revealed, their social distance widens (Mullen and Moane 2013). The majority of the participants described this situation as a factor causing the loss of social prestige and dignity. Maryam, Ava, Neda, Aref, Kiyani, Mojtaba, and Roya mentioned similar experiences on this issue. For instance:

Ava: We settled in Tehran after my surgery. We couldn't go back to our hometown and socialize with our relatives because we had to answer their numerous questions...

Roya: "My sister's married life has been ruined because of my situation. Her husband and in-laws tease her because of me

The third subtheme revealed through interviews is "*professional discredit*" which is in close connection with the issue of "role confusion" and negatively affects their social esteem as a social variable. Considering the results of studies, as the conformity between body and mind grows, the extent of social recognition and adaptation increases (Hird 2002; Flynn 2001). Nevertheless, the findings obtained from interviews with post-surgical transsexuals indicate that behavioral skills in their new desired sex are of low quality. Although they are constantly seeking clues to understand socially acceptable behaviors of their reassigned sex, the regulation on profession-related gender segregation as well as social presuppositions of feminine and masculine roles in Iran have complicated the situation of post-surgical transsexuals. Some instances of their viewpoints are as follows:

Aref: I used to be a manicurist but my license was canceled after the surgery {the law of job segregation for men and women}. Now I have to learn a new skill and find a job for myself. I don't know what I'm capable of, I'm confused.

Ava: I was a loved singer in a restaurant for 8 years but lost my job after the surgery {law of banning women from singing in Iran}. I have been jobless for a long time and I get bored at home listening to my mom all the time. This is not something I'm used to.

Roya: I do wiring for buildings. After the surgery I lost my customers and my old customers call less than before. People don't trust a woman wirer...

The majority of them had benefited from employing the advantages of their sexual identity interchangeably meaning that whenever they had failed to fulfill their roles through their mentally reassigned sex, they had been able to shift to their biological sex. However after their sex is stabilized, they are expected to act akin to a definite man or woman while they are neither totally aware of the expectations and their new roles in society nor permitted by law to engage in their previous roles. All participants reported undesirable conditions concerning this issue however professional grounds which is connected with their life quality is of greater significance.

#### 4 Discussion and conclusion

The findings obtained from transsexual people (Post-Surgery) have revealed that the level of satisfactory and recognition in this group of gender minorities are better than transsexual people (hormone therapy) in self-confidence and legal- respect. According to the interviews both of these groups are unsatisfied in social-esteem. It shows that unconformity between born sex and applied gender has made social challenges for transsexual people. However, Transgender people are reported dissatisfactory, ignorance and unsatisfactory as lived experiences in all three main themes. All of these findings show that transgender people in compare of other gender minorities have faced with more identity crises in Iran. The findings obtained from interviews with the participants are reported briefly in Table 2.

Based on the data observed in this table, from the sexual minorities under study, the transgender individuals who had been prohibited from sex reassignment surgery, and from the main themes, the theme of social-esteem which is connected with the concept of conformity are in a critical state. According to this paper, transgender people constitute the most challenging group and the most important of their problem is defined in social steam main themes. The themes emerging from this research support resocialization and social acceptance of transgender people in the cultural context of Iran.

**Table 2** Summarized interview results of participants

| Gender minorities | Transsexual people (post-surgery) | Transsexual people (hormone therapy) | Transgender people (surgery not allowed) |
|-------------------|-----------------------------------|--------------------------------------|--|
| Main themes       |                                   |                                      |  |
| Self-confidence   | Satisfactory                      | Partially satisfactory               | Dissatisfactory                          |
| Legal-respect     | Recognition                       | Misrecognition                       | Ignored                                  |
| Social-esteem     | Unsatisfactory                    | Unsatisfactory                       | Unsatisfactory                           |

A general interpretation indicates that transgender individuals have difficulty to integrate in Iranian society. Depression, anxiety, fears, and the risk of suicide is higher in this group than others. The results of this study are in agreement from those obtained in some other studies (Xavier et al. 2007; Mathy 2003; Clements-Nolle et al. 2001). They introduced transsexuals as more susceptible to the risk of suicide, committing suicide, and attempting suicide more than other LGB groups (Eliason et al. 2011).

The issue of transgender individuals' sexual orientations is another factor influencing their lack of self-confidence and legal rights which has deteriorated their identity crisis. Considering laws and sharia, heterosexual transgender individuals are not differentiated with homosexuals (GL) and therefore are subjected to more severe punishments compared to homosexual-transgender individuals and asexual-transgender ones (Bentler and Prince 1969). Based on sharia law, M to F transgender individuals who tend to have sexual intercourse with men are sentenced to capital punishment due to their sexual orientation (Ahmadi 2015). In comparison, M to F transgender individuals, whose sexual orientation is to women, are handled in different ways by the law. These legal barriers, with which transgender individuals are confronted with, bring about a fear of confusion in recognition and even discrimination in identifying their sexual identities and orientations. This complication of self-identification has caused difficulties which are also illustrated in a study by Clements-Nolle et al. (2001).

Investigating this issue in Iran is subject to stricter cultural and religious sensitivities. As was detailed in the Introduction, in Iran social rights are dependent on Shia Ulema's fatwa. Although some groups are organized based on secularism, this does not apply to the whole community and the legal issues. The findings of the interviews indicate that the fear of assimilation with homosexuals and being sentenced to the same punishments has made establishing romantic relationships and being officially married impossible for this group. This issue has encouraged sexual minorities in Iran to undergo body modification and surgery. These findings are in agreement with transgender individuals who have stated finding romantic partners as the encouragement for hormone therapy and body modification (Aguayo-Romero et al. 2015; Wallace 2007). However, at the same time, they vary since sex reassignment surgery in Iran is an attempt to enjoy recognized legal rights.

Another significant issue is associated with the main theme of "social esteem". The findings indicate that the sexual minorities under investigation are deprived from a desirable level of conformity with their society. Another significant issue is associated with the main theme of "social esteem". The findings indicate that the sexual minorities under investigation are deprived from a desirable level of conformity with their society. The subthemes revealed in this study including disorganized relationships with family, exclusion caused by stigma, and professional discredit have reduced the social esteem of the three investigated groups significantly. Thus the findings indicate that sexual minorities are excluded from social interactions and attentions and subsequently lose their social adaptation. These findings are also confirmed by the findings achieved in studies by Johnson and Hunt (1990); Nevgarten et al. (1961); Wikan (1977) and Amnesty International (2005). In a number of cases physical, verbal, and sexual abuse as well as prejudices is reported as the factors leading to their social exclusion (Wikan 1977; Johnson and Hunt 1990; Khan et al. 2009).

The theme of losing social esteem which is noticed in transsexuals even after their sex reassignment surgeries indicates that contrary to the general belief, body modification is not solely a medical procedure but requires emotional and social training appropriate for the reassigned sex to facilitate their inclusion and adjustment according to their society. This issue is further stressed because of the cultural-social ground of the Iranian society

since the law of sexual segregation causes a wider gap between men and women from their childhood in different aspects including behavior, attitude, clothing, and even economic activities and legal status and, therefore, this very policy reduces the possibility of social adjustment for the participants even after surgery.

In order to empower the sexual minorities in Iran, it is essential that their civil rights and especially transgender individuals (those not prohibited to undergo sex reassignment) be included in the draft of the Civil Rights Charter submitted to the parliament in 2012. A transparency in their legal rights would allow an improvement in their self-confidence and social esteem. In order to complete the process of body modification in post-surgical transsexuals, an establishment of sexual training centers is proposed to educate them with correct facial expressions, body language, mannerism, speech style, etc. The individuals' adjustment to their reassigned sex can be scientifically facilitated in these centers. APA (2015) and BPS (2012) emphasize the need for affirmative therapies and Lombardi et al. (2002) highlighted the creation of social support environments within the given group to empower gender minorities.

#### 4.1 Limitations and future research

This study is limited in the sample, and has a lack of variety in other gender minorities including homosexuals, bisexuals and so on; the sample is limited just to gender identities as well; different categories such as religious, racial and ethnic identities have not been identified. Merely citizens who live in Tehran participated in this study; therefore, the importance of sub-themes would have changed had other sexual and ethnic minorities participated.

Limited research has been conducted on the subject in the field of Iran due to cultural and legal sensitivities which might even influence the nature of responses on the side of the participants. Compared to other local research and similar studies, the present study is of limitations which are unique to this research context.

Quantitative research alongside with qualitative methods using mixed methods will probably reveal broader results.

#### Compliance with ethical standards

**Conflict of interest** There is no conflict of interest.

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