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Gender Identity Issues, Transgenderism, Sex-Change Treatment

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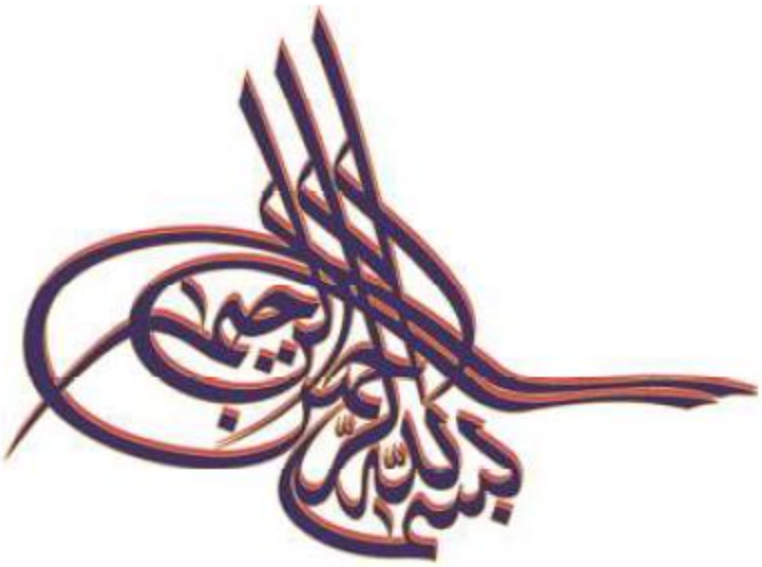
بسم الله الرحمن الرحيم

> "If the Truth had followed their desires, the heavens and the earth and whoever is in them would have been ruined." Q.23.71

Praise is due to God, and blessings and peace on the Messengers of God.

This paper discusses gender identity and some related issues that are pertinent to Muslim spiritual leaders, and was written for presentation at the 2023 AMJA Imam's Conference. It is based on information taken from scientific and historical sources in the English language, as well as reputed Islamic law references in Arabic. It is organized as follows:

1. Medical Identification of Gender
2. Sex-Change, its types and manifestations.
3. History and developments in diagnosis
4. Gender-Change Surgery and its costs
5. Sharia and Sex-Change
6. Some related Islamic rulings related to worship, marriage, inheritance, etc.
7. Pastoral dimensions

We pray that God brings benefit by means of it.

1. MEDICAL IDENTIFICATION OF GENDER

Before we can properly understand gender-change, we must know how sex is determined in the first place. Scientists describe 5 levels that help to determine the sex.[1]

1. Chromosomal Level

A cell is the basic unit of life, and the adult human body is made up of about 30 trillion cells. Each cell is made up of cytoplasm and enclosed by a membrane. At the center of the cell is the nucleus, which is crucial to the functioning of the cell. The nucleus contains hereditary *chromosomes*, which are like microscopic threads made up of *genes*. The human cell has 46 chromosomes arranged in 23 pairs, and it is one of these pairs that is connected to an individual's sex, with males having XY and females XX. When the father's sperm comes in contact with the mother's egg, then if a Y sperm fertilizes the egg (which is always X), then the child will be a male, whereas if an X sperm is the one that fertilizes then a female results.

2. Glandular level

By the end of Week 7 of pregnancy, the fetus has developed undifferentiated *gonads* (reproductive glands). By the end of Week 8, these become differentiated into testes for the male, which produce the testosterone hormone that is responsible for forming internal male sex organs. In the case of the female, the absence of testosterone leads to development of the internal female sex organs.

The above two levels are processes of **sex determination**.

3. Gonophoric Sex

This testosterone hormone causes growth of the male internal genitalia, distinguishing him from the female for whom the absence of testosterone leads to formation of female internal genitalia. Internal genitalia are the basis for gonophoric sex.

4. Phenotypic Sex

Testosterone likewise leads to distinctive external male genitalia. Phenotypic sex is based on external genitalia.

These 3rd and 4th levels are about **sex differentiation**.

5. Psychological and Social Sex

1 Acién, P.; Acién, M. "Disorders of Sex Development: Classification, Review, and Impact on Fertility". *J. Clin. Med.* 2020, 9, 3555.

It is at this level that elements of nurture and education come into play, as well as psychological factors and external influences such as culture, conventional and innovative media platforms, functional activities, social relations, etc.

The Difference Between Sex and Gender

The first four processes above determine a person's sex, which is physical (biological) state. Sex is binary: it can only be male or female. The fifth level is what determines a person's gender identity, which is a reference to socially formed sexual characteristics, including most importantly how an individual looks at themself irrespective of their biological sex. Gender, unlike sex, is not binary; it can be male, female, or something else.

2. WHAT IS SEX-CHANGE?

Before approaching this question, we must first have a clear understanding of the terms explained in the section above. Confusing and conflation of terms, whether arising from translation or other sources, can lead to flawed perception, misunderstanding and miscommunication.

It is possible to have a male or female with a sexual development disorder (which was referred to in the past as **intersex**) leading to a combination of male and female traits in the body. Using surgical and other means to treat such a condition can be described as gender-correction, or gender affirmation, or gender determination, because the goal is to reach the sex that aligns (fully with or closer to) the first four levels described above. The treatment usually involves pharmacological and surgical intervention in early childhood, and is not Islamically objectionable.

This is quite different from the case of a man who is fully male, or a woman who is fully female, according to the four processes described above, except that they want surgery and/or pharmacological intervention in order to transition to the other sex. This can be described as sex-change or sex transitioning, and this is what this paper is focusing on. This is a psychological and social phenomenon, because in such cases, there is no ambiguity on the chromosomal, gonad, gonophoric or phenotypic levels. Rather, it is an individual's overbearing feeling that they do not belong to their sex, along with the decisive intent to change.

At this point, it will be useful to trace a brief history of this phenomenon.

3. HISTORY

The first person to differentiate between homosexuality and transsexualism was the German physician Magnus Hirschfeld (1868-1935), who was himself homosexual and was active in

campaigning for homosexual and transgender rights. After completing his studies in Germany, he spent eight months in the US. While in Chicago he acquainted himself with the homosexual subculture in that city.[2] He returned to Germany, where he started a naturopathic medical practice. He went on to publish numerous books and articles in which he developed his theory about the universality of homosexuality. He also coined the terms *transvestite* (cross-dresser) and *transsexual* (wanted to physically be like the other gender).[3] In 1898 he advocated for repeal of Paragraph 175 of the German penal code, which criminalized homosexuality. Later, under the Nazis in 1933, there was a crackdown on homosexuality, forcing him into exile. Hirschfeld was the first to offer hormonal therapy and surgery for sex change.[4]

Another key figure is American physician David Oliver Cauldwell (1897-1959), who in a 1949 article "Sexology" used the term *psychopathia transexulialis* to describe the disorder where "psychological sex" does not match "biological sex." Nevertheless, for such individuals he called for "psychological rather than physical adjustment," i.e. no hormonal or surgical intervention.[5] Harry Benjamin (1885-1986) was a friend of Magnus Hirschfeld, with whom he went on "tours of Berlin bars where homosexuals and transvestites gathered."[6] Although he was not the first to perform gender re-assignment surgery, his 1966 book *The Transsexual Phenomenon* is credited with laying "the foundation for modern transgender healthcare."[7]

3.1 In the Muslim World

Ayatollah Khomeini (d. 1409/1989), the Shīʿite jurist who was also the leader of the Iranian Revolution, had discussed sex-change operations as early as 1967, and Egyptian Mufti Gād al-Ḥaqq (d. 1417/1996) had written a fatwa about it in 1981, in response to a question from the Malaysian Centre for Islamic research. Both Khomeini and Gād al-Ḥaqq apparently endorsed such surgery within certain parameters. However, the issue rose to prominence in the Muslim world in 1982, when Sayyid, a male Egyptian student at Al-Azhar, after extended consultations with a psychologist, underwent sex-change surgery and took on the name "Sally". Following the surgery, Al-Azhar insisted that "Sally" would neither be allowed to enter the all-female medical school, nor re-admitted to the male medical school. "Sally" pursued the matter, resulting in wide media

2 Heike Bauer. *The Hirschfeld Archives: Violence, Death, and Modern Queer Culture,* 21.
3 Köllen, Thomas "Intersexuality and Trans-Identities within the Diversity Management Discourse". *Sexual Orientation and Transgender Issues in Organizations*. Springer, 2016. 1–20
4 Farah Naz Khan, "A History of Transgender Health Care," *Scientific American* Blog. 11/16/2016. https://blogs.scientificamerican.com/guest-blog/a-history-of-transgender-health-care/
5 Joanne Meyerowitz, *How Sex Changed: A History of Transsexuality in the United States*, 42–45.
6 Deborah Rudacille, *The Riddle of Gender*, 32.
7 Farah Naz Khan, "A History of Transgender Health Care."

coverage, and eventually involvement of the courts.[8] We will return to the fiqhī aspect of this later.

3.2 Developments in Diagnosis

Then in 1980, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), a publication of the American Psychiatric Association (APA) for the classification of mental disorders, included for the first time a diagnosis of **transsexualism** as a disorder characterized by, "a persistent discomfort and sense of inappropriateness about one's assigned sex in a person who has reached puberty. In addition, there is persistent preoccupation, for at least two years, with getting rid of one's primary and secondary sex characteristics and acquiring the sex characteristics of the other sex." In 1994, the fourth edition of this guide (DSM-IV) replaced the term "transexualism" with **gender identity disorder**, defined as, "A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)." Most recently, in 2013, DSM-V, replaced "disorder" with **dysphoria**, observing that, "gender non-conformity is not in itself a mental disorder."[9] In fact, some members of the committee suggested removing the condition from being a psychiatric diagnosis.[10]

The APA issued a fact sheet[11] summarizing the most important changes introduced by DSM-5, including replacing "disorder" with "dysphoria," because "Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won't be used against them."[12] They also explained that the DSM-V, "includes a separate "gender dysphoria in children" diagnosis and for the first time allows the diagnosis to be given to individuals with disorders of sex development (DSD) [a.k.a. "intersex']." [13]

A 2017 APA review of DSM-V includes a "Caveats" section as follows:[14]

- The Gender Dysphoria diagnosis functions as a double-edged sword. It provides an avenue for treatment, making medical and surgical options available to TGNC people. However, it also has the potential to stigmatize TGNC people by categorizing them as mentally ill.

8 Jakob Skovgaard-Petersen, "Sex Change in Cairo: Gender and Islamic Law", *The Journal of the International Institute*, Volume 2, Issue 3, Spring 1995.
9 American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
10 American Psychiatric Association, "Gender Dysphoria Diagnosis," 2017. https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.
11 Reproduced in full in Appendix B.
12 American Psychiatric Association, "Gender Dysphoria," 2013. https://www.psychiatry.org/file%20library/psychiatrists/practice/dsm/apādsm-5-gender-dysphoria.pdf
13 APA (2013).
14 APA (2017).

- The ultimate goal would be to categorize TGNC treatment under an endocrine/medical diagnosis," i.e. in order to remove stigma.

- In the past, TGNC patients were disproportionally diagnosed with psychotic/mood disorders to explain their gender variance." Because of this, many in the community are understandably skeptical of mental health and psychiatric care.

- There are some genetic explanations for gender dysphoria, categorized in DSM–5 by using the diagnostic specifier "with a disorder of sex development." Parents and physicians of these patients are typically aware of the genetic anomaly from birth, with treatment beginning in childhood.

Commentary

There was no substantive change in the diagnosis criteria between DSM-IV and DSM-V. DSM-V merely replaced the term "disorder" with "dysphoria," and even explicitly declared that "gender non-conformity is not in itself a mental disorder." The goal of this change was to remove stigma, and to have a term that, "protects their access to care and won't be used against them." But if the condition is not a disorder, then medical insurance would not cover treatment. To circumvent this problem, they continued to regard it as a medical condition, but one that now, in effect, was based on the right to choose treatment in order to avoid anxiety, distress and suicidal tendencies arising from non-treatment. However, we note that this blurs the distinction between those who need such surgery (due to DSD), and those who desire it for other reasons. In this light, the APA says that the DSM, "impacts how people see themselves and how we see each other." Let us not forget that the DSM also aims to remove the stigma from transsexualism. It is also worth noting that DSM-V, for the first time, allows a diagnosis of gender dysphoria be given to individuals with disorders of sex development (DSD) [a.k.a. "intersex']." This blurs the distinction between those who need such surgery (due to DSD), and those who desire it for other reasons. It is important to understand these details in order to properly conceptualize the complex reality of this issue. Let us not forget that the DSM also aims to remove the stigma from transsexualism, and therefore, "impacts how people see themselves and how we see each other."

4. GENDER-CHANGE SURGERY AND ITS COSTS

4.1 Program of Treatment

Before we get into the details, let's summarize the stages that someone with **gender dysphoria** goes through, from diagnosis until the 'sex-change' is complete.

1) Diagnosis and therapy: undertaken by psychologists or psychotherapists, seeking to:
    - Arrive at a diagnosis of **gender dysphoria** with certainty
    - Rule out mental, psychological and hormonal disorders
    - Ascertaining that the patient understands the plan for treatment for gender transitioning, and its short-term and long-term consequences.
2) Social transitioning, including cross-dressing, new names, makeup, chest binding, etc.
3) Puberty blocking hormonal therapy

This typically starts at an age of 8 – 11, and aims to block the secondary sexual characteristics of the unwanted sex from manifesting, and activating those of the desired sex.

4) Surgery

Most surgeries for sex-change are major operations carrying significant risks including pain and swelling, as well as complications resulting from anesthesia which might even result in death. It is a requirement, before the surgery is carried out, that the patient

1. has undergone hormonal therapy for at least one year
2. has been successful living socially as a member of the new sex, also for a minimum of one year
3. is medically qualified for surgery
4. has a long-term commitment to further surgeries and review of previous surgeries.

The surgery itself involves a series of operations conducted over several months or years, and some of them are considered optional in that the patient makes a choice with consultation from the treatment team. Physicians involved in the treatment usually follow the recommendations of the World Professional Association for Transgender Health with regard to standards of care for gender dysphoria disorders.[15] These standards give the following as required prerequisites for sex-change surgery. That the person:

i. Has reached the legal age for consent in his country
ii. Has received one year of continuous hormonal therapy except for patients who could

15 The World Professional Association for Transgender Health, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People* (internet source).

not do so for medical reasons

iii. Has successfully lived for one continuous year (twelve months) as a member of the new sex (social transition)

iv. Has received psychotherapy during that year from a psychiatrist/psychotherapist

v. Is aware of the financial costs, the medical and social risks, and the hospitalization and care requirements after the surgery

vi. Availability of competent surgeons who could perform the surgery.

For female-male (FTM) transitions, the most common operations are:

- Bilateral mastectomy, which involves removal of tissue and fat of the breasts, and at times skin grafting in order to make the nipple more male-like
- Surgery to remove the skin around the clitoris, and enlarging it to produce a penis. The enlargement is usually accomplished by hormone therapy that precedes the operation
- Lengthening of the urinary tract if the patient wants to have the ability to urinate while standing.
- Phalloplasty, in which skin from the forearm in used to construct a penis, and skin from the labia to construct a scrotum.

Other procedures include: hysterectomy (removal of the uterus and cervix), oophorectomy (removal of ovary/ies) and mammoplasty (reduction of breast size).

For male-female (MTF) transitions, the most common operations are:

- Breast enlargement
- Removal of the penis
- Removal of the testicles (orchiectomy) by making an incision in the scrotum. This results in a decrease of male hormones in the body, which correspondingly reduces the prescribed dose of oral hormonal therapy.
- Surgery on the larynx to remove cartilage from the Adam's apple so as to make it less prominent.
- Vaginoplasty and vulvoplasty: Using skin and tissue from the penis to construct a vagina,

clitoris, clitoral hood and labia.

Other procedures include mammoplasty.

4.2 Cost of Treatment

The costs associated with sex-change typically include several components:

- Preliminary (pre-surgery) costs of psychotherapy, counseling, hormonal therapy, and any costs involved in living as the other sex before surgery.
- Cost of the surgical operations and follow-up care.
- Post-surgery cost, including ongoing costs for life-long hormonal therapy and visits to doctors and social workers.

Counseling costs for the year prior to the surgery can be $50-200 per visit. Typically, recommendations from at least two specialists are required before surgery is approved, and the total costs of that will typically range from $1000-$5000.[16] Hormonal therapy ranges from $161-$2,623 per year, depending on the type and dose of the prescribed hormones. The approximate total cost of common operations is shown in the table below. We see that for those not covered by insurance, costs could be extremely high. One reason for the high costs is that there are very few surgeons who are qualified to undertake many of these operations. Some insurance plans do not cover sex-change treatment, but for those that do, the average cost to the patient can range from 2% to 15% for surgery, and between 8% and 38% for hormonal therapy.[17] The total cost for patients for a mid-range transition is estimated at $40,000 - $50,000 including surgery.[18]

	Total Cost	Average Cost with Insurance Coverage
Phalloplasty	$137,000	$4,000
Vaginoplasty	$50,000	$2,500
Hysterectomy	$16,000	$1,600
Orchiectomy	$8,000	$1,250

16 CostHelper, "How much does Sex Reassignment Surgery Cost?" (internet source).
17 Baker, Kellan, and Arjee Restar. "Utilization and Costs of Gender-Affirming Care in a Commercially Insured Transgender Population." *Journal of Law, Medicine & Ethics* 50, no. 3 (2022): 456–70. doi:10.1017/jme.2022.87. CostHelper, *op.cit.*. Elle Bradford, "You Won't Believe How Much It Costs to Be Transgender in America," (internet source).
18 https://health.costhelper.com/sex-reassignment-surgeryhtml

Mastectomy	$14,000	$2,250
Mammoplasty	$18,000	$1,225
Facial Feminization Surgery	$30,000	$1,250

MTF patients might also need a hair removal procedure (laser or electrolysis) prior to the genital reconstruction, in order to prevent hair growing in the artificial vagina, and some choose also to remove facial hair. Such treatments cost at least $2,000. In order to assist with adaptation to life with a new gender, many patients (both MTF and FTM) work with voice and movement trainers, who charge $30+ per hour. Patients typically hire a lawyer to assist with changing the sex shown on legal documents (driver's license, passport, etc.), and the fees for this will vary.

Thus, we see that

(i) the exact cost for sex-change patients will vary depending on the extent of transformation they desire.

(ii) treatment is ongoing and life-long, provided the patient does not succumb to medical or psychological complications, and does not commit suicide[19] before reaching their goal.

5. SHARIA AND SEX-CHANGE[20]

5.1 Evidence for Prohibition

Contemporary jurists are in near-consensus regarding the prohibiton of sex-change surgery for a person who is biologically of unambiguous gender. The ruling is based on evidence from the Quran and sunna, as well as analogy and reasoning.

From the Quran

1. Satanic Deeds

Allah tells us that Satan said,

19 There is controversy over whether sex-change surgery reduces suicidality. According to a recent scientific article, the existing literature "suffers from a lack of methodological rigor," pointing to a need for more research. Jackson D. "Suicide-Related Outcomes Following Gender-Affirming Treatment: A Review". *Cureus*. 2023 Mar 20;15(3):e36425. doi: 10.7759/cureus.36425.

20 This section draws on the following references: Fawzān, *Aḥkam al-Jirāḥa al-Tajmīliyya; Mawsūʿa al-Fiqh al-Ṭibbi; al-Mawsūʿa al-Muyassara li-Fiqh al-Qaḍāya al-Muʿāsira*.

(وَلَأُضِلَّنَّهُمْ وَلَأُمَنِّيَنَّهُمْ وَلَآمُرَنَّهُمْ فَلَيُبَتِّكُنَّ آذَانَ الْأَنْعَامِ وَلَآمُرَنَّهُمْ فَلَيُغَيِّرُنَّ خَلْقَ اللَّهِ ۚ وَمَن يَتَّخِذِ الشَّيْطَانَ وَلِيًّا مِّن دُونِ اللَّهِ فَقَدْ خَسِرَ خُسْرَانًا مُّبِينًا)

"And I will mislead them, and I will arouse in them [sinful] desires, and I will command them so they will slit the ears of cattle, and I will command them so they will change the creation of Allah.' And whoever takes Satan as an ally instead of Allah has certainly sustained a clear loss." Q.4:119

So, Allah has clarified that one of the plots of Satan is to command people to change Allah's creation, and the conclusion of the verse, mentioning that to obey Satan in this is clear loss, indicates that to do so is prohibited, because permissible things do not involve clear loss. The scholars of *tafsīr* (exegesis) mentioned that this changing includes tattooing, which is a relatively minor and superficial change, and hence changing of sex is more appropriate to include in the prohibition.

2. Not coveting what others have:

(وَلَا تَتَمَنَّوْا مَا فَضَّلَ اللَّهُ بِهِ بَعْضَكُمْ عَلَىٰ بَعْضٍ ۚ لِّلرِّجَالِ نَصِيبٌ مِّمَّا اكْتَسَبُوا ۖ وَلِلنِّسَاءِ نَصِيبٌ مِّمَّا اكْتَسَبْنَ ۚ وَاسْأَلُوا اللَّهَ مِن فَضْلِهِ ۗ إِنَّ اللَّهَ كَانَ بِكُلِّ شَيْءٍ عَلِيمًا)

"And do not wish for that by which Allah has made some of you exceed others. For men is a share of what they have earned, and for women is a share of what they have earned. And ask Allah of his bounty. Indeed Allah is ever, of all things, Knowing." Q.4:32

Al-Ṭabarī said in his exegesis that this was sent down concerning some women who wished for the positions of men, and that Allah then prohibited these vain wishes, and asked the believers to ask of His bounty, because such wishes lead to envy. If this is the case for mere wishing, then how much more is the prohibiton for actively trying to bring about such a change.

3. Two Sexes

و (لِلَّهِ مُلْكُ السَّمَاوَاتِ وَالْأَرْضِ ۚ يَخْلُقُ مَا يَشَاءُ ۚ يَهَبُ لِمَن يَشَاءُ إِنَاثًا وَيَهَبُ لِمَن يَشَاءُ الذُّكُورَ أَوْ يُزَوِّجُهُمْ ذُكْرَانًا وَإِنَاثًا ۖ وَيَجْعَلُ مَن يَشَاءُ عَقِيمًا ۚ إِنَّهُ عَلِيمٌ قَدِيرٌ)

"To Allah belongs the dominion of the heavens and the earth; He creates what he wills. He gives to whom He wills female [children], and He gives to whom He wills males. Or He makes them [both] males and females, and He renders whom He wills barren. Indeed, He is Knowing and Competent."

Q.42:49-50[21]

This verse implies that children are either male or female, with no third possibility. Hence, someone who desires a third possibility is not content with Allah's decision and effectively questioning divine wisdom and destiny. For the *fuqahāʾ* gender is determined by one's anatomy, and indeed the concept of gender as distinct from biological sex is something that was constructed in the modern era.[22]

The *Khunthā*

Nevertheless, Islamic law has recognized the existence of gender-ambiguity, and persons of indeterminate gender existed and were tolerated since the earliest Islamic society[23]. The *khunthā* is a person who has both male and female organs, or neither. If one set of organs is dominant, the *khunthā* would be considered a member of that gender. Dominance could be established before puberty by the organs' role in urination, or after puberty by the appearance of secondary sexual characteristics such as the beard, or ability to penetrate or impregnate a woman (for male), or the appearance of breasts, or production of milk, or becoming pregnant or menstruating (for a woman).[24] In the absence of all of the above, the *khunthā*'s word could be taken regarding which gender he/she feels sexually attracted to.[25] Once a gender has been assigned in one of these ways, the *khunthā* would be free to marry someone of the opposite gender. However, if all of these methods should fail to assign a gender, then s/he would be regarded as *khunthā mushkil* : an indeterminate hermaphrodite. In terms of regulations of dress, most Sunni jurists require the *khunthā mushkil* to dress like a female out of precaution, while the Hanbalis enjoin only the requirements of male dress since that is the minimum that is established with certainty. According to most jurists of the *madhahib,* the *khunthā mushkil* would not be allowed to marry. A dissenting view is reported from Imam al-Shāfiʿī (d. 204/820): that s/he could arbitrarily make a one-time non-revocable gender choice for him/herself and marry based on that choice.[26]

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21 See also Q.4:1, 75:39, 92:3, 53:45-46.
22 See, for example: Money, John. "Hermaphroditism, gender and precocity in hyperadrenocorticism: psychologic findings." *Bulletin of the Johns Hopkins Hospital* 96.6 (1955): 253-264; Haig, David. "The inexorable rise of gender and the decline of sex: Social change in academic titles, 1945–2001." *Archives of sexual behavior* 33.2 (2004): 87-96; Udry, J. Richard. "Biological Limits of Gender Construction." *American Sociological Review*, vol. 65, no. 3, 2000, pp. 443–457; www.jstor.org/stable/2657466.
23 See: Everett K. Rowson. "The effeminates of early Medina." *Journal of the American Oriental Society* (1991): 671-693.
24 Modern-day classically-trained *fuqahāʾ* generally do not seem to have any objection to using scientific and medical knowledge (such as chromosomal analysis) to help disclose the gender identity of a *khunthā*. See: Dr. Zuhayr Aḥmad al-Sibāʿī and Dr. Muḥammad ʿAli al-Bārr, *al-Ṭabīb Ādābuhū wa-Fiqhuhū* (Damascus/Beirut: Dār al-Qalam, 1993/1413), 324; Dr. Badīʿa ʿAli Aḥmad*, al-Jawanib al-Fiqhiyya al-Mutaʿalliqa bi-Taghyīr al-Jins* (Alexandria: Dār al-Fikr al-Jāmiʿī, 2011), 73-4; Hatem Al-Haj, *ʿAmaliyyāt Taghyīr al-Jins wa-Aḥkām al-Khunthā* (internet source).
25 Many jurists mention, as other intangible characteristics indicating maleness: bravery and physical strength. Aḥmad, *al-Jawānib al-Fiqhiyya* , 69-70.
26 Aḥmad, *al-Jawānib al-Fiqhiyya,* 117.

From the Sunna

1. The Prophet cursed effeminate men and mannish women, and said, "Evict them from your homes." [Bukhārī]

لعن النبيُ صلى الله عليه وسلم المخنثين من الرجال، والمترجلات من النساء وقال: (أخرجوهم من بيوتكم)

The fact the Prophet cursed such people indicates the action is prohibited, and moreover one of the major sins. If it is prohibited to imitate the other sex in behavior, then trying to change one's anatomy to the other gender should be even more severely prohibited and accursed. Note that Imam al-Nawawī commented that this hadith applies to those who consciously try to imitate the other gender, not to those who naturally have such traits.[27]

2. The Prophet cursed the woman who attaches [another person's hair to her own], the woman who requests this from another, the woman who tattoos herself, and the woman who requests tattoos from another. [Bukhārī]

ومن السنة مارواه أبو هريرة رضي الله عنه عن النبي صلى الله عليه وسلم أنه قال: (لعن الله الواصلة والمستوصلة والواشمة والمستوشمة)

This hadith curses women who change their appearance (even if only temporarily) by doing something considered feminine. Hence, it is more severely prohibited for her to change her appearance permanently in a way that is masculine.

3. The Prophet prohibited mutilation (*muthla*), [Nasāʾī] and castration [Bukhārī, Muslim]

كَانَ رَسُولُ اللهِ صلى الله عليه وسلم يَحُثُّ فِي خُطْبَتِهِ عَلَى الصَّدَقَةِ وَيَنْهَى عَنِ الْمُثْلَةِ

فقلنا : ألا نستخصي ؟ فنهانا عن ذلك

Analogy and Reason

The analogy mentioned above is of the *a fortiori* type, where the evidence for the case under

27 Nawawī, *Sharḥ Saḥīḥ Muslim*, 14/164.

consideration is stronger than in the case which has already been proved. Moreover, there is no Islamic necessity justifying sex-change surgery, especially because it is unnatural and tantamount to deception, and the surgery will involve exposing the patient's private parts. From the medical angle, there is no justification either, apart from the controversial claim that it reduces the probability of suicide (which we will return to later). This is in addition to the medical (including psychological) risks and dangers associated with the treatment, and the exorbitant costs.

5.2 Fatwas

In light of the above evidences, it is unsurprising that that vast majority of modern jurists have agreed that sex-change surgery is prohibited for someone with unambiguous anatomy, despite the fact they permitted such surgery for the intersex / hermarphrodite (*khunthā mushkil*). A number of Fiqh Councils have issued resolutions to this effect:

1. The Egyptian *Dār al-Iftāʾ* issued a fatwa (#1228) on 27 June 1981, entitled, "Male-Female (or vice-versa) is permissible under necessity." The fatwa included the following statement,

"Permissibility of carrying out surgery whereby a man changes into a woman, or a woman into a man, provided that a reliable physician concludes that there are physical indications in the body, in terms of hidden male or female organs…. but this surgery is not allowed merely because of [the patient's] desire to change in the absence of explicit, dominant physical indicators."[28]

2. The Fiqh Council of the Muslim World League, in its eleventh session held in Makkah in Rajab 1409H, and the Saudi Council of Senior Ulema in their 39th session, held in Ṭāʾif in Rabiʿ al-Awwal 1413H resolved the following:

"Firstly, it is not permissible for the male whose male organs are completely formed nor for the female whose female organs are completely formed to change to the other [gender]. Attempting to transform is a [religious] offense, the doer of which is deserving of punishment [from God] because it is changing of God's creation.

Secondly, as for someone in whose organs female and male indicators [exist], one should look for what is dominant in his condition. So if femininity is dominant in them, it is permissible to have medical treatment so as to remove the ambiguity from their femininity, regardless whether the

28 *Al-Fatāwā al-Islamiyya min Dar al-Iftāʾ al-Miṣriyya*, 10..29,18/3503.

treatment is by surgery or hormones, because this is a medical ailment and the treatment is intended to provide a cure. This is not [considered] changing of the creation of God, Mighty and Majestic is He." [29]

3. In the recommendations of the 6th Islamic Viewpoint Symposium for some Medical Practices, convened in Kuwait in 1995, paragraphs 11 and 12 state:

"It is Islamically permissible to perform surgical operations whose goal is treatment of a physical illness that came about after birth to restore the normal shape or functionality of an organ. The majority have the opinion that the same applies to rectifying a [congenital] defect or ugliness that causes physical or psychological distress to the individual. It is not permissible to have surgeries which remove the body or organ from its normal function or which aim to disguise [the person's identity] for the purpose of fleeing from justice or for deception or the mere following of [personal] inclinations. The surgical operations which have emerged in some societies, known as sex-change operations, in response to deviant inclinations/desires, are decisively prohibited. [But] it is permissible to conduct operations to make clear the sex of the hermaphrodite."[30]

4. The fatwa of the Saudi Permanent Committee for Fatwa #2688 contains the following:

"Secondly: if your maleness is definitely proved, then your undergoing an operation to transform to female is considered changing of God's creation and displeasure with what God has chosen for you even if the operation is successful and leads to the femaleness which you want. But how impossible is it for that to occur! For the male and female each have their natural physical apparatus that no one other than God, the Exalted can create and impart with their distinctive characteristics. It is not merely the male organ and the female orifice, rather the man has a perfectly integrated interconnected system composed of testicles and others. Each of these members have a function and specific role in terms of sensation and specific secretion, etc. Similarly, the woman has a womb and auxiliaries that function in coordination with it, each having a specific role in terms of sensation and secretion, etc. There is connectivity and response between both. The existence, management, control, and preservation of all of this is not [in the control of] any creature, rather it is [in the control of] God, the Knowing, the Wise, the Exalted, the Capable, the Subtle, the Aware. Therefore, the operation which you want to undergo is a form of frivolity that yields no benefit. Rather, it may be dangerous, if not leading to your death. At the least, you will lose some of what God has given you without gaining what you desire, and the psychic complex which you wanted to get rid of will

29 Resolution of the Council of Senior Scholars #176 dated 17 Rabiʿ al-Awwal 1413 H 49:370 https://www.alifta.gov.sa/Ar/IftaContents/Pages/FatawaDetails.aspx?View=Page&PageID=6932&CultStr=ar&PageNo=1&NodeID=1&BookID=2

30 *Al-Nadwa al-Fiqhiyya al-Ṭibbiyya al-Sādisa, al-Tawsiyyāt*, 757.

remain after this unfruitful operation.

Thirdly: If your maleness is not definitively proved, but you merely suppose that you are a man based on manifestations of masculinity that you see on your body, but what you find within your psyche is that you carry female characteristics and are emotionally inclined towards men and sexually attracted to them, then take your time and do not undertake this surgery [immediately]. Have yourself examined by people of expertise, specialist doctors, and then if they verify that you are superficially a man but in [biological] reality a woman, then submit yourself to them for them to bring out your female reality surgically. This would not be a MTF sex change, because they do not have [the capability] to do that; it is merely making obvious the reality of your condition and removal of the confusion and ambiguity present in your body and latent self."[31]

5. The Fiqh Council of the OIC (Organization for Islamic Cooperation), in its 25th session, convened in Jeddah from 29 Rajab to 3 Shaʿban 1444H (20-23 February 2023):

- declared the prohibition of MTF and FTM sex-change surgery, on the basis that it constitutes changing of Allah's creation.
- stated that the gender-specific fiqhi regulations – relating to child custody, financial maintenance, inheritance, etc. – are determined by the person's sex before transition, because the surgery has only superficially changed the person's appearance and has not changed the gender in reality.
- called on governments to
    - prohibit such surgeries
    - raise awareness of the dangers and devastating individual and societal consequences involved
    - direct individuals who suffer from dysphoria and misgivings about their sexual/gender identity – whether for psychological reasons or otherwise – to appropriate treatment
- called for raising awareness about the danger of agendas that defend / promote homosexuality and sex-change and aim to spread vice and indecency under the pretext of protection of rights and of individual freedoms.

5.3 Dissenting Views

31 *Fatāwā al-Lajna al-Dāʾima lil-Buḥūth al-ʿIlmiyya wal-Iftāʾ*, 25/45.

Egyptian Mufti Gād al-Ḥaqq's 1981 fatwa on sex-change has been interpreted by some as endorsing sex-change, but although some phrases it in are ambiguous, it seems that he was actually talking about corrective surgery for the *khunthā*.[32] The subsequent Mufti Sayyid Ṭanṭāwī (d. 1431/2010), was consulted in 1988 on the matter of "Sally" (which we mentioned earlier in the History section), and issued a fatwa (drawing on Gād al-Ḥaqq's) in which he stated that, "if the doctor testified that this [surgery] was the only cure against the disease [of sexual identity disorder], then this treatment was permissible." Nevertheless, it has been pointed out that the fatwa was actually non-committal, in that, "it evaded the question of whether the diagnosis of psychological hermaphroditism was acceptable from the point of view of Islamic law," and as a result both sides in the conflict appealed to Ṭanṭāwī's words in support of their own positions.[33] So, it is questionable whether any Sunnī ulema endorsed sex-change surgery for gender dysphoria.

In Shīʿite Iran, however, things took a different trajectory, apparently due to the influence of psychologist ʿAli Akbar Siyāsī's pivotal dualistic conception of human identity that comprised *badaniyyāt* (anatomy) and *nafsāniyyāt* (feelings, thoughts and reactions). This apparently "provide[d] a way to address transexuality as a psychological condition in Islamic terms." In 1987, the Iranian Ministry of Justice, in response to a query from the Legal Medicine Organization of Iran, asserted that sex-change surgery was religiously permissible, citing as support the writings of Khomeini, and the government legalized it.[34] Nevertheless, the matter remains controversial among Shīʿite jurists. For instance, the prominent jurist Ayatollah Jaʿfar Subḥānī maintains that sex-change surgery is prohibited except for the *khunthā mushkil* (i.e. concurring with the MWL fatwa). He interprets Khomeini's endorsement as referring to the purely hypothetical case of a total sex-change being possible. Subḥānī points out that in reality, this could only happen by a divine miracle; all that surgery is capable of is a false and superficial change that does not alter the gender identity of the patient.[35]

In light of the above, we are reminded of Imam al-Shāṭibī's (d. 790H) advice, "If a scholar has given a verdict which stands apart from the majority of scholars, then let your belief be that the truth is with the largest group of *mujtahids*."[36]

Fiqhī Rulings[37]

32 Jād al-Ḥaqq, *Fatāwā Islāmiyya*, 3 vols. (Cairo: Dār al-Fārūq, 2005), 1:68–70.
33 Skovgaard-Petersen, "Sex Change in Cairo."
34 Afsaneh Najmabadi. "Verdicts of science, rulings of faith: transgender/sexuality in contemporary Iran." *Social Research* (2011): 533-556
35 Jaʿfar Subḥānī, "Taghyīr al-Jins fī al-Sharīʿa al-Islāmiyya," *Aḥkām ṣalāt al-Qaḍāʾ : wa-yalīhi Khams Rasāʾil Fiqhiyya* (Qom: Muʾassasat al-Imām al-Ṣādiq, 2013).
36 Shāṭibī, *Al-Muwāfaqāt,* ed. Mashhūr ʿAliyy Salmān, Dār Ibn ʿAffān, 1997/1417, 5/140.
37 Fawzān, *Aḥkam al-Jirāḥa al-Tajmīliyya; Mawsūʿa al-Fiqh al-Ṭibbi;al-Mawsūʿa al-Muyassara li-Fiqh al-Qaḍāya al-Muʿāsira*.

Based on the prohibition of sex-change surgery, as discussed above, we can conclude that Islamically, the patient continues to be regarded as their original gender, and that the operations do not change any fiqhī regulations, neither for the patient nor for others with whom they interact. The majority of Sunnī jurists (the Ḥanafīs and Mālikīs dissent) uphold the maxim, "Authorizations / concessions are not earned by sin."[38] (الرخص لا تناط بالمعاصي) For example, if someone is travelling for a sinful purpose, he is not entitled to shorten his prayers. Similarly, since the sex-change surgery is considered sinful, the patient would not be entitled to enjoy the fiqhi regulations of the target gender.

(1) Someone who undergoes MTF or FTM transition while knowing it to be prohibited is deemed a sinner (*fāsiq*), but leeway is given for someone who transitioned before they embraced Islam.

(2) If a woman undergoes FTM transition, she is effectively still a woman, and so

a. She will not be permitted to lead prayer, deliver khutba, or give *adhān*.

b. She will receive the inheritance share of a female, for past and future cases.

c. She will not be permitted to marry a woman

(3) If a man undergoes MTF transition, he is effectively still a man, and so

a. If he leads prayer, delivers khutba, or gives *adhān*, it would be valid but reprehensible, because he is considered a sinner (*fāsiq*). He should not be invited to do any of these things.

b. He will receive the inheritance share of a male, for past and future cases.

c. He will not be permitted to marry a man

(4) It is not permissible for a physician to contract his services for a sex-change surgery, because it is not deemed legitimate surgery, being unnatural and reprehensible and effectively harmful to the patient.

(5) A physician who undertakes such a surgery is guilty of violating the privacy of the patient (by looking at and touching their private parts), and also guilty of frivolous surgery. An Islamic court could impose a discretionary punishment (*ta'zīr*) on him.

(6) In terms of financial compensation, we might draw an analogy to Female Genital Mutilation (FGM), where the surgeon is similarly performing an Islamically unjustified operation resulting

38 Suyūṭī, *al-Ashbāh wal-Naẓāʾir*, 138.

in damage to the genitals. In such cases, the surgeon might be subject to *qiṣāṣ* (retaliation), i.e. to have the same done to his genitals through an Islamic court order (in a Muslim country). If *qiṣāṣ* is not applicable then he is liable to pay the *diya* (blood-money). In fact, some jurists have the view that for parts of the body that contain more than one benefit, multiple *diyas* are payable. The fact that the patient consents to the sex-change surgery makes the situation similar to the case where A tells B to kill / injure him; a scenario where the jurists have differed as to the liability involved, with most ruling that there is no financial liability in case of injury.[39]

5.5 Some further issues

Notwithstanding what we stated above, in terms of the transitioned person remaining their original sex, from a practical scenario, some exceptions may be called for from a pragmatic standpoint, and there is room in sharia to accommodate this by drawing on the concepts of *maṣlaḥa/mafsada* (benefit/harm) and *sadd al-dharāʾiʿ* (sealing the paths to evil/harm).

(1) Bathrooms: to allow a MTF transitioned man with female appearance (breasts, body shape, clothes) to use the men's bathroom would likely make the men uncomfortable and could also cause *fitna*. At the same time, to allow him to use the women's bathroom would not be appropriate because he is still a man, and might still be attracted to women. The best solution might be to have a private bathroom for use by such people.

(2) Congregational Prayer: For similar reasons as above, it would not be appropriate for a MTF or FTM person to stand in rows with the men nor with the women. Some contemporary *fuqahāʾ* are of the view that transitioned individuals should therefore stand in their own row, between the men's and women's rows, just like the *khunthā*. Even though the chromosomes of the transitioned individual have not changed, nevertheless, by going through hormonal and surgical modifications to their natal (born) sex, they have effectively rendered themself a person of ambiguous sex, and thus *qiyās* from the *khunthā* is justified.

(3) Marriage: Allowing a MTF man to marry a woman would have the appearance صورة of homosexual marriage (and similarly allowing a FTM woman to marry a man. The safest option appears to be for an imam to refrain from performing marriages involving transitioned individuals, except possibly the scenario where a MTF marries a FTM. We note that this (prohibition on marrying) is the same ruling that the medieval *fuqahāʾ* issued for the *khunthā*.

(4) It should be noted that the transitioned person would be treated as a *khunthā* only for

39 Niẓām, *Fatāwā Hindiyya*, Dār al-Kutub al-ʿIlmiyya, 6/36; Ibn Rushd, *al-Bayān wal-Taḥṣīl*, Dār al-Gharb al-Islamī, 16/57. Jamal, *Hashiya ʿalā Sharḥ al-Manhaj*, Dār al-Kutub al-ʿIlmiyya, 7/379.

purposes of bathroom use, congregational prayer, and marriage. For all other regulations (including inheritance) the transitioned person would be treated as their original gender.

(5) Pronouns: The default ruling would be that pronouns used for a person are according to their natal sex, regardless of their preferences, and/or medical treatments (whether hormonal or surgical). However, in professional, educational and other contexts, a Muslim might face severe repercussions (including losing one's job) for not using someone else's pronouns of choice ('misgendering'). Taking this into consideration, I believe there is some leeway to allow the Muslim to use these pronouns in such circumstances, for appeasement مداراة , in the interests of preventing a greater harm.

6. PASTORAL DIMENSIONS

Above, we have discussed the fiqh viewpoint on these matters, giving what Shaykh Ibn ʿUthaymin describes as "the eye of Sharia." Nevertheless, Ibn ʿUthaymin (and Ibn Taymiyya before him) pointed out the importance of also seeing with "the eye of destiny" whereby we are gentle and compassionate with sinners.[40] This last section of the paper is therefore devoted to complementing the previous section by providing pastoral advice for imams, chaplains, and other Muslim leaders for dealing with individuals struggling with gender dysphoria. This section is the product of discussions with observant Muslim psychiatrists, counselors and scholars.

1. Modern-day psychiatric practice has endorsed "gender-affirming" treatment which certainly goes against our basic Islamic values. As seen, most fuqaha consider sex-change surgery to be impermissible for anyone other than the *khunthā mushkil*. Nevertheless, the marginal disagreement means that the issue is not one of true ijmaʿ. In addition, the strong pro-trans propaganda nowadays has led to even many Muslims becoming confused or even accepting these things. In light of these two factors, we should refrain from *takfir* (judging an individual to be outside the pale of Islam) of a Muslim who insists that sex change is permissible.

2. That being said, we regard this issue as *masʾala khilāfiyya*, not as *masʾala ikhtilāfiyya*, therefore we do not advise promoting the dissenting view, nor using it when advising people, nor providing a masjid platform to those who want to promote it.

40 Ibn ʿUthaymīn, *Majmūʿ Fatāwā wa-Rasā'il*, Dār al-Thurayyā, 2008/1429, 26/89-90.

3. From a purely pragmatic view, the surgery is accompanied with high financial costs, as well as a feeling of regret from most patients after the procedure, some remaining suicidal. Additionally, in practice, patients are often not given enough information to provide truly informed consent.[41] It would make sense for a patient struggling with gender dysphoria to think twice before going ahead with hormonal and surgical intervention. These negative factors can and should be mentioned by imams to someone who is considering sex change, in an effort to make them reconsider. The person's final decision is not in our hands. We can only advise, and pray for the person. Do not underestimate the effect of sincere, secret duʿā.

4. A Muslim imam/chaplain can serve anyone, even sinful Muslims and non-Muslims. It is essential for an imam to recognize that a person approaching them with gender dysphoria or a gender identity crisis is struggling with significant emotional distress that they don't want to experience. Without having that recognition it's difficult to have empathy towards that human being. But you cannot say or do something against your beliefs. For a 'gender-transitioning' person: you should listen to them, without being judgmental. Scholars have stated that if verbal forbidding of the wrong leads to a bigger problem, then you should not say anything, but move down to the level of 'forbidding with your heart.' This is similar to Ibn Taymiyya's fatwa on not trying to stop the Tatars from drinking in order to prevent them from killing.

5. The Prophet refrained from re-building the Kaʿba according to the original foundations because the mentality of the people was such that they would not accept it. Similarly, gender dysphoria patients have, in a sense, built their identity on the wrong foundation (or the foundation is shaky or non-existent). You might not be able to convince them otherwise. We have to work with what we have and try to improve the situation in a way that will not cause greater harm. Allow them to build a relationship with you, and by extension with Allah. Help them to connect to Allah through prayer, etc. Perhaps you could also have them explore their identity as a person. What are their likes and dislikes? What is their personality? People who want to change their gender are often struggling with identity itself (not limited to gender identity). Some of them have had traumatic experiences (sexual abuse, etc). Recently, a population-based study from Denmark was published,

41 The Economist, "Trans substantiation."

observing that suicide attempts were exponentially higher in the transgender population.[42] Such people often have difficulty in socialization, and since gender is a means of socialization, they are exploring gender identity. Just giving such people a safe, non-judgment space to express their feelings and be listened to can help. Once you have an initial discussion of life problems, the discussion of gender identity will rarely be on the table. A good number of people like this end up deciding not to transition.

6. The absolutist approach of "Would you rather have a transgender child or a dead child?" plays into the either/or fallacy of fearmongering, which can destroy the parent/child relationship. A black-and-white analogy like this does much more harm than good in addressing the struggle someone may be experiencing in terms of identity, regardless of what their definition of identity is anchored to. Cornerstone Home and Family Intervention, an Islamic-based counseling office based in New Jersey, has developed a 12-week program in which they work with youth in who are struggling with gender identity or sexual orientation. They try to help them better understand themselves and the role that their faith identity plays in their lives. Their method also explores the spiritual and relational attributes of the self from an intrapersonal perspective while assessing interpersonal interactions and how they relate to one's identity. Using communication strategies and intervention approaches such as memory mining, they pivot the lens of "pride" towards a socially constructed idea to tangible actions instead that align with the values at the core of a client's faith identity. Social dysphoria, more often than not, can be at the root of what is quick to be labeled as gender dysphoria due to our hyper-gender conscious world (although the opposite is being touted with the gender nonconformity narrative). Since Cornerstone is a nonprofit faith-based relational intervention organization, they are able to approach this struggle from a holistic perspective that incorporates faith, family, and relationships as part of the core identity and explore the impact of the ecological system on the formation of identities and the root of self-definition. Cornerstone provides televisits, phone sessions, and in-person sessions.

6.1 Additional Resources

The following are especially recommended.

1. For more detailed discussion of the fiqh and science of gender dysphoria, consult Mobeen Vaid's two-part article "Islam and Gender Non-Conformity." (Part 2 is co-authored with Waheed Jensen).

42 Erlangsen A, Jacobsen AL, Ranning A, Delamare AL, Nordentoft M, Frisch M. "Transgender Identity and Suicide Attempts and Mortality in Denmark". *JAMA*. 2023 Jun 27;329(24):2145-2153. doi: 10.1001/jama.2023.8627.

- https://muslimmatters.org/wp-content/uploads/And-the-Male-Is-Not-Like-the-Female-Sunni-Islam-and-Gender-Nonconformity-M.-Vaid.pdf
- https://m2w4k5m5ṣtackpathcdn.com/wp-content/uploads/And-the-Male-Is-Not-like-the-Female_Part-2.pdf

2. Cornerstone Counseling's website is https://www.cornercounseling.com/

3. Waheed Jensen's podcast series *A Way Beyond the Rainbow* is very useful. Waheed himself is a Muslim who struggles with same-sex attraction. Of particular revelance to gender dysphoria and transitioning are episodes #73, #74, #75, #76, #77, #78.

4. Hannah Barnes' book, *Time to Think: The Inside Story of the Collapse of the Tavistock's Gender Service for Children*, is a case study that raises concerns about sex-change surgery, interspersed with interviews of 7 former patients.

5. Straight Struggle is a peer support group for Muslims struggling with same-sex attraction or gender dysphoria. Note that this service is not regulated/monitored; there are no official professionals in charge. Nevertheless, some might find it helpful.
https://disboard.org/server/686461916939288584

7. APPENDIX A: DMS-IV

DSM-IV, dated 1994, includes the following:[43]

***DSM-IV-TR* Diagnostic Criteria For Gender Identity Disorder**

A. A strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex). In children, the disturbance is manifested by four (or more) of the following:

1. repeatedly stated desire to be, or insistence that he or she is, the other sex

2. in boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing

3. strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex

4. intense desire to participate in the stereotypical games and pastimes of the other sex

5. strong preference for playmates of the other sex

B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.

C. The disturbance is not concurrent with a physical intersex condition.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

8. APPENDIX B: DSM-V APA FACT SHEET

In 2013, the APA issued a fact sheet summarizing the most important changes introduced by DSM-5, including replacing "disorder" with "dysphoria":[44]

43 Bell, C.C.. DSM-IV: diagnostic and statistical manual of mental disorders. *JAMA*, 1994, 272(10), pp.828-829. American Psychiatric Association*, DSM-IV-TR* Diagnostic Criteria For Gender Identity Disorder, (internet source). American Psychiatric Association, "Gender Dysphoria," (internet source).
44 American Psychiatric Association, "Gender Dysphoria," (internet source).

In the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people whose gender at birth is contrary to the one they identify with will be diagnosed with gender dysphoria. This diagnosis is a revision of DSM-IV's criteria for gender identity disorder and is intended to better characterize the experiences of affected children, adolescents, and adults.

Respecting the Patient, Ensuring Access to Care

DSM not only determines how mental disorders are defined and diagnosed, it also impacts how people see themselves and how we see each other. While diagnostic terms facilitate clinical care and access to insurance coverage that supports mental health, these terms can also have a stigmatizing effect.

DSM-5 aims to avoid stigma and ensure clinical care for individuals who see and feel themselves to be a different gender than their assigned gender. It replaces the diagnostic name "gender identity disorder" with "gender dysphoria," as well as makes other important clarifications in the criteria. It is important to note that gender nonconformity is not in itself a mental disorder. The critical element of gender dysphoria is the presence of clinically significant distress associated with the condition.

Characteristics of the Condition

For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's expressed/experienced gender and the gender others would assign him or her, and it must continue for at least six months. In children, the desire to be of the other gender must be present and verbalized. This condition causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Gender dysphoria is manifested in a variety of ways, including strong desires to be treated as the other gender or to be rid of one's sex characteristics, or a strong conviction that one has feelings and reactions typical of the other gender.

The DSM-5 diagnosis adds a post-transition specifier for people who are living full-time as the desired gender (with or without legal sanction of the gender change). This ensures treatment access for individuals who continue to undergo hormone therapy, related surgery, or psychotherapy or counseling to support their gender transition.

Gender dysphoria will have its own chapter in DSM-5 and will be separated from Sexual Dysfunctions and Paraphilic Disorders.

Need for Change

Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won't be used against them in social, occupational, or legal areas.

When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired gender. To get insurance coverage for the medical treatments, individuals need a diagnosis. The Sexual and Gender Identity Disorders Work Group was concerned that removing the condition as a psychiatric diagnosis—as some had suggested—would jeopardize access to care.

Part of removing stigma is about choosing the right words. Replacing "disorder" with "dysphoria" in the diagnostic label is not only more appropriate and consistent with familiar clinical sexology terminology, it also removes the connotation that the patient is "disordered."

Ultimately, the changes regarding gender dysphoria in DSM-5 respect the individuals identified by offering a diagnostic name that is more appropriate to the symptoms and behaviors they experience without jeopardizing their access to effective treatment options."

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