Asian Journal of Islamic Psychology
Vol. 1, Issue 2, 16-32, 2024
doi.org/10.23917/ajip.v1i2.5706

Asian Journal of Islamic Psychology

An Overview of Gender Dysphoria: Factors, Effects, Treatments, and Islamic Perspective

*Rafi Damri[1], Aisyah Qonita Putri Wida[2], Halda Afifa El Fuadhilah[3], Qurotul Uyun[4]

[1,2,3,4]Department of Psychology, Universitas Islam Indonesia, Indonesia

*Corresponding email: rafidamri0110@gmail.com or 20320289@alumni.uii.ac.id

ABSTRACT

Gender dysphoria refers to the experience of a significant incongruence between an individual's assigned biological sex and their identified gender. Various disciplines, including medical, psychological, and religious perspectives, provide differing explanations for this condition. This article aims to explore the issue of gender dysphoria, examining its causal factors and the Islamic perspective through a comprehensive review of existing literature. According to the literature, the causes of gender dysphoria require further in-depth investigation. Researchers suggest that dysphoric behaviour arises from a complex interplay of psychological and biological factors. Interventions for gender dysphoria may include hormonal treatments and psychological support. Additionally, individuals with gender dysphoria often face impacts and comorbidities related to body image, anxiety, and other mental health concerns. From an Islamic viewpoint, gender dysphoria is considered to contradict the natural order (*fitrah*) and should be addressed to restore the individual's innate disposition (*fitrah*).

ARTICLE HISTORY
Submitted 07 03 2024
Received 17 03 2024
Accepted 26 08 2024
Published 01 10 2024

KEYWORDS
Gender dysphoria; Gender identity; transgender; Islamic perspective; Fitrah;

INTRODUCTION

Humans have various characteristics that make them unique. These characteristics can also be shown by how humans identify themselves as part of a group, one of which is a gender group. For example, boys and girls develop and are educated in different ways. According to Blaine & Brenchley (2018), males are often expected to develop strong characteristics, active, and use rational intelligence. Meanwhile, females are expected to have high thinking skills, emotional, and gentle characteristics (Blaine & Brenchley, 2018).

Parents, schools, and society generally educate boys and girls with different values and treatment. Boys are given toys traditionally associated with their gender, such as footballs and cars. Meanwhile, girls play with feminine objects such as dolls or cooking sets. Individuals generally tend to act and behave according to the gender group they were born into. However, in some cases, individuals may experience discomfort with their biological sex or feel more comfortable with a different gender group. This condition is known as gender dysphoria (GD).

A student at a university in Indonesia identified as non-binary and was reprimanded by a lecturer who questioned the student's gender. The student replied that they identified as having a gender between male and female. According to Vica (Rusdianto, 2022), the lecturer commented on the student's gestures and how they walked. The lecturer asked, "Are you a man or a woman?" the student replied, "I am in the middle, sir." The lecturer responded, "What is that? We only accept men and women

here. There is no such thing as 'in the middle.' You have to be a man; do not be a woman." This case brought attention to non-binary people in the public discourse. Meanwhile, the student also received criticism for their behaviour. This incident highlights one of the characteristics of gender diversity in Indonesia.

According to the DSM-V (American Psychiatric Association, 2013), GD is a condition where individuals feel there is a discrepancy between their natal gender and their expressed gender. Previously, DSM-IV identified GD as a gender identity disorder. While in PPDGJ-III (Muslim, 2001), gender identity disorder can be identified from the behaviour of transsexualism, dual role transvestism, gender identity disorder in children, and other gender identity disorders. According to Benjamin (in Wålinder, 1968), the criteria for transsexualism are basically a sense of belongingness to the opposite sex, feeling foreign or uncomfortable with the body as biological sex, having the desire to become the opposite biological sex, and wanting to be considered as a different individual compared to biological sex.

Table 1. Diagnostic criteria of GD based on DSM-V

Diagnostic Criteria of GD	
GD in Children	GD in Adults
Conspicuous discrepancy between experienced/declared gender and assigned gender, for at least six months, as indicated by at least six of the following (one of which must be criterion a1). 1. Strong desire to belong to the other sex. 2. Strong desire to cross-dress (men wanting to wear feminine clothes, while women wanting to wear typically masculine clothes). 3. Strong preference for cross-gender roles in fantasy play. 4. Strong preference for toys, games, or activities that are stereotypically used or engaged in by the other gender. 5. Strong preference for playing with friends of the other gender. 6. Strong rejection of toys, games, and activities that are typically associated with one's assigned gender. 7. Strong dislike of one's sexual anatomy. 8. Strong desire for primary and secondary sex characteristics that match one's gender identity.	A marked discrepancy between one's experienced gender and assigned sex, lasting for at least 6 months, as demonstrated by at least two of the following: 1. Apparent discrepancy between experienced/asserted genders. 2. A solid desire to get rid of one's primary and secondary sex characteristics due to a glaring incongruity with one is experienced/expressed sex. 3. Strong desire for primary and secondary sex characteristics from others 4. Strong desire to be the other sex (or an alternative sex that is different from one's sex. 5. Strong desire to be treated as the other sex (or an alternative sex different from the assigned sex). 6. Strong belief that one has feelings and reactions that are typical of other genes of the assigned sex).
The condition is associated with clinically significant distress or impairment in social, school, or other essential functioning areas.	These conditions are associated with clinically significant suffering or should be in social, occupational, or other essential functioning.

Transsexualism describes the behaviour of someone who feels that biological sex does not match the gender they want to express, resulting in a desire to change sex (Wålinder, 1968), such as MtF (male to female), which changes male sex to female or FtM (female to male) which changes female sex to male (Kockott & Fahrner, 1988). Meanwhile, transvestism refers to individuals who feel GF but do not change their biological sex but rather lead to the use of attributes of the opposite sex and identify as the opposite sex (Wålinder, 1968). Thus, gender dysphoria and gender identity disorder have the same concept, which is a term to describe the condition or perception of incompatibility between biological sex and the gender expressed by the individual.

Gender-related issues in Indonesia, especially Gender Dysphoria (GD), are still considered as taboo by society. Indonesian culture does not widely discuss this topic due to its closed nature and indifference towards GD sufferers, influenced by Eastern culture and the predominantly Islamic population. Despite this, cases continue to arise where individuals express a gender identity that differs from their biological sex. This divergence between self-perceived gender identity and biological reality underscores the complexity of gender dysphoria (GD), making it an essential area of study. Understanding GD is crucial as it provides valuable insights into the symptoms and challenges these individuals face in aligning their gender identity with societal expectations and norms.

However, it is essential to note that within the context of Islamic scholarship, research on gender dysphoria remains relatively limited. This gap in the literature presents a significant challenge for Muslim scholars and communities as they seek to understand and address the phenomenon of GD from an Islamic perspective. Given that Islamic teachings provide comprehensive guidance on various aspects of human life, it is imperative that scholars explore gender dysphoria in a manner that is both faithful to Islamic principles and empathetic to the lived experiences of those affected by this condition. Therefore, this article aims to provide a concise overview of GD, covering its causes, impacts, interventions, and Islamic perspectives.

METHOD

This article uses previous studies to address the causes, impacts and interventions of GD cases and Islamic views on these cases. Therefore, this article uses the literature study method. A literature study is a type of research conducted by collecting various sources previously conducted to overcome a problem (Restu et al., 2021). Literature studies are conducted by looking at the results of journals, books, and other literature and compiling them properly (Cresswel, 2015). The analysis method used is the content analysis technique. The content analysis technique directs the making of conclusions based on texts (or other meaningful things) (Krippendorff, 2018).

RESULTS AND DISCUSSION

Etiology or Pathology of GD

Gender dysphoria (GD) is a complex condition influenced by various psychological, demographic and biological factors. Some previous studies provide insight into the potential causes of GD (Babu & Shah, 2021; Claahsen -Van Der Grinten et al., 2021; Klink & Den Heijer, 2014; Levitan et al., 2019). Demographically, Levitan et al. (2019) found that males reported gender transition more often than females. In addition, children or adolescents who experience dysphoria are more likely to engage in transgender practices in adulthood (Lopez et al., 2016).

Psychological Factors

Social environments, including peer and family relationships, are associated with GD (Levitan et al., 2019). In developmental psychology, the influence of peers, the internet, and other environments is often termed 'peer contagion' or 'social contagion'. Social contagion refers to the spread of phenomena such as beliefs, behaviors, and attitudes (Christakis & Fowler, 2013). Thus, the environment plays a crucial role in shaping individual characteristics. For instance, research has shown that negative peer influence can contribute to conditions like anorexia (Allison et al., 2014), aggressive behavior (Jung et al., 2019), delinquency, and depression (Reynolds & Crea, 2015). This mechanism may also apply to GD cases, as indicated by Dr. Littman's research on the indirect influence of social contagion and peers in gender identity development (Restar, 2020). According to social learning theory, individuals can model behaviors observed in others.

The psychoanalytic perspective suggests that the developmental stage significantly influences social behaviour. Sigmund Freud's theory outlines five stages of development: oral, anal, phallic, latency, and genital (Sayers, 2020). Sayers (2020) noted that in these five stages, the phallic stage is considered significant in the formation of individual sexual identity characteristics. In addition, Freud believed that gender identity formation occurs in childhood during the oedipal triangle crisis (Barkai, 2017; Capetillo-Ventura et al., 2015). Parenting and childhood experiences greatly influence personality and behaviour, including gender identity. Gray et al. (in Kaltiala-Heino et al., 2018) attribute GD to childhood trauma related to poor parenting. Traumatic experiences and poor parenting, such as the father's absence and child abuse, disrupt development, including gender identity (Kaltiala-Heino et al., 2018). Parenting practices that do not match the child's biological sex or do not provide adequate information about gender roles can lead to confusion and dysphoria. Cognitive developmental theories suggest that the mismatch between biological gender and expressed gender results from a failure in the development of gender concepts.

Biological Factors

Hormonal and neurological development also influence the likelihood of GD. Researchers note biological features such as chromosomes, gonads, and hormonal sex characteristics as supporting potential GD. For example, hormonal conditions like congenital adrenal hyperplasia (CAH) in females can lead to gender identity issues or ambiguous sex due to presence of masculine characteristics (Babu & Shah, 2021; Nermoen et al., 2017), both physically and socially. Conversely, ambiguous conditions in males, such as complete androgen insensitivity syndrome (CAIS), can result in a tendency to be more feminine physically and socially (Mendoza & Motos, 2013). Both CAH and CAIS contribute to ambiguous gender identities. However, individuals with CAH do not necessarily desire to change their gender identity from their biological gender (Engberg et al., 2020). Additionally, this does not always result in feelings of GD

Klink & Den Heijer (2014) collected literature on hormonal genetics and the role of sex chromosomes in GD. The research suggests that GD involves a complex interplay between sex hormone biosynthesis, hormone receptor mechanisms of action, and epigenetic changes. The production of steroid hormones in the gonads and adrenal glands, mainly testosterone and estradiol, is essential in sex differentiation of the brain. Androgen and estrogen receptors influence genital development and sexual maturation, with variations in androgen receptor genes affecting the brain's sensitivity to androgens. Epigenetic mechanisms, such as DNA methylation, link the genetic blueprint of sex to gene expression,

influenced by hormones in early development. Genetic studies suggest that variations in sex hormones or their activity may contribute to GD (Klink & Den Heijer, 2014).

Klink & Den Heijer (2014) conclude that genetic components influence dysphoric behaviour. However, it remains unconfirmed whether genetic variations, such as polymorphisms and mutations, affecting sex hormone production or activity also predispose to disorders of sex development and gender dysphoria. Genetic studies measuring these variants have not shown significant differences between subjects with GD and control subjects.

Heylel et al. (Claahsen -Van Der Grinten et al., 2021) noted that the brains of individuals who experience dysphoria are similar to those of individuals who express their gender identity. However, the limited biological research on GD raises questions about whether psychological factors influencing gender identity are reflected in brain anatomy (Perrotta, 2020).

Impact and Comorbidities of GD

GD individuals often experience significant distress and confusion, compounded by a lack of knowledge about healthy self-expression. It can lead to distressing experiences (Cooper et al., 2020) and further clinical implications. A common issue experienced by GD individuals is the discrepancy between their expressed gender and biological sex. This dissatisfaction with physical appearance can result in low body image (Alcón & Molina, 2015; Pulice-Farrow et al., 2020; van de Grift et al., 2016; Verveen et al., 2021). van de Grift et al. (2016) reported that MtF individuals feel uncomfortable with aspects such as voice, neck, face, body hair, posture, and muscles. FtM individuals typically feel discomfort with their chest and hips. MtF individuals also experience discomfort with biological phenomena typical of men, such as facial and body hair and erections (Giovanardi et al., 2019).

Body image issues in GD can lead to eating disorders such as anorexia (Couturier et al., 2015; Cusack et al., 2022; Feder et al., 2017; Giordano, 2017; Harrop et al., 2023; Joy et al., 2022; Martins et al., 2022; Milano et al., 2020; Protos, 2021; Ristori et al., 2019; Strandjord et al., 2015; Turan et al., 2015). Couturier et al. (2015) found that MtF individuals desire a thinner, more feminine body, while FtM individuals desire a larger, more muscular body. MtF individuals may resort to extreme diets, while FtM individuals often engage in intense exercise and use supplements to transform their bodies.

In addition to concerns about body shape, gender dysphoric (GD) individuals also face social stigma and discrimination, which impact their quality of life (Başar et al., 2016). Social rejection or isolation (Johnson, 2019), threats to personal safety (Rood et al., 2016), and misgendering contribute to these issues, causing discomfort that can lead to social anxiety among GD individuals (Bergero-Miguel et al., 2016).

The unpleasant experiences faced by gender diverse (GD) individuals are likely to lead to stress, anxiety, and depression. If GD individuals cannot cope with these psychological challenges, they may experience suicidal thoughts (Smith et al., 2018), self-harm (Aitken et al., 2016; Claes et al., 2015), and other related issues. Therefore, GD individuals must receive proper treatment to minimize the impact or prevent the development of more severe disorders.

GD Intervention or Treatment

Gender Reassignment Surgery

GD individuals feel that interventions involving medication and psychotherapy aimed at reconstructing their dysphoric perceptions cannot fully satisfy their need to align with their expressed gender identity. It often leads GD individuals to undergo gender reassignment surgery. Sex gender rassignment surgery enable GD individuals to fully experience a sense of belonging to their identified gender and resolve mismatches between gender and sexual identity (Zambrano, 2013). However, sex reassignment can also raise biological and legal issues, such as changes in name, gender, affiliation, marital status, and associated rights and obligations.

Gender reassignment surgery may also face negative perceptions within conservative societies, such as in Indonesia. In a country with diverse traditions and religious values like Indonesia, transgender individuals (those who undergo gender reassignment surgery) are often viewed negatively and deemed unacceptable by societal beliefs (Karim et al., 2023). Consequently, they may experience rejection and isolation (Cooper et al., 2020).

Hormonal Intervention

Hormonal interventions are one method used to treat GD. Currently, known hormonal interventions support the process of gender transition, enabling individuals to achieve self-satisfaction and reduce GD. Several studies have examined the effectiveness of hormonal interventions in addressing GD (Chew et al., 2018; Clayton, 2023; Kumar & Sharma, 2014; Maggi et al., 2016; Nguyen et al., 2018; Romani et al., 2022).

Chew et al. (2018) reviewed various hormonal interventions for gender dysphoria (GD) in adolescents, including gonadotropin-releasing hormone analogues (GnRHas), gender-affirming hormones (GAHs), antiandrogens, and progestins. The results indicate that GnRH has effectively suppressed sex hormones, preventing the development of undesired secondary sexual characteristics. GAHs aid in feminizing or masculinizing physical appearance in alignment with an individual's gender identity. Antiandrogens like cyproterone acetate effectively reduces testosterone effects, and progestins are utilized to suppress menstruation. However, Chew et al. (2018) noted limited evidence regarding the long-term psychosocial and cognitive impacts of hormonal therapy.

Clayton (2023) highlighted gender-affirming hormone treatments (GAHs) in treating gender GD. Clayton (2023) recognized that GAHs could provide several benefits, such as aligning physical appearance with gender identity and potentially inducing positive placebo effects. This aligns with Nguyen et al. (2018) findings, which suggest that this intervention positively affects depressive and anxiety symptoms, enhances quality of life and self-esteem, and improves social functioning and overall psychopathology in transgender individuals. However, significant risks must be considered, including impaired fertility, cardiovascular issues, reduced bone density, brain development, and sexual function concerns (Clayton, 2023). Moreover, evidence supporting the cognitive effects of GAHs is limited (Nguyen et al., 2018), and much of the research on their effectiveness stems from uncontrolled, short-term observational studies (Clayton, 2023).

In addition to gender-affirming hormones (GAHs), therapies or interventions focusing on hypothalamic gonadotropin-releasing hormone (GnRH) function can also be applied in cases of GD to suppress pubertal changes in adolescents (Romani et al., 2022). GnRH serves as the pituitary control

centre that regulates the production and release of gonadotropins, which in turn control gonadal function and sex steroid production (Maggi et al., 2016). GnRH analogues, both agonists and antagonists, are effective in various therapeutic contexts such as ovarian stimulation for assisted reproductive technology, treatment of endometriosis, uterine leiomyomata, precocious and delayed puberty, hormone-dependent tumours, hirsutism, dysfunctional uterine bleeding, premenstrual syndrome (Kumar & Sharma, 2014). Despite their effectiveness, decisions regarding these interventions should carefully consider challenges such as the initial stimulation phase, the risk of ovarian hyperstimulation syndrome (OHSS), and their high cost (Kumar & Sharma, 2014).

Psychological and Psychosocial Interventions

Given that individuals with GD often experience psychological issues such as depression, self-injurious behaviour, eating disorders, and suicidal thoughts (Connolly et al., 2016), the application of psychological interventions becomes crucial. Psychotherapies used for GD and related conditions, such as deviant sexual orientation, address the gap between gender expression and biological gender through various approaches, including individual, family (Russon et al., 2022), and group-based therapies, as well as controversial methods like conversion therapy (Wright et al., 2018) and cognitive behavioural therapy (CBT) (Austin & Craig, 2015; Cibich & Wade, 2019a). The goal of these psychological interventions is not only to alleviate dysphoric behaviours but also to address the distress and associated mental health challenges.

Conversion or reparative therapy is a treatment used to adjust a deviant sexual orientation to one considered normal or heterosexual (Anderson, 2014). This therapy may be applied in cases of gender dysphoria. Generally, those who view deviant sexual orientation and non-conforming gender behaviour as a disease or mental disorder believe it requires treatment or elimination, often through such therapy (Dea, 2016). However, this practice has faced significant criticism and ethical scrutiny (Whitehall, 2019). Clients or patients undergoing this therapy may be subjected to methods aimed at reducing their sexual arousal, regardless of their preferences (Kinitz et al., 2022). Therapists may employ punitive principles to modify behaviour, which can lead to physical harm from harsh treatment and psychological effects such as depression, anxiety, and posttraumatic stress disorder (PTSD) (Independent Forensic Expert Group, 2020).

Better and more humane practices, such as CBT, are recommended. CBT can help in treating several psychological problems such as depression (Franklin et al., 2016; Gautam et al., 2020), social anxiety (Kaczkurkin & Foa, 2015; Otte, 2011), body image (Bhatnagar et al., 2013), eating disorders (Cibich & Wade, 2019b; Linardon et al., 2017) leading to anorexia and bulimia, and trauma (Mannarino et al., 2014). Gunawan & Subardhini (2020) conducted an experiment to provide CBT to children with GD. The results of their study found that CBT therapy was effective in reducing GD behaviours that previously resulted in a person being unable to adapt to the environment. After this therapy was carried out, the subject became more adaptive to his environment and behaviour that led to the opposite gender could be reduced.

Byne et al. (2018) suggest that transition individuals seek couple or family therapy before, during, or after the transition. It is to help address the impact of transitioning on interpersonal or family dynamics. Alternatively, many transgender patients may also seek or be referred to psychiatric services for reasons unrelated to gender identity or expression, such as management of primary psychiatric illnesses or addressing childhood trauma resulting from minority stress.

Islamic Perspective on GD

Fitrah and GD

Khuza' (2013) argues that activists for gender equality and radical feminism, including the LGBTQ community, hold differing views on gender, encompassing both nature and nurture perspectives. The nature perspective posits that gender and sex are synonymous, influenced by biological processes and structures. In contrast, the nurture perspective contends that gender and sex are distinct and shaped by sociocultural factors (Eagly & Wood, 2013).

Sex refers to biologically determined identity, while sociocultural factors shape gender. Between these two perspectives, the concept of fitrah in Islam more closely aligns with the view on gender identity. This is because Islamic teachings do not separate sex from gender identity. Islam emphasizes that humans are born with a fitrah as one of two sexes, male and female (Saryono, 2016), as stated in the Firman of Allah SWT:

وَأَنَّهُ خَلَقَ الزَّوْجَيْنِ الذَّكَرَ وَالْأُنْثَىٰ

Meaning: "And He created the pairs—males and females—" (QS. An-Najm verse 45).

In addition, it is reinforced by other words of Allah SWT's decree (Firman).

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

Meaning: "O humanity! Indeed, We created you from a male and a female, and made you into peoples and tribes so that you may ˹get to˺ know one another. Surely the most noble of you in the sight of Allah is the most righteous among you. Allah is truly All-Knowing, All-Aware." (QS. Al-Hujurat verse 13)

GD refers to a condition where individual who experiences distress or discomfort as a result of difference in gender identity and biological sex. It could involve transitioning from female to male (FtM) or male to female (MtF). According to Rozikin (2017), when men with GD exhibit behaviours traditionally associated with women (sissy/MtF), it is termed '*takhannuts*', and they are referred to as '*mukhannats*'. Conversely, when women with GD display behaviours typically associated with men (tomboy/FtM), it is termed '*tarojjul*' or '*istirjal*', and they are called '*mutarojillah*' or '*mutarjilah*'. Such behaviours, whether '*mukhannat*' or '*mutarojillah*', may be viewed differently in Islamic teachings, where *mukhannats* and *mutarajjilah* are sometimes criticized, even cursed, as per certain Hadiths.

لَعَنَ اللَّهُ الْمُتَشَبِّهِينَ مِنَ الرِّجَالِ بِالنِّسَاءِ ، وَالْمُتَشَبِّهَاتِ مِنَ النِّسَاءِ بِالرِّجَالِ

Meaning: "Allah curses men who resemble women, as well as women who resemble men." (HR. Ahmad no. 3151, 5: 243. this hadith is authentic according to Bukhari's requirements).

أَنَّ رَسُولَ اللَّهِ -صلى الله عليه وسلم- لَعَنَ الرَّجُلَ يَلْبَسُ لُبْسَةَ الْمَرْأَةِ وَالْمَرْأَةَ تَلْبَسُ لُبْسَةَ الرَّجُلِ

Meaning: "Rasulullah Sallallahu' Alaihi wa sallam cursed men who wear women's clothing and women who wear men's clothing" (HR. Ahmad, no. 8309, 14: 61).

However, we must understand that there are two types of *mukhannath*: innate *mukhannath*, which is difficult to c hange, and artificial *mukhannath*. According to Ibn Hajar Al-'Asqolani (in Rozikin, 2017), the Prophet cursed intentional or contrived *mukhannath* (takalluf) or *mutarojillah*. If the act is not intentional or made up, the individual should try changing their behaviour. However, if the behaviour cannot be changed despite efforts to change it, then there is no need for censure. Based on this opinion, GD individuals should change their behaviour and perception regarding their expressed gender identity. GD individuals should recognize the limits of their humanity to avoid deviance and diatribe.

Gender Dysphoria (GD) individuals tend to be attracted to others who share their biological sex. According to Zucker (2017), Male-to-Female (MtF) individuals have a high tendency to have an androphilic sexual orientation, meaning they are attracted to men or masculine figures. Conversely, Female-to-Male (FtM) individuals are likely to have a gynephilic sexual orientation, meaning they are attracted to women or feminine figures. Thus, GD individuals are likely to be part of the LGBT community. However, Arif & Sayska (2018) state that the natural inclination for humans is to have a heterosexual sexual orientation. Allah views liwath (same-sex lovers) as people who exceed the limits, or murifin, and violate the fitrah of Allah SWT (Rozikin, 2017). It aligns with the words of Allah SWT:

إِنَّكُمْ لَتَأْتُونَ ٱلرِّجَالَ شَهْوَةً مِّن دُونِ ٱلنِّسَآءِ ۚ بَلْ أَنتُمْ قَوْمٌ مُّسْرِفُونَ

Meaning: "You lust after men instead of women! You are certainly transgressors." (QS. Al-A'raf verse 81)

The verse is also reinforced in other words of Allah:

أَتَأْتُونَ ٱلذُّكْرَانَ مِنَ ٱلْعَـٰلَمِينَ ١٦٥ وَتَذَرُونَ مَا خَلَقَ لَكُمْ رَبُّكُم مِّنْ أَزْوَٰجِكُم ۚ بَلْ أَنتُمْ قَوْمٌ عَادُونَ ١٦٦

Meaning: "Why do you ˹men˺ lust after fellow men, leaving the wives that your Lord has created for you? In fact, you are a transgressing people." (QS. Ash-Shu'ara verse 165-166).

GD individuals tend to undergo sex reassignment to achieve satisfaction by aligning their biological sex with their gender identity. This act changes the creation of Allah SWT. Actions that alter Allah's creation are wrong and violate fitrah. Allah says:

وَلَأُضِلَّنَّهُمْ وَلَأُمَنِّيَنَّهُمْ وَلَـَٔامُرَنَّهُمْ فَلَيُبَتِّكُنَّ ءَاذَانَ ٱلْأَنْعَـٰمِ وَلَـَٔامُرَنَّهُمْ فَلَيُغَيِّرُنَّ خَلْقَ ٱللَّهِ ۚ وَمَن يَتَّخِذِ ٱلشَّيْطَـٰنَ وَلِيًّا مِّن دُونِ ٱللَّهِ فَقَدْ خَسِرَ خُسْرَانًا مُّبِينًا ١١٩

Meaning: "I will certainly mislead them and delude them with empty hopes. Also, I will order them and they will slit the ears of cattle1 and alter Allah's creation." And whoever takes Satan as a guardian instead of Allah has certainly suffered a tremendous loss." (QS. An-Nisa' verse 119).

Khunsa: The "Third Gender" in Islam?

Islam recognizes cases where individuals have gender identity problems, such as having ambiguous sex or possessing characteristics of both sexes simultaneously (hermaphrodites). These cases are known in Islam as *khunsa*. In *fiqh*, *khunsa* is divided into two types: *khunsa ghairu musykil* (where the more dominant genitalia can determine the sex) and *khunsa musykil* (where determining the gender is difficult) (Solekhan & Mubarok, 2020). Regardless of the type of *khunsa*, the individual concerned is still subject to the laws of one sex, either male or female (Gibitiah, 2016). This reaffirms that Islam does not recognize a third gender, even in the case of *khunsa*.

Gibitiah (2016) explains several methods for identifying or determining the gender law for *khunsa* individuals. For *khunsa ghairu musykil*, one determines gender based on the dominant genitalia. If a *khunsa* individual goes through puberty like a male and defecates through the penis, one classifies him as male. Conversely, if a *khunsa* individual goes through puberty like a female and relieves herself through the vagina, one classifies her as female. In the case of *khunsa musykil*, scholars, the medical team, and the individual concerned determine the gender identity. If a *khunsa musykil* individual identifies as male, one recognizes him as male. Conversely, if a *khunsa musykil* individual identifies as female, one recognizes her as female. The individual must fulfill the fitrah and legal requirements associated with their chosen gender identity.

Research Reflections and Recommendations

Many literatures on gender dysphoria (GD) and interventions influenced by secular humanism emphasizes the freedom of choice for individuals to undergo sex reassignment when they feel a discrepancy between their biological sex and expressed gender identity. Contemporary literature considers sex reassignment the best treatment for GD today. Scholars, especially Muslim scholars, need to address this issue to provide the appropriate response and avoid decisions that lead to behaviour violating human nature or fitrah. In addition to conflicting with the Qur'an and Hadith, gender reassignment also contravenes the regulations of the fatwa of the Indonesian Ulema Council (MUI), issued on 12 Rajab 1400 H or June 1, 1980 AD (Jamaa & Kaliky, 2022). However, for the case of *khunsa*, who want to emphasize their gender identity, performing sex surgery is permissible.

Manrique et al. (2021) highly recommend treating GD cases holistically. Kingdon (2024) suggests that a holistic and multidisciplinary approach to health care can meet the overall physical and mental health needs of children and adolescents questioning their gender identity. Unfortunately, Muslimah scholars face a research limitation due to the lack of Islamic-based holistic research or interventions on GD reported so far.

Through this paper, we encourage Muslim researchers and medical practitioners to collaborate in developing interventions or treatments using an Islamic holistic approach for handling GD cases. This process involves interdisciplinary collaboration, including input from religious scholars or experts, to create intervention approaches that reconstruct cognition in GD individuals by internalizing Islamic values, enabling them to fulfill their obligations according to fitrah. We propose developing a conversion therapy modified with an Islamic approach, grounded in fitrah, while eliminating elements that might lead to ethical issues. Islamic interventions must adhere to and uphold Islamic morals and ethics.

Future researchers can investigate the effectiveness of this therapy concept on GD individuals, For example, Sutarto et al. (2019)conducted research on Islamic-based counselling for men who act like a woman to reconstruct their self-concept. They reported that 10 out of 18 subjects succeeded in changing their views on their gender identity, and 1 out of 18 subjects expressed a desire to change their

behaviour entirely. Similar Islamic counselling can address GD cases. Future researchers can investigate the effectiveness of this therapy concept on GD individuals.

The exact cause of GD is still largely unknown. Therefore, this article suggests that future researchers, using more advanced technology, should work to identify the causes of GD, both hormonally and psychologically. Additionally, this article advises parents to adopt early preventive measures through good parenting to prevent their children from experiencing dysphoria. It also recommends that society eliminate the negative stigma and discriminatory behaviour towards individuals with GD. Rather than shunning them, the community, especially those closest to them, should provide support and guidance to help maintain the mental health of individuals with GD.

CONCLUSION

Based on the article, several conclusions can be drawn. First, various factors might contribute to an individual's experience of GD. Complex interactions among psychological, developmental, and hormonal factors likely influence the formation of GD self-concept. Additionally, environmental influences and parenting practices can also play a role in the development of GD. Secondly, GD can lead to psychological issues such as body image concerns, anxiety, depression, self-harm, and suicidal thoughts. Social factors can result in negative experiences like bullying and isolation. Third, common interventions for GD include gender reassignment surgery, GnRH therapy to suppress pubertal hormones, and GAHt to suppress biological sex hormones. Psychological interventions such as individual, group, and family-based therapy and CBT can also be effective. Finally, Islam views GD as a behaviour that needs to be changed because it deviates from fitrah. Therefore, Islamic perspectives recommend interventions to align GD individuals' self-concept with their biological sex. We strongly recommend developing multidisciplinary interventions involving psychology, medicine, and religious experts for GD cases. Additionally, society should take preventive measures by promoting good parenting and assisting in cognitive reconstruction efforts to protect GD individuals from severe psychological problems.

Acknowledgement

This study was conducted with no funding.

Ethics statement

This research does not involve ethical violations in data collection, etc. The sources used are reliable and protected from plagiarism issues (not more than 20%).

Authors contribution

All authors in this study were involved in the search for relevant sources.

Conflict of interest

There is no conflict of interest in this study.

ORCID

Rafi Damri https://orcid.org/0009-0004-8104-794X
Aisyah Qonita Putri Wida https://orcid.org/0009-0004-6396-8235
Halda Afifa El Fuadhilah
Qurotul Uyun https://orcid.org/0000-0001-6262-0932

REFERENCES

Aitken, M., VanderLaan, D. P., Wasserman, L., Stojanovski, S., & Zucker, K. J. (2016). Self-harm and suicidality in children referred for gender dysphoria. *Journal of the American Academy of Child and Adolescent Psychiatry*, *55*(6), 513–520. https://doi.org/10.1016/j.jaac.2016.04.001

Alcón, M. F. R., & Molina, J. M. R. (2015). Body image in persons with gender dysphoria. *Medwave*, *15*(04), e6138–e6138. https://doi.org/10.5867/medwave.2015.04.6138

Allison, S., Warin, M., & Bastiampillai, T. (2014). Anorexia nervosa and social contagion: Clinical implications. In *Australian and New Zealand Journal of Psychiatry* (Vol. 48, Issue 2, pp. 116–120). https://doi.org/10.1177/0004867413502092

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. American Psychiatric Association.

Anderson, C. A. (2014). *The metaphysics of sex... in a changing world!* Design Publishing Inc.

Arif, M., & Sayska, D. S. (2018). Lgbt dalam tinjauan al-quran dan sunnah. *EL-HIKAM: Jurnal Pendidikan Dan Kajian Keislaman*, *11*(2), 254–280.

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, *46*(1), 21–29. https://doi.org/10.1037/a0038642

Babu, R., & Shah, U. (2021). Gender identity disorder (GID) in adolescents and adults with differences of sex development (DSD): A systematic review and meta-analysis. *Journal of Pediatric Urology*, *17*(1), 39–47. https://doi.org/10.1016/j.jpurol.2020.11.017

Barkai, A. R. (2017). Troubling gender or engendering trouble? The problem with gender dysphoria in psychoanalysis. *Psychoanalytic Review*, *104*(1). https://doi.org/https://doi.org/10.1521/prev.2017.104.1.1

Başar, K., Öz, G., & Karakaya, J. (2016). Perceived discrimination, social support, and quality of life in gender dysphoria. *Journal of Sexual Medicine*, *13*(7), 1133–1141. https://doi.org/10.1016/j.jsxm.2016.04.071

Bergero-Miguel, T., García-Encinas, M. A., Villena-Jimena, A., Pérez-Costillas, L., Sánchez-Álvarez, N., de Diego-Otero, Y., & Guzman-Parra, J. (2016). Gender dysphoria and social anxiety: An exploratory study in Spain. *Journal of Sexual Medicine*, *13*(8), 1270–1278. https://doi.org/10.1016/j.jsxm.2016.05.009

Bhatnagar, K. A. C., Wisniewski, L., Solomon, M., & Heinberg, L. (2013). Effectiveness and feasibility of a cognitive-behavioral group intervention for body image disturbance in women with eating disorders. *Journal of Clinical Psychology*, *69*(1), 1–13. https://doi.org/10.1002/jclp.21909

Blaine, B. E., & Brenchley, K. J. M. (2018). *Understanding the Psychology of Diversity* (Third edition). Sage Publications Inc.

Byne, W., Karasic, D. H., Coleman, E., Eyler, A. E., Kidd, J. D., Meyer-Bahlburg, H. F. L., Pleak, R. R., & Pula, J. (2018). Gender dysphoria in adults: An overview and primer for psychiatrists. *Transgender Health*, *3*(1), 57–70. https://doi.org/10.1089/trgh.2017.0053

Capetillo-Ventura, N. C., Jalil-Pérez, S. I., & Motilla-Negrete, K. (2015). Gender dysphoria: An overview. *Medicina Universitaria*, *17*(66), 53–58. https://doi.org/10.1016/j.rmu.2014.06.001

Chew, D., Anderson, J., & Williams, K. (2018). Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics*, *141*(4), 20173742. http://pediatrics.aappublications.org/Downloadedfrom

Christakis, N. A., & Fowler, J. H. (2013). Social contagion theory: Examining dynamic social networks and humanbehavior. *Statistics in Medicine*, *32*(4), 556–577. https://doi.org/10.1002/sim.5408

Cibich, M., & Wade, T. D. (2019a). Treating bulimia nervosa in the context of gender dysphoria using 10-session cognitive behavior therapy. *International Journal of Eating Disorders*, *52*(5), 602–606. https://doi.org/10.1002/eat.23068

Cibich, M., & Wade, T. D. (2019b). Treating bulimia nervosa in the context of gender dysphoria using 10-session cognitive behavior therapy. *International Journal of Eating Disorders*, *52*(5), 602–606. https://doi.org/10.1002/eat.23068

Claahsen -Van Der Grinten, H., Verhaak, C., Steensma, T., Middelberg, T., Roeffen, J., & Klink, D. (2021). Gender incongruence and gender dysphoria in childhood and adolescence-current insights in diagnostics, management, and follow-up. *European Journal of Pediatrics*, *180*, 1349–1357. https://doi.org/10.1007/s00431-020-03906-y/Published

Claes, L., Bouman, W. P., Witcomb, G., Thurston, M., Fernandez-Aranda, F., & Arcelus, J. (2015). Non-suicidal self-injury in, trans people: Associations with psychological symptoms, victimization, interpersonal functioning, and perceived social support. *Journal of Sexual Medicine*, *12*(1), 168–179. https://doi.org/10.1111/jsm.12711

Clayton, A. (2023). Gender-affirming treatment of gender dysphoria in youth: A perfect storm environment for the placebo effect—The implications for research and clinical practice. *Archives of Sexual Behavior*, *52*(2), 483–494. https://doi.org/10.1007/s10508-022-02472-8

Connolly, M. D., Zervos, M. J., Barone, C. J., Johnson, C. C., & Joseph, C. L. M. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health*, *59*(5), 489–495. https://doi.org/10.1016/j.jadohealth.2016.06.012

Cooper, K., Russell, A., Mandy, W., & Butler, C. (2020). The phenomenology of gender dysphoria in adults: A systematic review and meta-synthesis. *Clinical Psychology Review*, *80*, 101875. https://doi.org/10.1016/j.cpr.2020.101875

Couturier, J., Pindiprolu, B., Findlay, S., & Johnson, N. (2015). Anorexia nervosa and gender dysphoria in two adolescents. *International Journal of Eating Disorders*, *48*(1), 151–155. https://doi.org/10.1002/eat.22368

Cresswel, J. (2015). *Penelitian kualitatif dan desain riset: Memilih di antara lima pendekatan*. Pustaka Pelajar.

Cusack, C. E., Levenson, N. H., & Galupo, M. P. (2022). "Anorexia wants to kill Me, dysphoria wants me to live": Centering transgender and nonbinary experiences in eating disorder treatment. *Journal of LGBTQ Issues in Counseling*, *16*(3), 265–284. https://doi.org/10.1080/26924951.2022.2054492

Dea, S. (2016). *Beyond the binary: Thinking about sex and gender*. Broadview Press.

Eagly, A. H., & Wood, W. (2013). The Nature-Nurture Debates: 25 Years of Challenges in Understanding the Psychology of Gender. *Perspectives on Psychological Science*, *8*(3), 340–357. https://doi.org/10.1177/1745691613484767

Engberg, H., Möller, A., Hagenfeldt, K., Nordenskjöld, A., & Frisén, L. (2020). Identity, sexuality, and parenthood in women with congenital adrenal hyperplasia. *Journal of Pediatric and Adolescent Gynecology*, *33*(5), 470–476. https://doi.org/10.1016/j.jpag.2020.05.005

Feder, S., Isserlin, L., Seale, E., Hammond, N., & Norris, M. L. (2017). Exploring the association between eating disorders and gender dysphoria in youth. *Eating Disorders*, *25*(4), 310–317. https://doi.org/10.1080/10640266.2017.1297112

Franklin, G., Carson, A. J., & Welch, K. A. (2016). Cognitive behavioural therapy for depression: Systematic review of imaging studies. *Acta Neuropsychiatrica*, *28*(2), 61–74. https://doi.org/DOI: 10.1017/neu.2015.41

Gautam, M., Tripathi, A., Deshmukh, D., & Gaur, M. (2020). Cognitive behavioral therapy for depression. *Indian Journal of Psychiatry*, *62*(8), S223–S229. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_772_19

Gibitiah, M. A. (2016). *Fikih Kontemporer*. Prenada Media Grup.

Giordano, S. (2017). Eating yourself away: Reflections on the 'comorbidity' of eating disorders and gender dysphoria. *Clinical Ethics*, *12*(1), 45–53. https://doi.org/10.1177/1477750916661977

Giovanardi, G., Morales, P., Mirabella, M., Fortunato, A., Chianura, L., Speranza, A. M., & Lingiardi, V. (2019). Transition memories: Experiences of trans adult women with hormone therapy and their beliefs on the usage of hormone blockers to suppress puberty. *Journal of Endocrinological Investigation*, *42*(10), 1231–1240. https://doi.org/10.1007/s40618-019-01045-2

Gunawan, U. P., & Subardhini, M. (2020). Efektivitas cognitive behavior therapy (cbt) pada anak yang mengalami gender dysphoria di Kelurahan Kebon Waru Kecamatan Batununggal Kota Bandung. *Jurnal Ilmu Kesejahteraan Sosial HUMANITAS*, *1*(2).

Harrop, E. N., Hecht, H. K., Harner, V., Call, J., & Holloway, B. T. (2023). "How do i exist in this body…that's outside of the norm?" Trans and nonbinary experiences of conformity, coping, and connection in atypical anorexia. *International Journal of Environmental Research and Public Health*, *20*(2). https://doi.org/10.3390/ijerph20021156

Independent Forensic Expert Group. (2020). Statement on conversion therapy. *Journal of Forensic and Legal Medicine*, *72*, 101930. https://doi.org/10.1016/j.jflm.2020.101930

Jamaa, L., & Kaliky, F. (2022). Implementasi fatwa mui tentang operasi perubahan kelamin waria dan penyempurnaan kelamin cacat. *Tahkim*, *18*(1), 41–63. https://doi.org/https://doi.org/10.33477/thk.v18i1.2969

Johnson, A. H. (2019). Rejecting, reframing, and reintroducing: Trans people's strategic engagement with the medicalisation of gender dysphoria. *Sociology of Health and Illness*, *41*(3), 517–532. https://doi.org/10.1111/1467-9566.12829

Joy, P., White, M., & Jones, S. (2022). Exploring the influence of gender dysphoria in eating disorders among gender diverse individuals. *Nutrition & Dietetics*, *79*(3), 390–399. https://doi.org/10.1111/1747-0080.12727

Jung, J., Busching, R., & Krahé, B. (2019). Catching aggression from one's peers: A longitudinal and multilevel analysis. *Social and Personality Psychology Compass*, *13*(2). https://doi.org/10.1111/spc3.12433

Kaczkurkin, A. N., & Foa, E. B. (2015). Cognitive-behavioral therapy for anxiety disorders: an update on the empirical evidence. *Dialogues in Clinical Neuroscience*, *17*(3), 337–346. https://doi.org/10.31887/DCNS.2015.17.3/akaczkurkin

Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisen, L. (2018). Gender dysphoria in adolescence: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, *Volume 9*, 31–41. https://doi.org/10.2147/ahmt.s135432

Karim, M., Anindya Ratu Aurorra DJ, A. R., Laeliah, I., Arif, A., & Pranowo Jati Universitas Pembangunan Jaya, R. (2023). Transgender Dalam Pandangan Beberapa Agama Di Indonesia. *Moderasi: Jurnal Kajian Islam Kontemporer*, *1*, 1–1. https://doi.org/10.11111/nusantara.xxxxxxx

Khuza', M. (2013). Problem definisi gender: Kajian atas konsep nature dan nurture. *Kalimah: Jurnal Studi Agama Dan Pemikiran Islam*, *11*(1), 101–118. https://doi.org/https://doi.org/10.21111/klm.v11i1.486

Kingdon, C. C. (2024). Holistic approach to gender questioning children and young people. *Archives of Disease in Childhood*, archdischild-2024-327100. https://doi.org/10.1136/archdischild-2024-327100

Kinitz, D. J., Goodyear, T., Dromer, E., Gesink, D., Ferlatte, O., Knight, R., & Salway, T. (2022). "Conversion therapy" experiences in their social contexts: A qualitative study of sexual orientation and gender identity and expression change efforts in Canada. *Canadian Journal of Psychiatry*, *67*(6), 441–451. https://doi.org/10.1177/07067437211030498

Klink, D., & Den Heijer, M. (2014). Genetic aspects of gender identity development and gender dysphoria. In B. P. C. Kreukels, T. D. Steensma, & A. L. C. de Vries (Eds.), *Gender Dysphoria and Disorders of Sex Development: Progress in Care and Knowledge* (pp. 25–51). Springer US. https://doi.org/10.1007/978-1-4614-7441-8_2

Kockott, G., & Fahrner, E. M. (1988). Male-to-female and female-to-male transsexuals: A comparison. *Archives of Sexual Behavior*, *17*(6). https://doi.org/https://doi.org/10.1007/BF01542341

Krippendorff, K. (2018). *Content analysis: An introduction to its methodology*. Sage publications.

Kumar, P., & Sharma, A. (2014). Gonadotropin-releasing hormone analogs: Understanding advantages and limitations. *Journal of Human Reproductive Sciences*, *7*(3), 170–174. https://doi.org/10.4103/0974-1208.142476

Levitan, N., Barkmann, C., Richter-Appelt, H., Schulte-Markwort, M., & Becker-Hebly, I. (2019). Risk factors for psychological functioning in German adolescents with gender dysphoria: Poor peer relations and general family functioning. *European Child and Adolescent Psychiatry*, *28*(11), 1487–1498. https://doi.org/10.1007/s00787-019-01308-6

Linardon, J., Wade, T. D., de la Piedad Garcia, X., & Brennan, L. (2017). The efficacy of cognitive-behavioral therapy for eating disorders: A systematic review and meta-analysis. *Journal of Consulting and Clinical Psychology*, *85*(11), 1080–1094. https://doi.org/10.1037/ccp0000245

Lopez, X., Stewart, S., & Jacobson-Dickman, E. (2016). Approach to children and adolescents with gender dysphoria. *Pediatrics In Review*, *37*(3), 89–98. https://doi.org/10.1542/pir.2015-0032

Maggi, R., Cariboni, A. M., Marelli, M. M., Moretti, R. M., Andrè, V., Marzagalli, M., & Limonta, P. (2016). GnRH and GnRH receptors in the pathophysiology of the human female reproductive system. *Human Reproduction Update*, *22*(3), 358–381. https://doi.org/10.1093/humupd/dmv059

Mannarino, A. P., Cohen, J. A., & Deblinger, E. (2014). Trauma-focused cognitive-behavioral therapy. In S. Timmer & A. Urquiza (Eds.), *Evidence-Based Approaches for the Treatment of Maltreated Children: Considering core components and treatment effectiveness* (pp. 165–185). Springer Netherlands. https://doi.org/10.1007/978-94-007-7404-9_10

Manrique, O. J., Bustos, S. S., Bustos, V. P., Mascaro, A. A., Ciudad, P., Forte, A. J., Del Corral, G., Kim, E. A., & Langstein, H. N. (2021). Building a multidisciplinary academic surgical gender-affirmation program: Lessons learned. *Plastic and Reconstructive Surgery - Global Open*, *9*(3), E3478. https://doi.org/10.1097/GOX.0000000000003478

Martins, J., Vaz, R., Costa, A., Brás, J., Sousa, R., Abreu, J., Almeida, E., & Casanova, T. (2022). Anorexia Nervosa and Gender Dysphoria: A Clinical Case. *European Psychiatry*, *65*(S1), S584–S584. https://doi.org/10.1192/j.eurpsy.2022.1496

Mendoza, N., & Motos, M. A. (2013). Androgen insensitivity syndrome. *Gynecological Endocrinology*, *29*(1), 1–5. https://doi.org/10.3109/09513590.2012.705378

Milano, W., Ambrosio, P., Carizzone, F., De Biasio, V., Foggia, G., & Capasso, A. (2020). Gender dysphoria, eating disorders and body image: An overview. *Endocrine, Metabolic & Immune Disorders - Drug Targets*, *20*(4), 518–524. https://doi.org/10.2174/1871530319666191015193120

Muslim, R. (2001). *Buku saku Diagnosis Gangguan Jiwa rujukan ringkas dari PPDGJ III*. Fakultas Kedokteran Unika Atma Jaya.

Nermoen, I., Husebye, E. S., Myhre, A. G., & Løvås, K. (2017). Classic congenital adrenal hyperplasia. *Tidsskr Nor Legeforen Nr*, *137*, 540–543. https://doi.org/10.4045/tidsskr.16.0376

Nguyen, H. B., Chavez, A. M., Lipner, E., Hantsoo, L., Kornfield, S. L., Davies, R. D., & Epperson, C. N. (2018). Gender-affirming hormone use in transgender individuals: Impact on behavioral health and cognition. *Current Psychiatry Reports*, *20*(12). https://doi.org/10.1007/s11920-018-0973-0

Otte, C. (2011). Cognitive behavioral therapy in anxiety disorders: current state of the evidence. *Dialogues in Clinical Neuroscience*, *13*(4), 413–421. https://doi.org/10.31887/DCNS.2011.13.4/cotte

Perrotta, G. (2020). Gender dysphoria: Definitions, classifications, neurobiological profiles and clinical treatments. *International Journal of Sexual and Reproductive Health Care*, *3*(1), 042–050. https://doi.org/10.17352/ijsrhc.000013

Protos, K. (2021). Restricting the gendered body: Understanding the trans-masculine adolescent with anorexia. *Clinical Social Work Journal*, *49*(3), 380–390. https://doi.org/10.1007/s10615-020-00758-9

Pulice-Farrow, L., Cusack, C. E., & Galupo, M. P. (2020). "Certain parts of my body don't belong to me": Trans individuals' descriptions of body-specific gender dysphoria. *Sexuality Research and Social Policy*, *17*(4), 654–667. https://doi.org/10.1007/s13178-019-00423-y

Restar, A. J. (2020, January 1). Methodological critique of Littman's (2018) parental-respondents accounts of "rapid-onset gender dysphoria." *Archives of Sexual Behavior*, *49*(1), 61–66. https://doi.org/10.1007/s10508-019-1453-2

Restu, H., Saputra, H. M. I., Triyono, Aris. S. E., & Suwaji, S. E. (2021). *Metode Penelitian*. Deepublish.

Reynolds, A. D., & Crea, T. M. (2015). Peer influence processes for youth delinquency and depression. *Journal of Adolescence*, *43*, 83–95. https://doi.org/10.1016/j.adolescence.2015.05.013

Ristori, J., Fisher, A. D., Castellini, G., Sensi, C., Cipriani, A., Ricca, V., & Maggi, M. (2019). Gender dysphoria and anorexia nervosa symptoms in two adolescents. *Archives of Sexual Behavior*, *48*(5), 1625–1631. https://doi.org/10.1007/s10508-019-1396-7

Romani, A., Ristori, Ji., Fisher, A. D., Mazzoli, F., Cocchetti, C., Vignozzi, L., & Maggi, M. (2022). Efficacy and safety of medical treatment in the clinical management of adolescents with gender dysphoria (gd): A prospective follow-up study. *The Journal of Sexual Medicine*, *19*(Supplement_4), S65–S65. https://doi.org/10.1016/j.jsxm.2022.08.073

Rood, B. A., Reisner, S. L., Surace, F. I., Puckett, J. A., Maroney, M. R., & Pantalone, D. W. (2016). Expecting rejection: Understanding the minority stress experiences of transgender and gender-nonconforming individuals. *Transgender Health*, *1*(1), 151–164. https://doi.org/10.1089/trgh.2016.0012

Rozikin, M. R. (2017). *Lgbt dalam tinjauan fikih: Menguak konsepsi islam terhadap lesbian, gay, biseksual, dan transgender*. Universitas Press.

Rusdianto, E. (2022). *Pengakuan Maba Unhas Sebagai Non-Biner Ingatkan Kita Bahwa Identitas Gender Beragam*. Vice. https://www.vice.com/id/article/jgpg5p/pengakuan-mahasiswa-baru-unhas-mengaku-non-biner-yang-viral-dipermalukan-dan-diusir-dosen-fakultas-hukum

Russon, J., Smithee, L., Simpson, S., Levy, S., & Diamond, G. (2022). Demonstrating attachment-based family therapy for transgender and gender diverse youth with suicidal thoughts and behavior: A case study. *Family Process*, *61*(1), 230–245. https://doi.org/10.1111/famp.12677

Saryono. (2016). Konsep fitrah dalam perspektif Islam. *Jurnal Studi Islam*, *14*(2), 161–174. https://doi.org/https://doi.org/10.19109/medinate.v12i2.1179

Sayers, J. (2020). *Sigmund Freud: The basics* (1st Edition). Routledge. https://doi.org/10.4324/9780429323447

Smith, A. J., Hallum-Montes, R., Nevin, K., Zenker, R., Sutherland, B., Reagor, S., Ortiz, M. E., Woods, C., Frost, M., Cochran, B. N., Oost, K. M., Gleason, H., & Brennan, J. M. (2018). Determinants of

transgender individuals' well-being, mental health, and suicidality in a rural state. *Journal of Rural Mental Health*, *42*(2), 116–132. https://doi.org/10.1037/rmh0000089

Solekhan, I. G., & Mubarok, M. D. Y. (2020). Khuntsa dalam pandangan kontemporer. *Jurnal Islamika: Jurnal Ilmu-Ilmu Keislaman*, *20*(02), 32–47. https://doi.org/https://doi.org/10.32939/islamika.v20i02.675

Strandjord, S. E., Ng, H., & Rome, E. S. (2015). Effects of treating gender dysphoria and anorexia nervosa in a transgender adolescent: Lessons learned. *International Journal of Eating Disorders*, *48*(7), 942–945. https://doi.org/10.1002/eat.22438

Sutarto, S., Syafriyadin, S., & Warlizasusi, J. (2019). Konseling eklektik islami untuk mengubah konsep diri waria. *KONSELI: Jurnal Bimbingan Dan Konseling (E-Journal)*, *6*(1), 65–74. https://doi.org/10.24042/kons.v6i1.3955

Turan, Ş., Poyraz, C. A., & Duran, A. (2015). Prolonged anorexia nervosa associated with female-to-male gender dysphoria: A case report. *Eating Behaviors*, *18*, 54–56. https://doi.org/10.1016/j.eatbeh.2015.03.012

van de Grift, T. C., Cohen-Kettenis, P. T., Steensma, T. D., De Cuypere, G., Richter-Appelt, H., Haraldsen, I. R. H., Dikmans, R. E. G., Cerwenka, S. C., & Kreukels, B. P. C. (2016). Body satisfaction and physical appearance in gender dysphoria. *Archives of Sexual Behavior*, *45*(3), 575–585. https://doi.org/10.1007/s10508-015-0614-1

Verveen, A., Kreukels, B. P. C., de Graaf, N. M., & Steensma, T. D. (2021). Body image in children with gender incongruence. *Clinical Child Psychology and Psychiatry*, *26*(3), 839–854. https://doi.org/10.1177/13591045211000797

Wålinder, J. (1968). Transexualism: Definition, prevalence sex distribution. *Acta Psychiatrica Scandinavica*, *43*(S203), 255–258. https://doi.org/10.1111/j.1600-0447.1968.tb02000.x

Whitehall, J. (2019). Conversion therapy and gender dysphoric children. *Quadrant*, *63*(3), 26–32. https://search.informit.org/doi/10.3316/informit.229582543688869

Wright, T., Candy, B., & King, M. (2018). Conversion therapies and access to transition-related healthcare in transgender people: A narrative systematic review. *BMJ Open*, *8*(12). https://doi.org/10.1136/bmjopen-2018-022425

Zambrano, E. (2013). Changing one's legal name: the transsexual issue. In H. Sívori, S. Carrara, J. Russo, M. L. Heilborn, A. P. Uziel, & B. Zilli (Eds.), *Sexuality, culture and politics - A South American reader* (pp. 126–138).

Zucker, K. J. (2017). Epidemiology of gender dysphoria and transgender identity. *Sexual Health*, *14*(5), 404–411. https://doi.org/10.1071/SH17067