

Becoming a woman doctor in Iran: The formation of classed and gendered selves

Abstract

This paper analyses the pedagogical pathways of a group of first-generation Iranian migrant doctors in the UK. It explores the complex system of class production and growing up as a classed subject in Iran, a process that ties young women's educational aspirations to female independence on the one hand and to the modern feminine, heterosexual identity that sees women as part of the patriarchal family system on the other. By using Bourdieu's concept of cultural capital and habitus (Bourdieu 1984) and Foucault's theory of surveillance (Foucault 1984), this paper analyses how migrant women's trajectories of becoming highly educated are translated into their roles as mothers. Three major aspects of pedagogical trajectories are identified in the formation of classed selves: the first is the generational surveillance within families, particularly of girls by their mothers; the second is the normalisation of pathways and the importance of destined pathways that separate certain families, practices and choices in superior positions; the third is the moralising of educational choices, which distance being a doctor from classed consciousness, giving rise to an altruistic self as opposed to a selfish one.

Key words: class, surveillance, normalisation, moral, Iranian women, doctor, mother

Introduction: Gender, class and mothering

A wealth of research has shown that the formation of educational aspiration, educational success and a career pathway is strongly related to parental involvement in children's upbringing and, broadly, to the social class of families (David 1993; David *et al.* 1993; Dumais 2002; Reay 2004a; Reay *et al.* 2001; Whitelaw *et al.* 2000; Connolly and Healy 2004; Vincent and Ball 2007; Vincent *et al.* 2013; Crozier *et al.* 2008; Francis *et al.* 2003). These studies focus largely on the ways in which the already established class and socio-economic position of parents, particularly mothers, is lived and embodied by the child in their everyday life strategies at home, at school and in society (Thornley and Siann 1991). Social class permeates these social milieus and affects the individual's sense of self, which can be carried with the person to other spaces and influence their activities. For example, in their research on both young and mature students in Britain and their choices for higher education, Reay (2004a) argued that the decisions of young people regarding their higher education are classed decisions, while Alexandra Allan, in her research on female primary school students in the UK, noted that classed identities are formed during school life, when girls are being taught how to perform as 'ladies' and be different to the working-class masses (Allan 2009). Some would also suggest that as a result of these changes girlhood has, too, been reconstituted. Femininity has been reworked through discourses of neo-liberalism that seemingly offer an exciting new array of possibilities for girls who have the 'will' and 'drive' to reinvent themselves continually. Girls are now increasingly seen as powerful, agentic and (hetero)sexually desirable beings as well as metaphors for social change and mobility (Aapola *et al.* 2005; McRobbie 2004; Harris 2004; Ringrose 2007).

Similarly, there is a growing literature focusing on how migrant women place themselves within neoliberal discourses in European, Australian and North American contexts and reconstitute their motherhood practices (Liamputtong 2007; Archer 2010; Erel 2009; Henshall 1999). From this literature, one can ascertain that class is transmitted across generations and parents make extra effort to instill classed values into children and young adults. The role of mothering practices in transmitting different forms of capital has been extensively studied in different parts of the world

such as Britain (Reay, 1998; 2001; 2005; Walkerdine *et al.* 2001; Francelli and O'Brien 2014), Japan (Ishida and Slater 2009), the USA (Lareau 2002) and Peru (Ames 2012). Like those in many other countries, families and particularly mothers in Iran invest in their children's educational aspirations. This paper is based on a study that sought to analyse class narratives among migrant women doctors in the UK. Part of the classed narratives of these highly skilled migrants involved their pedagogical pathways and aspirations to build a family. What follows in this paper analyses the process of aspiration building and the control of girls' lives in Iran.

Gender and educational aspiration in Iranian families

Following the 1979 Islamic Revolution in Iran, 'Cultural Revolution' (1980-1987) forced all universities to expel unfaithful university staff and students. In order to Islamise the curriculum comprehensively, girls were barred from 91 (out of 169) university courses, mostly technical and engineering-based, and single girls were prohibited from continuing their education abroad, a law that was repealed in 2004 (Rezaie-Rashti 2012). During the first years after the 1979 revolution, sex segregation was implemented in social spheres and, due to the growing population, there was a greater need for female workers in sectors catering to and involved in addressing the needs of women. Although the laws pertaining to women's employment did not change, state ideology encouraged and implemented motherhood and homemaking through different policies (Shaditalab 2005). The proportion of female workers in service sectors increased from 20 per cent in 1976 to 42 per cent in 1986 (Shaditalab 2005). Specific investments were made in the training of female teachers and health professionals, jobs that are deemed 'suitable' for women (Azizi, 1997; Shaditalab 2005; Mehran, 2003a; 2003b). Between 1986 and 1989, the number of medical students increased rapidly and to an extent that some referred to the phenomenon as the 'medical student boom' in Iran, an important reason for mass migration of doctors from Iran in later years (Alaeddini *et al.* 2005, p. 12). As a result of governmental policies such as narrowing female education and increasing the intake of medical students, the number of doctors in Iran rose from 14,000 in 1985 to 70,000 in 2001 (Sayarei 2003).

The policies regarding women's education did not, however, meet the Islamic regime's intended expectations and failed to create 'ideal Muslim women' (Mehran, 2003). Sex segregation has had profound effects on both men's and women's understandings of their lives. Women have had to spend more time within the confines of their home and with other female members of their family; as such, the construction of classed and gendered identities happens, to a great degree, within the family sphere. In many households, gendered ideals for young girls and women are in stark contrast to the traditional and stereotypical gendered identity that is promoted by the government, which emphasises women's role as housekeepers. Medicine has, historically, conveyed high social status and represents an ultimate goal in the lives of many young girls. Medicine and dentistry continue to remain elite professions in Iran, even though they are advertised as common and widely accessible subjects in the 'Islamic Republic'. In Iran, being a doctor is seen as a middle-class utopia for most traditional and modern families and, hence, not only the 'right' choice but a 'must' for a child's success; however, doctorhood has become a unique professional category which is encouraged by families not only due to the imagined financial stability associated with it but also due to its portrayal as a form of cultural capital through which daughters can maximise their chances of class mobility via marriage, securing or mobilising their families' social class in the process.

Studies that address women's educational choices in post-revolutionary Iran have certainly increased in recent decades with the expansion of higher education in Iran (Moallem 2005; Shahidian 2002; Mehran 2003a; Shaditalab 2005); however, research analysing social class in Iranian families is scarce. This paper explores the process of class production and growing up as a classed subject in Iran. This process ties young women's educational aspirations to female independence on the one hand and to the modern feminine, heterosexual identity that sees women as a fundamental part of the patriarchal family system on the other. As Mehdizadeh and Scott (2011) argue, Iranian women remain subjected to occupational surveillance, governance and deprivation by the state, religion and culture, more so than men; as such, it is important to analyse how micro-narratives around educational aspiration and becoming a doctor are shaped in relation to macro-processes that promote women's education on the one hand and control their access to specific job markets

on the other. Governmental policies, and religious and cultural norms shape, to a great degree, one's worldview towards education; however, in this paper I focus on the role families play in transmitting selected knowledge both in Iran and in migration processes. Before doing so, I will briefly describe the theoretical framework and methodological tools that were used to write this paper.

Surveilling the becoming of classed subjects

My theoretical framework for analysing the pathways of becoming classed subjects involves understanding how girls' pedagogical aspirations are nurtured within a class system that defines success as 'becoming a doctor'. In order to analyse the power relations which shape Iranian women doctors' narratives of growing up as classed women, I use the two interrelated concepts of 'cultural capital' in conjunction with habitus (Bourdieu 1984) and 'surveillance' (Foucault 1984). In parent-child relationships, governmental and gendered politics intersect with social class strategies within Iranian families to produce classed pathways and these power relations are used instrumentally in classed narratives in later stages of life.

Cultural capital, as Bourdieu argues, refers to the form of knowledge that individuals receive through family education, diffuse education and institutional education (Johnson 1993). Reay (2004b, 74-75) argues that there are three different variants of cultural capital: the first is the accumulation of cultural capital in an embodied form which begins in childhood and requires 'pedagogical action, the investment of time by parents, other family members or hired professionals to sensitise the child to cultural distinctions'; the second is the cultural capital which exists in an institutionalised state, such as that in the form of educational qualifications; the third relates to objects standing as cultural goods such as books, artefacts, dictionaries and paintings (Reay 2004b, 74-75). According to Bourdieu (1984), mothers are seen as the carriers of cultural capital as they spend more time at home with their children (see also Silva 2005). Such a position was criticised in some quarters of Western feminism, but Bourdieu's claim remains applicable to patriarchal societies such as Iran where, due to the cultural and social restraints, mothers do play a significant role in transmitting culturally-defined gender dispositions to their children. The emphasis here is on the idea that the cultural

capital Iranian children receive within family is related directly to their choices for higher education. This process is, in many ways, similar to the propagation of cultural capital in Western societies. These women's meaning-making of cultural capital is an important element in the formation of new generations of Iranian middle-class women. This explains how concepts used in daily life such as '*kelas*' (class), '*ba kelas*' (with class), '*bi kelas*' (without class) and *farhang* (culture) refer to a similar concept of *cultural capital*. For understanding the *ba kelas* status, I will draw briefly on the notion of habitus by Pierre Bourdieu (1984). Habitus consists of a set of historical relations 'deposited' within individual bodies in the form of mental and corporeal schemata of perception, appreciation and action (Bourdieu and Wacquant 1992, 16-19). Habitus, as Bourdieu argues, is a structuring mechanism that operates within agents, though it is neither strictly individual nor in itself fully determinative of conduct. Bourdieu believes that habitus can be 'creative', but as it is a product which is embodied within social structures, it is limited within its own disciplines. *Habitus* in relation to classed subjects in Iran, translates to *ba kelas* or *ba farhang* (having cultural capital) people who have the 'necessary' capitals (in this paper: to acquire the title of 'doctor'). Habitus should be read in relation to Bourdieu's concept of field. These are both relational and their functions depend on each other. A field, as Bourdieu and Wacquant (1992, 16) state, can be expressed by a set of 'objective, historical relations between positions anchored in certain forms of power (or capital)'. Power relations are relative in a social field and, as such, everyone's position is defined in relation to all others in the same field, which is not static but always in flux. Depending on the situation, a person can be in a position of power, yet can be positioned as less powerful in a different situation. Bourdieu understands this relational power in terms of gravity existing in the social field (Bourdieu and Wacquant 1992). As people experience mobility between fields, they become aware of the strategies of their movements, ethics and tactics (Bourdieu 1984). Field is not just a placid system of spaces which exists in order to be filled by individuals who 'act'. Habitus is also meaningless when it is considered without the structure within which agents can act in the field. Classed habitus needs surveillance for its reproduction.

In 'The Means of Correct Training', Foucault argues that:

Discipline 'makes' individuals; it is the specific technique of a power that regards individuals both as objects and as instruments of its exercise (Foucault 1984, 188).

According to Foucault, the success of disciplinary power derives from the use of instruments: 'hierarchical observation, normalising judgment and their combination in a procedure that is specific to it - the examination' (Foucault 1984, 188). Foucault (1984) contends that surveillance has a great impact on the making of the subject. The theoretical framework of this paper is underpinned by analysing surveillance of classed aspiration in the process of growing up of this group of women doctors. I define 'surveilling'¹ as the act of 'watching with the aim of correcting, disciplining and governing'. This paper theoretically analyses how surveillance is operationalised inside and outside the family in order to instill the 'desire to become' a certain subject. Instillation process as the 'right' then needs to be normalised and moralized, and this will be analysed in later parts of this paper.

Methodology

This is based on narrative interviews with 14 first-generation Iranian doctors and dentists who moved from Iran to live and work in Britain after the Islamic revolution in 1979. The participants were aged between 30 and 55 with various length of stay in the UK ranging from 4 to 20 years and were recruited through snowball sampling and from a pool of 77 doctors who were registered with the Iranian Medical Society (IMS) in London. The fieldwork of this group of highly skilled migrants was conducted in London by frequent participation in IMS regular seminars and workshops. The president of the society acted as a gatekeeper to introduce potential participants to me, although not all participants were members of this non-profit organization. Some were recruited through other links in different Iranian communities in the UK. All the women in this study were born into Muslim families, although none described themselves as religious. Whilst the physicians had migrated directly from Iran, the dentists (except for one) experienced chain migration from Iran to Scandinavian countries before migrating to the UK. The participants described their families as

¹ Surveillance is used as a noun. Here I intentionally use it as a verb to emphasise the process and the act of generational discipline.

Iranian middle-class, except for one whose narrative had elements around addiction and prostitution. All women except for three were married, with or without children. The interviews usually occurred in a place of their choice, which, in most cases, was their house. The interviews were conducted in Farsi and then translated and transcribed by myself into English, a process that provided an extra layer of analysis to the researcher rather than being thought of as mechanical or restricting (Temple, 1997; Fathi, 2013).

I applied an intersectional and co-constructionist approach to narrative analysis. Our identities are always constructed in relation to who we are and who we are not. Therefore the stories we tell about ourselves lie in the matrix of categories of race, ethnicity, class, and gender etc. that should not be reduced to each other but are mutually constitutive. My analysis of growing up classed implied a sensitiveness to the processes that lead to the construction of classed gender and gendered class within familial spheres. Becoming a woman doctor, as a process itself, is constructed by mothers taking a more active role (compared with fathers) in instilling a gendered reading of class in their daughters' lives. Co-constructionist narrative analysis as a method emphasises 'linguistic minutiae of the co-construction of a story between speaker and listener' (Esin *et al.* 2013, 204). . This approach, as the authors argue, takes into account the 'broader social construction of the story within interpersonal, social and cultural relations' As such, the intersectional constructionist approach to narrative analysis is concerned with how states are produced through narrative, an approach that views narratives as social phenomena. In analysing social class narratives, I paid particular attention to *how* becoming-a-doctor stories were narrated and made sense of *within the context of the interview* as well as in relation to *macro-political*, cultural and social structures (Riessman 1993; 2008).

1. Surveillance of ambitions

Parental surveillance in children's educational ambitions and recognition of the value of different types of higher education were narrated as 'fundamental' for their success when they were children. They differentiated between various types of higher education as they recognised the values, financial security and marriage

opportunities that are associated with becoming a woman doctor in Iran. Except for Monir, who came from a working-class background, all the participants believed that classed values were instilled in them through family bonds and the cultural capital they 'inherited' from their parents. It was generally agreed that medicine is understood and reconstructed as a subject that guarantees a middle-class status, regardless of family background; however, for some families it represents a dream and for others an expectation to conform to already established familial tradition. As Monir, a senior consultant in her 50s, puts it:

Monir: You know, when you are a child you think that the highest thing you can achieve is to become a doctor.

The mothers of these participants either were not highly educated or were teachers (a feasible profession for women in that generation both before and after the Islamic Revolution in Iran). As such, the social status and position of a woman doctor was regarded as both caring and independent for the mothers of these women. Different studies show that mothers have a central role in transmitting cultural capital (May 2008; Silva 2005; Lawler 2000; Reay 1998). What constructs a 'good' or 'bad' mother is intertwined with class identity, as argued by Lawler (2000). Discipline is a requisite part of correct and good mothering. Roxana, a specialist doctor in her 40s and a mother of two, whose parents had university degrees in social science and law, discusses in detail how in her early life her mother cultivated in her and her sisters an ambitious self-discipline and a desire to become doctors:

Roxana: My mother was the most important person in looking after our academic life. In Iranian families, you know, mothers have the most important role. And my mother, errr, because she was a teacher herself, education was very important to her. Erm... we were really scared of her. I was scared of my mother regarding studying and I was embarrassed in front of my father when I had a bad result. I mean, whenever I got a bad result I was afraid that my mother would tell me off, and I would rather die than show the bad mark to my father and have him think that I was the sort of child who got bad marks. It was something that I internalised.

Roxana's account is telling the power of a mother's surveilling role, her involvement in every aspect of children's lives in terms of cultivating and guarding the educational ambitions. The mother's surveillance and her poignant role in the lives of Roxana and her sisters as a pedagogical guardian and the one who was hierarchically observing Roxana's progress, different to the softer and more distant role of her father, facilitated the process of internalisation of the educated self. Roxana's self-disciplining strategies in internalising the surveillance of her parents was important in the processes of normalisation of her middle-class self, which I will discuss in the next section.

Governance and control over educational achievements are perpetuated (and in many occasions forced) by these women's families. For families to see their daughters becoming doctors was a guarantee not only of financial security but also of a future classed life. Creating ambitions of this type (as forms of cultural capital) not only places children in a different class, enabling social mobility, but also creates and gives a sense of identity to their mothers as teachers and housewives in relation to respectability. Parental desire is also a significant factor in the control over children's educational aspirations: this is evident in Maryam's narrative below. Maryam was a senior consultant in her mid-50s and a mother of two who lived in a large detached house with a private driveway in a suburban area. In answering the question 'why did you decide to become a doctor?', Maryam responds:

Maryam: Apparently, when I was very small, my mother went to see a doctor. And there it was: the lady doctor who had blonde hair and [blue] eyes similar to mine, and my mother said, 'Oh yes, when Maryam grows up, she should become a doctor like her'. She became a role model for my mother. But I did not turn out like her because I became a doctor in Iran and I had to wear the hejab and wear a manteau, the scarf [Islamic dress] and all that. And I used to tell her, 'Mum, I did not become the doctor you imagined'. But she said, 'No, it is enough that you became a doctor, even with these clothes.'

Maryam's mother used a story of a successful doctor in order to encourage her daughter to become a doctor. The account is full of westernised allusions. Maryam's mother instills the desire about becoming a particular persona by highlighting

physical similarities between Maryam and the doctor in terms of eye and hair colour (Maryam had blue eyes and was blonde). For Maryam's mother, becoming a doctor for her child is a form of economic and cultural investment that could enhance the familial cultural capital that she can inherit from her teacher mother and her Army General Officer father. In fact, all Maryam's siblings were high profile doctors in Iran, which she mentioned as a testimony to the 'success' of her parents and in particular her mother in surveilling their children.

Classed practices, in order to make sense in a field, need to be validated by agents in that field. Maryam believes that her parents' methods were successful in an Iranian context but also sees the applicability of them in relation to her own children. Goffman (1982) argues that class is constructed out of a set of meanings which a person or a group of people believe to be true in a certain context (Goffman 1982). He argues that acts lose their meaning when they are performed outside a specific context or region; however, we see in the stories of Roxana and Maryam presented above that a certain act (e.g. disciplining a child pedagogically) can transcend specific contexts and regions. It can be argued that class practices (or the formation of specific cultural capitals, here: becoming a doctor) are maintained and reiterated in Iranian families in Iran and in the UK. Roxana refers to the importance of instilling such behavior in her children by saying:

Roxana: [...] education is my top priority. And the fact that I am still [at this age] doing my training in medicine proves it. I mean, I think it is the most important thing. Even in my family, [I say to] my children ... that 'your education is the most important thing. Nothing is more important than your education'.

Roxana shows that a good mother *recognises, knows, wants* and *values* the right things (Lawler 2000) and sees the importance of disciplining habits and continuing them with her own children. The effect of good motherhood is poignantly described in Shirin's words:

Shirin: Through mother, the child can get connected to the society. The mother is not a person who is at home and who is feeding you. Or someone who is keeping you secure at home. The mother is someone who secures you in the society. Because she is already in contact with the society. Financially she can support you. If you have a problem, your mother can solve it for you. If you have something to do outside, your

mother can do it for you, because she knows the language of the society, because she knows the way. You know?

M: hmm

S: This mother is stronger, the working mother, to my view. You do not necessarily want a mother who has made you some food, or when you are sick takes you to the doctor. You want a mother who can support you in every aspect. No?

M: Hmm

S: And not that she interferes with everything, but someone who can help you in big decisions. Or even you can imitate her, her way, in some ways that you like.

Shirin specifically describes a good mother through characterising herself as a woman doctor. In the above examples, one can see 'planned lives' that are based on knowledge as well as methods of transmitting this knowledge acquired from mothers. Understanding aspirations as a life 'plan' rather than a 'choice' not only manifests as an aspiration for their children to enter higher education but also for their children to 'access' a social world and certain fields such as medicine and dentistry that are excluded to only some members of the society.

As Foucault (1984) maintains, discipline gains its power through observation. In the above cases, and in almost all of these women's lives, there is a form of governance which attempts to coerce a certain form of identity on individuals, an identity which differentiates them from 'other' groupings of people. The invisible web of social observation in these stories is indicative of how governing works through a complicated network of power relations that shapes the women's decisions and also limits them to pathways that rely on 'talent' and 'intelligence'. The mothers recognise, create and control the 'right' ambitions through transmitting their value systems directly to their children while the fathers' control remains distant if not less influential.

The distinction, therefore, between good mothers and bad mothers is between those who know and those who do not know the right decisions which are mainly based on the hegemonic and 'normalised' ideas around aspirations. This is linked to the next process of pathway analysis, which considers the normalisation of aspirations.

2. Normalisation of the pathways

Although studying medicine was seen as an ‘ambition’, it was nevertheless presented as a mundane everyday life practice and far from any sources of envy and desire that are counted as a characteristic of working-class girls’ ambitions of class mobility (Steedman 1986; Walkerdine 1990; Lawler 2000; 1999a; 1999b). Normalisation process, as Foucault (1977) argues, is the way in which particular knowledge is made the norm, thus concealing the origins and power relations at play (Foucault 1977). Normalised narratives are aimed at and practised within certain groups in society (Bourdieu 1984) that form the benchmark for comparison and differentiation between greater- and less-valued preferences. By normalising certain lifestyles, ideologies and decisions per se, an individual can limit the ‘accessibility’ of a particular pathway for everyone else and place herself as the ‘true’ and sole performer of such acts. More importantly, these normalising narratives have the power to brand an activity *ba farhang* (with culture) or *bi farhang* (without culture), since they are located within the wider discourses of class that define and brand certain acts as carrying (or not) cultural capital. Normalising ambitious thinking, in this way, has a more fundamental element: understanding pathways as destined strengthen their exclusionary role. Ambitions flourish not as a form of possibility but as a requirement of being situated within a privileged class group. Maryam discusses how her career was destined for her from the very beginning:

Mastoureh: Can you tell me what led you to study medicine?

Maryam: Since my childhood, I *was destined* to study medicine. In our house there was no other discussion: ‘[Everyone knew that] Maryam’s going to become a doctor’. So, from childhood, I was practising injecting because I *was destined* to become a doctor... [she laughs]. And then there was the university entrance exam and I became the 57th student [high ranking] in the country... (emphasis mine)

These normalised narratives are told in a ‘privilege-neutral sense’. The events are presented as ordinary and effortless incidents of life and unquestionable. Success becomes a family tradition, fixed destiny, *a priori* to assert a distinction between Maryam and others. The ambitions in this context are not only normalised middle

class activities but also are core elements of an 'evaluating' process in which these women understand the symbolic values attached to certain childhood activities and classed identities. The distinction is then maintained through showing a common-sense attitude towards the 'other' and one's own decisions, aspirations and lifestyles. Common sense or normalised self is then what places the person in the relational position of the power more often (Bourdieu 1984).

Yearning to become

One should note that the language of destiny drawn upon above is the marker of normalising middle classed practices which is different to the working class desire to become. Evans (2009) draws attention to the process of distinction among working-class girls in South London and how institutional regulations of education are indicative of having certain cultural values or getting things 'right' within normalised pathways. I argue, similarly to Evans, that when the relationship between the individual and scenarios is counted as not 'right', the individual becomes reflexive. Nina's narrative characteristically embraces this type of discourse. She is a GP in her early 40s, single and living in a middle-sized flat in a suburban area. She was the only woman who had worked as a lab technician before embarking on a medical degree. This desire to become something else was frequently repeatedly in her narrative:

Mastoureh: Can you remember anything before becoming a medical student?

Nina: Yes, I had a feeling of regret when I saw doctors, especially female doctors. The medical students, when I saw them I was getting really upset. I was saying to myself: 'What did they have that I didn't have?' I felt that they were exceptional people.

Monir: when I was 12 or 13, I was very fond of politics, and I really wanted to become a politician or a minister, or something important in that level. I wanted it so that I could do something for the society. For example, to eliminate poverty, because I experienced poverty, not for myself, but in neighbours, in people I knew, things like addiction, or prostitution. I was very much involved with these things during my childhood. I was in year 6 when I realised this was not possible as a woman after talking to my uncle, so decided to become a doctor.

The above two extracts are about the process of growing up as a middle class subject; narratives about their current situation as doctors or about their children

are absent. The narrative of middle class identity is tied with the language of fixed destiny, essential success to emphasise the distinction.

3. A morally-classed self

The last point about the pedagogical pathways of these Iranian women and how the classed self is formed concerns their quest to establish a respectable identity, 'the most ubiquitous signifier of class' (Skeggs 1997, 1). The desire to make a respectable self was a strong characteristic of the pathway narratives, and the processes of self-formation are normalised within a system of power relations which also defines 'respectability'. The women's avoidance of discussing class should be read within the morality discourses they presented to explain their choice of medicine not as a classed act but as a moral one. Morality is discussed to be a component of class when one's class status needs validation through humanity, softness and domesticity discourse to create the necessary difference between middle-class and working classes (McClintock 1995). Similarly, in Skeggs' analysis of the narratives of working-class women, it is evident that making a respectable self is a core aspect of class mobility in their lives, and it is shown that they achieve this by studying courses in a caring profession which highlights the importance of a moral self in the construction of a classed self. In later works (2011; 2005b; 2004) focused in Britain, Skeggs pinpoints the notion of respectability through affect and the ways in which classed selves are embodied and practised through bodily dispositions to create distinctive boundaries between the self and the other. In this study, social value translates into respectable jobs. Women's responses as to why they became doctors is framed in relation to respect:

Setareh: In Iranian society it is valued, for example, when you tell someone that you are a doctor, people respect you... well... everywhere it has value to be a doctor.

Giti: I think it is the culture of eastern countries. Iran, India, Pakistan. These countries have a culture that respects doctors. Because they need them [doctors].

While respect is mentioned in the context of Iranian or eastern culture, it is also represented as a universal issue associated with being a doctor:

Mastoureh: What is it in Iranian society which encourages people to study medicine?

Roxana: That the position of a doctor is better than others. Socially, they have some respect, although I don't know how it is these days [laugh]... and financially they can have a better life.

The notion of respect is orientalised here. It is developed through narratives which portray medicine as based on moral values that have specific meanings in Iran. The power a doctor gains through curing others combined with the 'necessary' good leaves the medical profession entangled in morality discourses. In the following example, Monir clearly explains what she means by respect and by the moral aspects of her job:

Monir: [By becoming a doctor] you feel that you become very close to people's lives, their honour, their money, and all these would change you in terms of personality and it gives you growth as a doctor. You see, medicine is really [about] when someone comes to you and leaves her or his body in your hands. Whether you are in the psychiatric ward, or wherever you are, the person comes and leaves you with all her feelings. It means that you are really near to him or her.

The above extract by Monir, which concerns the interaction between a physician and their patient, is framed within morality discourses. It places the politics of respectability at the heart of the medical profession. Her perspective on her position as a 'trustworthy' person is important in how she imagines herself in relation to other people. Monir refers to her access, her ability and her satisfaction in becoming nearer to people's untold, inaccessible stories and selves. Her words reveal the underlying workings of how respectability is constructed within society (Skeggs 2004). The formation of a respectable self in Iran is similar in many ways to that in Britain. In both contexts, doctors use their professions to show their right choice not just in terms of status but in terms of benefit to society: the profession is

‘needed in any situation and context, in war and peace’, as Nilufar, one of the participants, put it. This is reinforced by Farnaz, another of the participants:

Farnaz: I think that medicine has helped me to be to a level in society that they respect me more. It makes a difference, a huge difference. I am sure.

M: Do you think that if you were not a doctor that was different?

F: Yes, if I was not in this, erm, ... I mean even for me it made a difference as an Iranian.

The difference between historical and societal constructions of class in Iran and Britain is that women use the position of a doctor to negotiate an equal gendered positioning in Iran. Women in Iran should legally have the consent of their husbands to work, to leave the country and to gain the custody of their children. Being a doctor helps to alleviate this unequal gender positioning in courts through one’s networks and through presenting oneself as a respectable and worthy mother. Whilst in Britain, they use the profession to show that they are respectable immigrants and equal to those who live in the country. The latter point has been addressed by Fathi (2015), who shows that migrant doctors feel they ‘deserve’ to belong as they pay taxes and help the economy. In general, the construction of a morally valued profession should be seen within power relations in Iran and the UK as well as globally.

Growing up classed: Concluding notes

This paper analysed how pedagogical pathways of growing up in Iran helped with the construction of Iranian women doctors’ classed selves after migration to the UK. The Islamic regime of Iran, since 1979, has imposed governmental programmes for higher education which restrict women to gender-segregated arenas. The aim of these higher education policies was to enable women to contribute to the institution of ‘family first’ and then to the female members of society; however, within the boundaries defined for women, particular forms of ambition for higher education (among the limited choices available to women in Iran) that can create class distinction take priority. These ambitions are encouraged, flourished and controlled within families. In Iran, the neoliberal discourses which permeate and construct the

practices of women focus on their ability to 'prove' themselves by showing their skills, practices and different forms of capital such as beauty and marriageability.

Three different processes of growing up as classed subjects were analysed: surveillance, normalisation and moralising of pedagogical pathways. The surveillance process includes the different forms of creation, regulation and governance of ambitions for children, particularly daughters, to help them achieve and/or maintain a middle-class status. Iranian mothers play a significant role in these regulatory processes as they are the conveners of generational capital and class inheritance in their daughters' lives. Normalising, as the second process in the formation of classed pathways, refers to how these women refrain from discussions about class. Instead they frame their narratives within discourses of destiny and fate. The exceptions to this process were Nina who entered the profession of medicine after working as a lab technician and Monir who had a working class background. Normalising makes these pathways a natural part of the process of forming classed selves. Finally, the paper discussed how discourses around the respectability of the medical profession take place both in Iran and in Britain through moralising decisions and choices such as migration as a moral act. Becoming a doctor has not only enabled women to become respectable individuals in Iran rather than being treated as second-class citizens, but it has also made them respectable citizens in the West, where their sense of belonging as migrant doctors is constantly challenged.

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