

Gender Dysphoria and Sexual Orientation in The Islamic Perspective: A Conceptual Review of Identity, Fitrah, and Therapeutic Implications

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Abstract

Gender dysphoria, as a condition of discomfort resulting from a mismatch between gender identity and biological sex, is analyzed as a complex biopsychosocial problem. Gender identity disorder is a psychological condition that is distinct from sexual orientation, but there is also a relationship. Although society generally interprets this disorder as only being experienced by transgender people, the fact is that people who are not transgender can also suffer from this disorder. This study uses a qualitative-analytical method through literature review and thematic analysis of the collected textual data. The result is a prohibition against physical changes made by individuals with gender dysphoria or otherwise, based on efforts to preserve the authenticity of creation (fitrah) and prevent harm. Exceptions are only made for intersex conditions that require biological clarification. As an alternative, the recommended treatment is through a psychological-spiritual approach. Given that gender dysphoria is closely related to psychological disorders resulting from such discomfort, psychotherapy such as cognitive behavioral therapy, individual, family, and group therapy is considered more in line with human nature. This approach aims to help individuals manage dysphoria, strengthen self-acceptance, and align their psychological condition with the nature of creation, rather than making physical changes that are prohibited.

Keywords: *Gender Dysphoria, Sexual Orientation, Medical Intervention, Psychological-Spiritual.*

INTRODUCTION

In recent decades, gender dysphoria and sexual orientation have become increasingly prominent issues in global psychological, medical, and socio-religious discourse. The growing visibility of transgender individuals and those who do not conform to gender norms has sparked complex debates, especially in societies with strong religious frameworks, including Muslim-majority contexts. This contemporary phenomenon creates an urgent dilemma: on the one hand, demands for recognition of rights, identity, and more inclusive medical care;

on the other hand, religious beliefs that hold fast to the concept of a natural binary gender and specific sexual norms. As a result, there is a gap between the rapidly developing global discourse and the established framework of religious understanding. Because as time progresses, religion becomes a necessity and plays an important role in fulfilling human spiritual well-being (Amalia et al., 2024).

This study fills a gap in the literature, which tends to be dichotomous, where previous studies separate the analysis of gender dysphoria from sexual orientation and are stuck in a polarization between a biomedical-secular approach and a normative fiqh response without integration. In this study, the author offers a new integrative approach by highlighting the probable relationship between the two phenomena through a holistic Islamic perspective. The relational analysis between gender incongruence and sexual orientation within a conceptual framework is unique in that it unites the biopsychosocial dimension with the principles of fitrah and *maqasid syari'ah*, resulting in a coherent, relevant, and harmonious framework of understanding and therapeutic implications that is in line with the values of Islamic teachings.

Gender dysphoria is a feeling of discomfort when a person's gender identity does not match their biological sex. This condition is often mistakenly thought to be experienced only by transgender people. In fact, not all people with gender dysphoria are transgender/transsexual, and conversely, not all transgender people experience gender dysphoria (Eden et al., 2012). Individuals with gender dysphoria are part of a population that has been diagnosed with gender identity disorder according to the characteristics defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), which has now been changed to gender dysphoria by the DSM-V (American Psychiatric Association, 2013). Gender dysphoria is a complex condition involving three interrelated dimensions: the psychological dimension, which is rooted in the mismatch between one's gender identity and biological reality, often complicated by comorbid conditions; an intrapsychic dimension, characterized by deep psychological distress resulting from conflict between internal self-expression and gender norms; and a social dimension, in the form of stigmatization, lack of public understanding, and rigid gender norms that trigger social anxiety. These three dimensions reinforce each other and shape a challenging holistic experience for the individual (Giordano, 2012).

A person diagnosed with gender dysphoria experiences distress because their gender does not match their gender expression during the process of identifying themselves in the traditional male or female binary roles in society, which leads to cultural stigmatization for those who do not conform (A. Tomb, 2024). This can cause difficulties for people with gender dysphoria in their family and friend relationships and can lead to interpersonal and intrapersonal conflicts, rejection from society, symptoms of depression and anxiety, substance abuse, loss of well-being, poor self-esteem, and an increased risk of self-harm and suicidal ideation (R. Brown, 2024). The etiology of gender dysphoria is still quite complex. In general, gender dysphoria arises from complex biopsychosocial factors. Individuals born with congenital adrenal hyperplasia or androgen insensitivity syndrome are usually raised and socialized as girls, even though they will later appear and have characteristics like the opposite sex. These changes become more apparent around and during puberty. In addition, gender dysphoria can also be caused by phthalates in plastics and polychlorinated biphenyls in the womb. These substances are known to cause an overall increase in fetal testosterone levels, which may potentially increase the risk of autism spectrum disorders and gender dysphoria (Garg et al., 2023).

According to the American Psychiatric Association (APA), some people diagnosed with gender dysphoria pursue several domains of gender affirmation, including social affirmation by changing their name, legal affirmation by changing their gender on identity cards/government-issued documents, medical affirmation by suppressing puberty or hormone therapy, and even affirmation through surgical procedures such as vaginoplasty, facial feminization surgery, masculine chest reconstruction, and so on (Drescher et al., 2022). Some individuals choose to express their gender only in their personal lives because they feel uncomfortable expressing their perceived gender in public. Social rejection and limited access to care due to social, economic, or religious factors can cause these individuals to experience anxiety, depression, social withdrawal, and suicide. According to the American Psychiatric Association (APA), psychological efforts to make transgender people cisgender, commonly referred to as gender identity conversion efforts or gender identity conversion therapy, are considered unethical and can be detrimental to mental health.

According to Az Hakeem, a psychiatrist who explains in his book *Trans: Exploring Gender Identity and Gender Dysphoria*, changing one's gender will not make individuals

with gender dysphoria feel happier, but rather have a negative impact on other aspects of life, such as social, health, and mental aspects. Therefore, gender reassignment intervention is not the right choice (Hakeem, 2018).

Changing gender or sex reassignment surgery is known as gender transition surgery. Gender transition surgery has major consequences on an individual's life, including complex physical and psychological effects, and in some cases can lead to regret. Several studies have shown that many of these interventions cause high rates of medical complications such as chronic pain, infections, and urinary tract problems. In addition, continuous post-operative hormonal medication can cause health complications, including cardiovascular problems, hormonal imbalances, sexual development disorders, and an increased risk of certain cancers. Another factor contributing to increased post-operative depression in gender transition is social isolation. In addition to the physical adjustment period after surgery, individuals undergoing gender transition surgery experience a period of social adjustment, such as with family, friends, and society. Although some people may be supportive, others may face rejection and misunderstanding, leading to feelings of isolation and abandonment. This is in line with the social values and manners found in Alî 'Imrân/3:159. In addition, Alî 'Imrân/3:112 explains the harmonious relationship between humans and the environment as well as the vertical interaction between humans and their creator.

Prevention of gender dysphoria begins with strengthening the foundations of identity in accordance with human nature through proactive intervention by family and community. According to Abdullah Nashih 'Ulwan, one of the obligations of parents in supervising their children is to ensure that they do not fall into deviant behavior (Nasih Ulwan, 1992). Therefore, the important sexual responsibility that must be applied to gender dysphoria is to maintain self-respect (*iffah*). Implementation in gender dysphoria can be done by helping individuals to build self-control so that they do not indulge in deviant sexual behavior and by providing positive guidance regarding the understanding of sex and gender in Islam.

This study aims to analyze the concepts of gender dysphoria and sexual orientation from an Islamic perspective through a conceptual approach to the study of the Qur'an and its interpretation, in order to produce an integrative framework that connects the understanding of fitrah, gender identity, and ethical-medical implications. Specifically, this study addresses three issues: (1) the interpretation of human nature in relation to gender

identity and sexual orientation, and the position of gender dysphoria therein; (2) the Qur'an's view of the right to self-identity that conflicts with biological sex and the justification for medical intervention; and (3) the status and approach of the Qur'an towards homosexual orientation, both from a legal and psycho-spiritual rehabilitation perspective, as well as a combination of both. The novelty of this study lies in its integrative conceptualization of gender dysphoria and sexual orientation within an Islamic framework, synthesizing contemporary psychological insights with the principles of *fiṭrah* and *maqāṣid al-sharī'ah* to propose a psychologically and spiritually grounded alternative to dominant biomedical-affirmative approaches.

This study uses a qualitative approach with a library research method. This method combines a series of activities related to library data collection, reading, and recording, as well as research data management. The references collected are books and journals related to both Western and Eastern sources to invite an Islamic perspective. The reference materials in this study were obtained through data collection techniques that included previous studies related to the topic and in-depth discussions with experts in the field of health in a multireligious context to obtain a broader perspective.

DISCUSSION

Discourse on Gender Dysphoria

In general, there is often a biased understanding between the concepts of gender identity and sex. Although sex is often associated with gender and nature ((William, 2006). This is because there are natural differences between male and female sex. Therefore, the term “violating nature” is interpreted as when someone tries to resist and change their inherent biological functions. Allah has created humans in only two sexes, namely male and female, as stated in QS. An-Najm/53: 45

وَأَنَّهُ خَلَقَ الزَّوْجَيْنِ الذَّكَرَ وَالْأُنثَىٰ .

“That He is the one who created male and female pairs.”

Unlike sex, gender is completely different from the concept of sex. Gender is not sex. Gender encompasses the differences in the social functions and roles of men and women that are shaped by the environment and culture (William, 2006). Gender identity can be

understood as an individual's concept of themselves as male or female or neither (Rokhmansyah, 2016). Gender identity can be seen in individuals through personality traits and behaviors that guide a person to behave in a manner expected of males or females. Culture plays a major role in determining an individual's gender identity. The family plays an early role in determining a person's gender (Sovitiana, 2019). Giving toys and clothes to babies from birth can influence gender identity. As children grow and develop, they will integrate information from society and those around them about perceptions of themselves to construct their gender identity. This is where gender gives birth to and brings about a dichotomy of characteristics, roles, and positions between men and women.

In the concept of gender relations, there is a rejection of the mapping that men are beings with good intellect, strength, logical thinking, more active and competitive, and unemotional, as well as the stereotype that women are emotional, sensitive, less logical, and so on. According to geneticists, humans are biological beings with their own characteristics, and their development of consciousness and intelligence is not solely determined by genetic factors but also by environmental factors (Umar, 2023). Thus, psychological and social aspects are often linked to each other in studying humans because they dynamically influence each other in the form of experiences, behaviors, and even a person's well-being.

The concept of gender explains that it is common for men to have characteristics identified with women and vice versa. Therefore, the concepts of gender dysphoria and gender have similarities and differences. The main difference is that gender dysphoria is not merely a mismatch with gender stereotypes, but rather a psychological condition characterized by significant clinical distress due to a mismatch between one's gender identity and biological sex.

The determination of gender identity through culture is related to Judith Butler's theory of performativity, which states that gender is not something that is essentially possessed and performed, but rather produced and maintained through repeated actions. Through this statement, it can be understood that gender identity is formed through consistent and repetitive performances, which then create the illusion of a stable and essential gender existence (Wahyudi, 2025). Thus, this theory opens up a new, more flexible and inclusive understanding of gender, namely that gender identity is not limited to the traditional

binary categories of male and female, and recognizes the existence of diverse gender identities and expressions, such as non-binary identities and fluid genders.

The biological differences between men and women are not a source of debate, because in essence men and women do have biological differences. However, there is still no consensus on whether these differences influence the formation of masculine and feminine traits, so there is still room for conflicting arguments regarding the formation of masculine and feminine characters and traits (Naufal Fairuzillah & Mumtazi, 2023). This has given rise to the concepts of nature and nurture. A deep and accurate understanding of nature and nurture helps individuals in determining and understanding gender studies. The nature theory is the psychological differences in a person caused by biological factors which are inherent and must be accepted as they are (Utaminingsih, 2023). These biological characteristics are often considered part of nature or God's will, while the concept of gender comes from social and cultural constructs.

Biological differences between men and women indicate and imply that the two sexes have different roles and tasks. Some roles and tasks can be exchanged, but others cannot because they are naturally different, such as giving birth and breastfeeding, which only women can do. Nurture assumes that differences between individuals are caused by learning processes and the living environment. Both have important roles and responsibilities in shaping the developmental path from health aspects to individual competence.

In cases of gender dysphoria, individuals who feel that there is a mismatch between their perceived gender identity and their biological sex experience real psychological and social challenges. Gender incongruence causes emotional distress and disrupts daily functioning, which can affect productivity. In a religious context, this issue raises theological and moral concerns for individuals who adhere to certain beliefs, particularly Islam.

Internal conflicts arising from gender dysphoria can motivate decisions to undergo physical changes, such as sex reassignment surgery or hormone therapy, which are generally prohibited in Islamic law, except in certain medical conditions. However, gender dysphoria does not fall under these special conditions because it is a psychological disorder rather than a congenital biological disorder.

A sense of insecurity or lack of confidence related to gender in dysphoria can lead some individuals to conclude that if they do not fit into the perceived gender framework,

then there must be something wrong with them. A person who experiences prolonged discomfort with their sex and wishes to have the opposite sex is referred to as having gender dysphoria in the DSM-V and gender identity disorder in the DSM-IV (A. Tomb, 2024). Gender dysphoria is often triggered by bodily experiences (such as congenital adrenal hyperplasia in females, which can cause gender identity issues or ambiguous sex due to masculine characteristics both physically and socially, and in males, similar conditions are possible, such as complete androgen insensitivity syndrome, which causes a tendency to be more feminine physically and socially (Damri, 2024)), as well as intrapersonal factors associated with various thoughts. Therefore, its management requires an interdisciplinary approach that not only prioritizes medical understanding but also empathy for the individual's life experiences and inclusive environmental support.

In general, solutions for gender dysphoria vary, depending on the level of dysphoria, resources, access to healthcare, and personal preferences. Individuals with gender dysphoria may seek medical treatment in the form of hormone replacement therapy, surgery, or other procedures to align their bodies with their desired gender identity (Jimenez, 2019).

Over the past few hundred years, there has been a shift in the perception that a person's physicality or body can be part of their identity, not just a physical entity with functions, but as a means of deeper self-expression (Frenzi Rabito & M. Rodriguez, 2016). Therefore, gender dysphoria has become one of the symptoms associated with transsexualism. Transsexualism describes the behavior of a person who feels that their biological sex does not match the sex they express, thus giving rise to a desire to change it, such as Male to Female (MtF) or Female to Male (FtM). Although not all people with gender dysphoria are labeled as transsexual, because some of them are determined not to undergo gender reassignment procedures or have already done so, they are therefore classified as transsexual.

The Right to Self-Identity and Medical & Psychological Intervention

It is important to include a discussion of the right to self-identity and the right to adequate medical and psychological intervention. Within the framework of human rights, the right to be recognized according to one's gender identity is derived from the principles of human dignity, personal autonomy, and freedom from all forms of discrimination. In fact,

discrimination against values that are considered outside the normal limits as determined by certain environments, cultures, or religions is still often found in society.

At the same time, the right to public health is the responsibility of a country and its healthcare system to provide comprehensive care that respects patient autonomy. However, the implementation process is not without ethical and religious tensions between the principles of individual autonomy, medical and psychological considerations, and religious teachings. The right to self-identity is related to the understanding of human rights in terms of the freedom to actualize oneself.

As in Abraham Maslow's fifth theory, the need for self-actualization is understood as the need for self-realization, which includes the fulfillment of recognition of one's existence by others. Medical intervention in the form of gender-affirming surgery for a person experiencing gender dysphoria involves a series of major medical procedures to change the body's structure to match a person's bodily identity.

In some countries, individuals with gender dysphoria have been given the obligation to follow their desired course of action in relation to their right to self-actualization. For example, Pakistan has provided a special policy for people who intend to become transgender by providing a dysphoria letter as biomedical evidence. This was established by the Pakistani Parliament in 2018 in relation to the Transgender (Protection of Rights) Act as a legislative measure to ensure that people who identify as transgender can retain their citizenship rights among other human rights. This law created three new categories of citizenship based on gender identity, namely *khwaja sira* (transman), *khwaja sira* (transwoman), and *khunsa-i-mushkil* (intersex or hermaphrodite) (Zafar, 2024).

Gender dysphoria letters begin with recognition, diagnosis, and evidence. Procedurally, after a person is determined to have gender dysphoria by a psychologist or psychiatrist. Pakistani doctors, who tend to be and are mostly Sunni Muslims, view the anatomy of the body as an interior that is entirely 'natural' and comes from Allah. When dealing with transgender patients, doctors tend to view them with suspicion and interrogation and are very meticulous.

Indications that commonly appear in gender dysphoria are discomfort with one's own body, a strong preference to appear as the opposite gender, a desire to change physical characteristics, and the emergence of emotional and social disorders. A person experiencing

signs of gender dysphoria needs to see a psychologist or psychiatrist, either a general practitioner or one specializing in gender identity issues, to diagnose and confirm the presence of gender dysphoria in the individual. In addition, it is important for people with gender dysphoria to see a professional in order to conduct a comprehensive evaluation of the client (Hakeem, 2018).

In gender services, individuals are generally offered tailored support and interventions to best meet their needs and circumstances. However, the interventions or support offered vary greatly, such as physical gender interventions providing hormone therapy, gender confirmation surgery, and psychological interventions such as psychotherapy or other psychological interventions such as cognitive behavioral therapy (Hakeem, 2018).

The existence of psychotherapy and various psychological interventions as a response to the complexity of mental health disorders has become a mainstay in contemporary psychology. Psychological interventions can help understand the mental and emotional impact of gender dysphoria on individuals. Adequate psychological support can reduce anxiety and depression levels for transgender people experiencing gender dysphoria.

In the discourse on gender dysphoria, the decision to choose interventions based on psychological treatment is prioritized, considering the original nature of humans according to their original form since they were in their mother's womb. Furthermore, the consequences of following one's desires to undergo gender reassignment surgery will have long-term negative effects on the individual, both physically and psychologically (Sudirman, 2018).

In the UK, there is a service provider for individuals with gender dysphoria known as the Gender Identity Development Service (GIDS). This service was established in 1989 to provide therapeutic assessment and psychological intervention for children and adolescents with gender dysphoria. An initial audit of the service found that of the 124 initial referrals to the service, the majority had complex social and/or psychological difficulties in addition to the symptoms of gender dysphoria itself (Mc Pherson & E. P., 2024). At that time, GIDS provided services through psychotherapy based on mental health specialists in London. When children reached adulthood (at least 16 years old), the majority wanted to pursue medical interventions, such as puberty blockers and cross-hormone therapy, which were then referred to hospitals.

Sex reassignment surgery can face negative perceptions in conservative societies or even in certain religions, such as in Indonesia. Gender reassignment surgery for gender dysphoria can be performed based on psychiatric authorization (Bracanovic, 2017). Results show that individuals who undergo sex reassignment surgery have successfully reduced their anxiety related to gender discrimination, but increased anxiety related to disclosure of their past compared to those who did not undergo surgery.

In the context of Islamic law, discussions about this intervention require caution because they relate to changes in God's creation, changes in self-identity, and legal provisions regarding men and women in Sharia law. Theological perspectives are often a source of support or rejection of transsexualism in society. Religious perspectives influence how individuals with gender dysphoria are treated in society. For example, the fatwa issued by Ayatollah Khomeini influenced medical and legal policies by allowing sex reassignment surgery in Iran (Nur Anisa, 2024).

Sex reassignment interventions performed on transsexuals experiencing gender dysphoria receive different responses in terms of positive law and Islamic law in Indonesia. The Indonesian Ulema Council (MUI), as an institution that oversees most Islamic organizations in Indonesia, determines the law related to an issue by seeking benefits and rejecting harm. In Indonesia, with a majority of 87.08% of the population being Muslim, the phenomenon of changing gender has caused much controversy because it is considered to be against the nature determined by Allah. MUI Fatwa No. 03/MUNAS-VIII/MUI/2010, issued and ratified during the 8th National Conference, states that intentional changes and alterations to the genitals are *haram* (forbidden). In Indonesia, operations performed on transsexuals are legally distinguished between civil law and Islamic law.

Apart from religious considerations, regulations regarding gender reassignment procedures in Indonesia have not been specifically regulated, but there are special provisions to protect its citizens. These provisions take the form of protection, determination of personal status, recognition, and legal status for every demographic event and important event experienced by Indonesian citizens and Indonesian citizens outside Indonesia, namely through the Population Administration Law, which was amended by Law 24/2013 (Jata Ayu Pramesti, 2023).

The prohibition against transsexuality in Islam is based on the concept of fitrah and basic teachings that emphasize that gender is part of God's decree. Therefore, changing it is considered contrary to the nature (original characteristics) of human creation. In QS. Al-Hujurat/49: 13, it is explained that human gender is a decree that God has directly given to His creatures.

يَا أَيُّهَا النَّاسُ إِنَّا خَلَقْنَاكُمْ مِنْ ذَكَرٍ وَأُنْثَىٰ وَجَعَلْنَاكُمْ شُعُوبًا وَقَبَائِلَ لِتَعَارَفُوا ۗ إِنَّ أَكْرَمَكُمْ عِنْدَ اللَّهِ أَتْقَاكُمْ ۗ إِنَّ اللَّهَ عَلِيمٌ خَبِيرٌ

O mankind, indeed We have created you from a male and a female and made you into nations and tribes that you may know one another. Indeed, the most noble of you in the sight of Allah is the most righteous of you. Indeed, Allah is Knowing and Acquainted.

According to the views of Fiqh scholars, especially in the Shafi'i and Hanbali schools of thought, surgery to completely change one's gender (especially in FtM or MtF cases) without a medical diagnosis or indication such as intersex will be considered a form of *taghyir khalqillah* (changing Allah's creation), *tasyabbuh* (resembling the opposite sex, which is explicitly prohibited in the hadith of the Prophet), and a rejection of nature and human nature as an indication of dissatisfaction with what Allah has decreed. This is in accordance with QS. An-Nisa'/ 4: 119 “فَلْيَبْتَئِكُنَّ آذَانَ الْأَنْعَامِ” according to the Jalalayn Tafsir, it is explained that Satan has resolved to mislead humans through feelings of doubt and empty desires, commands of deviation such as changing Allah's creation physically (likened to cutting the ears of animals in Jahiliyyah practices), interpreted as enjoying changing what is lawful to unlawful or vice versa, and deviating from the nature that Allah has established. Therefore, those who follow this path, Allah clearly states, will suffer tangible losses in both this world and the hereafter.

In Islamic ethics, the right to self-identity is not understood as an expression of absolute autonomy, but rather as freedom bound by the provisions of revelation. The human body is positioned as a divine trust, not full private property, so its use is subject to the moral limits of Sharia law (Hashim Kamali, 2008). The Islamic ethical approach rejects the liberal assumption that human dignity lies in the freedom to fully determine one's identity. Instead, dignity (*karamah insaniyyah*) is based on harmony between biological nature, moral responsibility, and obedience to God's law (Auda, 2008). Thus, it can be understood that the

protection of human rights in Islam does not mean affirming all expressions of identity, but maintaining a balance between empathy for the psychological suffering of individuals and the preservation of the moral-ontological order of human creation.

In accordance with APA guidelines, providers of gender affirmation care must combine and consider additional identities, such as ethnicity, nationality, and religion, which may be related to a person's gender experience and ability to find appropriate support. This is necessary so that the individual does not experience rejection in their family or community, which can cause stress or conflict.

In line with these guidelines, religion and spirituality are important and prominent aspects to consider for individuals before providing gender affirmation care. In Islam, forms of gender affirmation such as hormone therapy and sex reassignment surgery are prohibited because they are considered to alter God's creation (Netti, 2022). Therefore, an Islamic psychological approach can be applied, such as the behaviorist approach, which views humans as part of both the physical and spiritual realm.

In this case, human behavior can indeed be shaped and changed through stimuli and responses, but behavior does not stand alone because it is a manifestation of intentions (*niyyah*), values, and morals that originate from the heart (*qalb*) and spiritual awareness. Therefore, the heart in Islamic psychology plays an important role as the center of control and becomes the meaning of human faith and thoughts, as explained in the authentic hadith of Muslim No. 1599.

عن النُّعْمَانِ بْنِ بَشِيرٍ رَضِيَ اللَّهُ عَنْهُ قَالَ: سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ -وَأَهْوَى النُّعْمَانُ بِإِصْبَعَيْهِ إِلَى أُذُنَيْهِ-: «إِنَّ الْحَلَالَ بَيْنَ وَإِنَّ الْحَرَامَ بَيْنَ، وَبَيْنَهُمَا مُشْتَبِهَاتٌ لَا يَعْلَمُهُنَّ كَثِيرٌ مِنَ النَّاسِ، فَمَنْ اتَّقَى الشُّبُهَاتِ اسْتَبْرَأَ لِدِينِهِ وَعَرْضِهِ، وَمَنْ وَقَعَ فِي الشُّبُهَاتِ وَقَعَ فِي الْحَرَامِ، كَالرَّاعِي يَرْعَى حَوْلَ الْحِمَى يُوشِكُ أَنْ يَرْتَعَ فِيهِ، أَلَا وَإِنَّ لِكُلِّ مَلِكٍ حِمًى، أَلَا وَإِنَّ حِمَى اللَّهِ مَحَارِمُهُ، أَلَا وَإِنَّ فِي الْجَسَدِ مُضْغَةً، إِذَا صَلَحَتْ صَلَحَ الْجَسَدُ كُلُّهُ، وَإِذَا فَسَدَتْ فَسَدَ الْجَسَدُ كُلُّهُ، أَلَا وَهِيَ الْقَلْبُ

An-Nu'mān bin Basyir -may Allah be pleased with him- narrated, "I heard the Messenger of Allah ﷺ say -while An-Nu'mān pointed to his ears with his two fingers- 'Indeed, what is lawful is clear, and what is unlawful is also clear. Between the two are matters of doubt (ambiguity) that most people are unaware of. Whoever guards himself against doubtful matters has guarded his religion and his honor. But whoever falls into doubtful matters will fall into what is forbidden. He is like a

shepherd who grazes his livestock near a forbidden area; it is possible that he will enter and eat from it. Know that every ruler has a forbidden area. Know that Allah's prohibitions are what He has forbidden. Know that within the human body there is a piece of flesh; if it is good, then the whole body is good, and if it is corrupt, then the whole body is corrupt. Know that this piece of flesh is the heart.

In this hadith, the heart is the standard of goodness for bodily actions. The heart is the leader of the body. Therefore, if the heart is good, it will influence the goodness of bodily actions, and if the heart is bad, it will influence the badness of bodily actions. Similarly, Ibn Qayyim explains in the introduction to his book that the heart's position in relation to the body is like that of a king who rules over his army. All movements (of the body) originate from the command of the king (the heart). Thus, the heart produces righteous or deviant deeds (Al-Jawziyyah, 1995).

In the context of sexual identity and gender identity, fitrah refers to humans who are born male or female with biological characteristics and natural roles inherent in every human being, which are different but complementary. The importance of accepting and being grateful for Allah's gifts to His servants must be taught from an early age. This step can help children feel comfortable with themselves. Once they are able to accept themselves with everything that Allah has given them, children will understand that the main purpose of life is to worship and seek Allah's pleasure so that they will more easily accept all of His provisions, including the concept of fitrah.

This is in line with contemporary psychology, where the concept of acceptance is part of the cognitive-affective process that serves as an adaptive foundation for reducing distress and increasing psychological flexibility in humans. From an Islamic perspective, QS. Luqman/31:12 offers a spiritual dimension to this construct of acceptance.

وَلَقَدْ آتَيْنَا لُقْمَانَ الْحِكْمَةَ أَنْ اشْكُرْ لِلَّهِ يَوْمَنْ يَشْكُرْ فَاثِمًا يَشْكُرُ لِنَفْسِهِ وَمَنْ كَفَرَ فَإِنَّ
اللَّهَ غَنِيٌّ حَمِيدٌ

"Indeed, We have truly given wisdom to Luqman, namely, "Be grateful to Allah! Whoever is grateful, he is grateful for himself. Whoever is ungrateful, Allah is All-Rich and All-Praised."

According to the Indonesian Ministry of Religious Affairs' interpretation of QS. Luqman/31: 12, it is emphasized that Allah gave Luqman wisdom in the form of the ability to understand and practice knowledge. From this came the main advice, which is to be

grateful. Gratitude benefits humans themselves. If someone is ungrateful for blessings, it is purely detrimental to themselves, not Allah. Allah remains the Most Generous and the Most Praiseworthy without depending in the slightest on His servants (Kemenag RI, 2016).

Based on sharia arguments, the law on sex change operations for individuals with gender dysphoria in Islam has been established as a prohibited act. However, there are exceptions for individuals born with abnormal sex organs (intersex/hermaphrodites), where the law on sex operations depends on the condition of their reproductive organs, both externally and internally. This is because in Islam, according to the majority of scholars, sex reassignment surgery is permitted if it is *tashib* or *takmil* (correction and improvement) and does not completely change the sex (Sudirman, 2018).

Given that individuals with gender dysphoria often experience complications in psychological problems, the application of psychological intervention is important. Psychotherapy used for gender dysphoria and related conditions, such as deviant sexual orientation, addresses the gap between gender expression and biological gender through approaches including individual, family, and group-based therapy, as well as controversial methods such as conversion therapy and cognitive behavioral therapy (Chelliah, 2024). The legitimization of psychotherapy/psychological treatment in cases of mental disorders is a commendable effort, as is the case with gender dysphoria, which requires such treatment rather than physical changes that may be regretted later. As in the hadith of the Prophet narrated by Abu Dawud: 3855.

عَنْ أُسَامَةَ بْنِ شَرِيكٍ قَالَ: أَتَيْتُ النَّبِيَّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ وَأَصْحَابُهُ كَانَتْمْ عَلَى رُءُوسِهِمُ الطَّيْرُ، فَسَلَّمْتُ ثُمَّ قَعَدْتُ، فَجَاءَ الْأَعْرَابُ مِنْ هَاهُنَا وَهَاهُنَا، فَقَالُوا: يَا رَسُولَ اللَّهِ، أَتَتَدَاوَى؟ فَقَالَ: «تَدَاوَوْا، فَإِنَّ اللَّهَ عَزَّوَجَلَّ لَمْ يَضَعْ دَاءً إِلَّا وَضَعَ لَهُ دَوَاءً، غَيْرَ دَاءٍ وَاحِدٍ: الْهَرَمُ»

From Usamah bin Syarik, he said: "I came to the Prophet, peace be upon him, and his companions at that time were like birds above their heads (i.e., very calm and solemn). I greeted them, then sat down. Then came the Arab Bedouins from various directions. They said, 'O Messenger of Allah, may we seek medical treatment?' He said, 'Seek medical treatment, for indeed Allah, the Exalted and Glorious, does not send down a disease except that He also sends down its cure, except for one disease, which is old age.'" (HR. Abu Dawud no. 3855) (Hadith Prophet, n.d.).

This hadith is an important foundation in the medical world that deals with physical health, psychology that deals with mental health, and other scientific research. Illness is not the end of everything, and seeking healing is a form of faith in Allah, that humans still have the Giver of Healing. As stated in the words of Allah in Surah Asy-Syu'ara/ 26: 80, which explains that only Allah is the One who can heal humans when they are sick. Allah has the power to cure any disease suffered by a person, whether it is a physical or mental illness. Even so, humans must also try to find ways to obtain that healing, and that is a form of effort by a servant.

Sexual Orientation in Gender Dysphoria

Biologically, human creation shows a heterosexual sexual structure, meaning that men are sexually attracted to women and vice versa. This difference is not merely a social construct, but is rooted in objective biological reality, such as the difference in chromosomes (XY in males and XX in females), reproductive anatomy, and complementary biological functions in human reproduction. From this perspective, heterosexual relationships are the basic pattern for the survival of the human species (Fausto Sterling, 2012).

Gender dysphoria, which is not part of deviant behavior but rather a clinical disorder focused on psychological distress caused by one's own identity, can trigger far more complex scientific debates if this condition develops into transgenderism or transsexualism. This is a consideration because the proposed conditions and solutions are considered adaptive or maladaptive. The assessment of transgenderism and transsexualism as deviant behavior is not absolute, but rather depends heavily on the theoretical paradigm used to understand human sexuality. In academic studies, there are two opposing schools of thought: essentialism and social constructionism.

Essentialists believe that sexual orientation, sex, and gender are innate and natural, and therefore cannot be changed. There are only two sexes, male and female, sexual orientation is limited to heterosexuality, and gender must correspond to the assigned sex, with males being masculine and females being feminine. Biological and neuropsychological studies show that sexual differentiation occurs as early as the prenatal phase through the influence of hormones and genetic factors, which shape sex-based brain structure and behavior (Bao & F.Swaab, 2011).

From this perspective, individuals who fall outside the binary framework are considered deviant from biological and moral norms. This perspective is dominant in many religious societies, including Indonesia, where sexuality is understood as an immutable divine decree. Regional research shows that religious and cultural legitimacy significantly influences negative attitudes toward LGBT people, which often leads to discrimination and social violence. (UNDP& USAID, 2014).

The second view is social constructionism, which believes that gender identity, sex, and sexual orientation are the result of social construction, making them more flexible and subject to change at any time. This is one of the reasons why individuals with gender dysphoria close themselves off and suppress their feelings of discomfort. A number of studies also show that individuals with gender dysphoria often experience psychological distress not only because of their internal condition, but also as a result of conflict with rigid social norms (Connell, 2012).

Individuals with gender dysphoria also influence sexual orientation, although not entirely. The sexual orientation of individuals with gender dysphoria is usually classified in relation to their birth sex (J. Deogracias, 2007). Most biologically female individuals who experience gender dysphoria are lesbian, in the sense that they are sexually attracted to other biological females. Meanwhile, biologically male individuals show more varied sexual orientations, such as heterosexual, bisexual, or asexual.

Changes in sexual orientation in gender dysphoria are also influenced by actions taken, such as the process of sex reassignment (transsexual) (Hakeem, 2018). The hypothesis tested was that neural patterns and sexual stimulation behavior in transgender individuals who will transition from their assigned gender to their experienced gender. These changes in sexual arousal occur before and after four months of gender-affirming hormone therapy (Klobl, 2024). The sexual behavior accompanying this dynamic, particularly same-sex relationships, correlates with an increased vulnerability to Sexually Transmitted Infections (STIs), including the Human Immunodeficiency Virus (HIV). The transgender phenomenon itself often intersects with the complexity of sexual orientation (such as homosexuality and lesbianism), creating layers of multidimensional health challenges (Nur Izzati, 2021).

Instilling religious values is essential to avoid falling into error and making wrong decisions. As with telling the stories of the prophets of old, in this case it is the story of the

people of Prophet Luth, from which the essence and values can be extracted. Prophet Luth, who was sent to confront his people in the cities of Sodom and Gomorrah, who were known to have committed a very heinous sin, namely same-sex relationships (homosexuality and lesbianism) openly, was not an easy task. As stated in QS. Al-Ankabut/29: 28.

وَلَوْطًا إِذْ قَالَ لِقَوْمِهِ إِنَّكُمْ لَتَأْتُونَ الْفَاحِشَةَ مَا سَبَقَكُمْ بِهَا مِنْ أَحَدٍ مِّنَ الْعَالَمِينَ

(Remember) when Lot said to his people, “You are truly committing a very vile act (homosexuality) that no one in the universe has ever done before you.”

The people of Prophet Luth are known as the first community in history to openly engage in sexual deviance, particularly liwat (homosexuality between men) (Al-Badrawi, 2004). LGBT behavior in the modern era today is similar to liwât among the people of Prophet Lot in terms of natural deviation and its destructive effects on health, morals, and society.

The values that can be taken from this story are the importance of avoiding immorality and sinful deeds, instilling a strong faith in Allah and His Messenger, the consequences of disbelief and rejection of Allah's will, and the importance of choosing a good environment to avoid bad teachings. In addition, teaching about human nature is also important. Human nature is one of the fundamental concepts in Islam that determines the original state, pure creation, or natural disposition that Allah has given to humans even before birth.

Fitrah is a basic or innate instinct that encourages humans to recognize and acknowledge the oneness of Allah and to be inclined towards goodness and truth and the recognition of Allah SWT. In the context of sexual identity and gender identity, fitrah refers to humans who are born as men or women with biological characteristics and natural roles inherent in every human being, which are different but complementary. The importance of accepting and being grateful for Allah's gifts to His servants must be taught from an early age. This step can help children feel comfortable with themselves. Once they are able to accept themselves with everything Allah has given them, children will understand that the

main purpose of life is to worship and seek Allah's pleasure so that they will more easily accept all of His provisions, including the concept of *fitrah*.

CONCLUSION

This article concludes that the resolution of gender identity and sexual orientation conflicts within the Islamic framework must be grounded in the concept of *fitrah*, positioning psychological intervention and spiritual support as the primary modes of treatment, while discouraging permanent medical interventions that alter the physical body. Islam affirms a binary biological sex framework in which gender identity is ideally aligned with biological sex, thereby contesting radical social constructionist theories that conceptualize gender as fluid and detached from ontological human nature. From a legal-ethical standpoint, medical interventions such as hormone therapy and sex reassignment surgery are generally impermissible due to the prohibition of *taghyir khalq Allāh* and *tasyabbuh*, with limited exceptions for intersex conditions where surgical correction aims to clarify biological function rather than reconstruct subjective identity.

The study further argues that Islamic therapeutic responses to gender dysphoria are fundamentally rehabilitative rather than affirmative, emphasizing psychotherapy, counseling, spiritual formation, self-acceptance, and social support as mechanisms for restoring psychological well-being without violating Shari‘a principles. In relation to sexual orientation, homosexual behavior is framed as a deviation from *fitrah*, and treatment is directed toward psychological and spiritual rehabilitation rather than the validation of same-sex desire. The primary scholarly contribution of this article lies in its integration of Islamic legal-ethical reasoning with contemporary psychological discourse, offering a normative yet multidisciplinary alternative to dominant liberal-affirmative models.

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